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# THE
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# I N D E X .

## VOL. XXIX., NEW SERIES. VOL. LXXX., OLD SERIES.

## JANUARY TO JUNE, 1880.

A

Addison's disease, Dr. Bartholomé's case, 41
Addresses (medical) to the Lord Lieutenant of Ireland, 496
Adulterators, a dilemma, 9, protection of, 90
Alcohol, in Arctic exploration, 36, Thorowgood on vascular tension, 37, effect of, on the liver, 172, Scotch opinions on, 247
Alford, Mr., habitual drunkard, 106
Anæmia, Goodhart on, 41, pernicious, 329
Anæsthetic, new dental, 243, bromide of ethyl, 479, 481
Analysts' society, 43
Andrews, Dr., Belfast, memorial, 398
Aneurism, Norton's cases of, 39, Heath, cure of, by Esmarch's bandage, 131, subclavian, 221
Aniline poisoning, 49
Antisepticism, in ovariotomy, 207, novelty in, 242, in surgery, 281, 367
Anti-vaccinators in Limerick, 49, the last refuge of, 200, the efforts of, 546
Anti-vivisection, Mr. Butcher on, 251
Anus, fissure of, 419
Apothecaries' weights and measures, 438
Appointments—See last page of each number
Army medical department, exchanges, 137, 204, 480, and the Indian service, 499, class legislation in the, 545
Arsenic in wall paper, 71
Arthritis, propagation of, 116
Association of surgeons practising dentistry, 176, the teeth as a means of diagnosis, Cartwright 191
Asses' milk in infantile diarrhœa, 482
Astragalus, dislocation, 68
Asylums, see lunatic
Ataxy, the maxillary bones in, 199
Atropine subcutaneously for collapse, 481
Atthill, Dr., ovarian tumour, 5, 57, cases of ovariotomy, 405

B

Baronetcies, the vacant Irish, 286
Bell, Mr., the late, 242
Bellew, Mr., Irish poor-law commissioner, 11, 49, 178, 224, 329
Benevolent college, royal medical, mode of election, 178, 179
Benevolent fund, royal medical, Ireland, annual meeting, 420, 502
Bennett, Dr., acute menstrual goitre, 101
Benzoate of soda as a therapeutic agent, 398, in phthisis, 482
Berlin surgical congress, 329
Births, marriages, and deaths—See
Boll, late Professor, 12
last page of each number
Bonesetting, cases of, 304, bonesetters, 348
Bournemouth, health of, 351
Boyle union, the clerk of, 273
Bradley, the late Mr., 488, 508
Brain, foreign bodies, 51
Breast, tumour of, 5
British hospital for incurables, 552
British medical association, coming meeting, 526
Bromine, solidified, 351
Brooke, Surgeon-major, 14
Brozzard, Dr., on acute rheumatism, 20, rapid paralysis, 212
Bryant, Mr., method of evacuating calculi, 180, hip splint, 183
Burial alive, 266
Burroughs, Dr., on varicose veins, 118, translation of Archambault on scarlatina, 320
Buxton hospital, 265

C

Calculus, vesical, 4, 109, renal, 41, evacuation of, 157, 180
Cambridge, medicine at, 91
Cameron, Dr. C. A., on houses in which zymotics recur, 17, toxic principles in whiskey, 387
Cartwright, the teeth as a means of diagnosis, 191
Castor-oil, administration of, 51
Census of 1881, 93
Cerebellum, diseases of, Hughlings Jackson, 447, 469
Certificates for lectures in Ireland, 25, of death, false, 54
Chapman, Dr., position of Irish health officers, 83
Charity voting—See "Traffic"
Cheevers, Dr., relapsing fever, 42
Cheerfulness as a medicine, 375
Chester county lunatic asylum, 540
Chian turpentine, 460
Chloral, committee of Clinical society on, 20, 24, on, 50, letter on, 25, treatment of blennorrhagia, 462, in gonorrhœa, 488, for belladonna poisoning, 528
Chloroform deaths, 73, 74, 351, for earache, 376
Cholera, Dr. Pearse on, 388
Clavicle, caries of, 5

CLINICAL RECORDS—Knee-joint disease, Norton, 4; cases at Mercer's hospital, O'Grady, 19, 85, 451, 515; double popliteal aneurism, Norton, 39; knee-joint wound, Heath, 61; melanoderma with supra-renal disease, 107; Zeis' cheiloplastic operation, Stokes, 127; wound of radial artery, Meldon, 146; urticaria from rosin, Jacob, 166; diphtheria from polluted water, Moore, 189; calcaneo-cuboid dislocation, 211; emphysema after calomel, 234; strangulated hernia, O'Reilly, 257; epidemic of erysipelas, 278; ulcerative gastritis, Loin, 297; gangrene of soft palate, Cruveilhier, 319; syphilitic laryngitis, Norton, 343; hemiplegia, Potain, 365; rheumatism with hyperpyrexia, Handfield Jones, 430; myxo-sarcoma of jaw, Norton, 473; soda hypophos. for pneumonia, Thorowgood, 492

CLINICAL SOCIETY OF LONDON—Report of chloral committee, 20; Goodhart on salicylic treatment of rheumatism, 20; Buzzard on acute rheumatism, 21; editorial on, 28; Pick on sub-astragaloid dislocation, 63; Hewan on gunshot wound, 63; Habershon on pyelitis, 64, chylous urine 65; Pavy on cupric sugar test, 65; Morris on salivary fistula, 130; Hulke on suture of median nerve, 130; Sangster on exfoliation of finger-nail from mal-nutrition, 131; Heath on popliteal aneurism treated by Esmarch's bandage, 131; Teevan on retention of urine, 170; Buzzard on paraplegia from Pott's disease, 170; Sangster on molluscum fibrosum, 171; Eve on wound of heart by fish-bone, 212; Greenhow on typhoid with nephritis, 212; Buzzard on rapid paralysis, 212; Eve on temporal fracture, 213; Clutton on femoral aneurism, 213; Smith on spontaneous gangrene, 235; cystic hygroma, 236; thoracic sarcoma, 236; Nettleship on ophthalmitis sympathetic, 303; Marsh on cases of bonesetting, 304; Southey on rheumatism with embolism, 343; Stokes on hip amputation, 344; Cripps on secondary hæmorrhage, 345; Barwell on section of femur for anchylosis, 410; salicin in rheumatism, 411; Dr. Crocker's case of scalp disease, 454; report on case of keloid, 454; Hewitt on hysterical vomiting, 454; Clutton on acquired hypertrophy, 454; Morris on disease of mastoid, 455; Taylor on cardio-pulmonary murmur, 456; Whipham on cancer of pylorus, 456; Streatfield on morphœa, 456; note on meeting, 459

Clutton, Dr., acquired hypertrophy of limb, 546
Coal mines, death in, 810
Cocking's poro-plastic jackets, 78
Cod-oil, substitute for, 462
Colour-Blindness, Dr. C. F. Moore, 587
Constabulary attendance, 554
Contagious diseases act, repeal, 521
Cooling after death, 528
Corley, Dr., on strangulated hernia, 427, 483
Coroners, doctors, 28, and medical men, 46, 267, courts, 199, fees, 205

CORRESPONDENCE.

(For Scottish and Foreign see under these heads.)

Animal vaccination, 359; Drysdale, 553
Appointment co. Dublin gaol, 314
Bryant, Mr., method of evacuating calculi, 182
Butcher, Mr., on anti-vivisection, 251
Burroughs, Dr., on varicose veins, 119
Cameron, Dr., pure drugs, 314
Cocking's splints, 16
Chemists in practice, 204
Compulsory taking of lymph, 337
Chloral hydrate, 445
Cheyne-Stokes breathing, 382
Carmichael prize essays, Rivington, 403
Can a dispensary doctor be a magistrate? 404, 487
Chloral in gonorrhœa, Auchinleck, 488
Dangerous lunatics, 129
Dental examiners royal college of surgeons, Ireland, 337
Elliott, Dr., on poison vending, 75
Examinations at the royal college of surgeons, Ireland, 380
Home rule in its surgical aspects, 379
Hogg, Mr., London water supply, 358
Hoggan, Dr., on St. John's hospital, 34, 359
Irish lecture certificates, 182
Knot in the umbilical cord, 121, 143, 162, 206
Laffan, Dr., on delicate children in Irish workhouses, 140
Longevity, Martin, 488
Landolt on eye, 152
Martin, Dr., reporting in the Irish college of surgeons, 314
Measles, causes of epidemics of, 553, 531, 553
Medical fees, 314
Methods of medical education, 33'!
Norman Kerr on Arctic exploration, 36
Nitrate of silver, 511
O'Connell, Mrs., children in Irish workhouses, 204
Poor-law superannuation, 206
Prison surgeons as witnesses, 226
Pantaleoni on the mortality of Rome, 32, 250
Perforation of ileum, Doran, 507
Physicians as jurors, 335
Questions on chloral, 251
Rheumatism, treatment of, McIlroy, 507
Sir John Lubbock and the dental Act, Jacob, 506, 530, 552
Special hospitals, 314, 336, 379
Supervision of executions, 314
St. John's skin hospital, 34, 268, 316, 359
"Superintendent" on private asylums, 111
Temperature of the breath, Dudgeon, 531
The O'Leary fund, 162
The succession to Dr. O'Leary at St. Vincent's, 222, 271
Traffic in charity votes, 53
Unprofessional touting, Purdon, 445
Veale, Dr., new stethoscope, 140
Vaccine from cows, Drysdale, 434 555
Wheeler on skull trephining, 58
Winslow, Dr. Forbes, on private asylums, 110
What is a post-mortem examination? 359
York-road lying-in hospital, Playfair, 506; Mansell-Mcullin, 531

Council, general medical, does it represent the profession? 68, 87, 112, 152, 217, next meeting of, 220
Credit-fee system of medical education, 522
Cremation amongst Indians, 178
Croly, Mr., breast tumour, 5, dislocation of femur, 57, phlebitis after head injury, 144, 148, antiseptic surgery, 281, nasal polypus, 366, diseased vertebræ, 431
Croup and diphtheria, 463
Crysophanic acid in skin disease, 288
Cuffe, Surgeon-major, 11
Curran, Surgeon, pathology of starvation, 210, 229, 290, 293, sunstroke in India, 408, 429, 449, 470, 492, 513, 535
Current topics, notes on—See Notes

D

Day, Dr., laryngismus stridulus, 60, 99
Deaf mutes, oral teaching of, 263
Dental surgery, in France, 243, new anæsthetic, 243, memorial upon the act, 259
Dental association, British, 280
Dental disease and disordered health, Canton, 541, and nervous disorder, Mummery, 541
Dental Surgery, Association of surgeons practising, 259, 289; Heath on cystic disease of the jaw, 390; Napier's instrument for nitrous oxide, 475, polyscope, 475; Cattlin on suppuration in jaw, 475; Jacob on mercurial deposit, 475
Dentists, the *Lancet* and the, 301
Dental act, letters of Dr. Jacob and Sir J. Lubbock, 506, 530
Dietaries, cheap, 179
Digestive ferments and artificial digestion, 215, 235, 258, Roberts on, 275, 295, 317, 339, 361, 383
Diphtheria, hydrofluoric acid inhalations, 157, from polluted water, 189, croup and, 463
Direct representation, proposed methods of, 191
Dislocation—See under head of each bone
Donaldson, Dr., secondary puerperal hæmorrhage, 166
Dover hospital, the, 136
Dowse, Dr. Stretch, neurasthenia, 366
Drainage tubes, decalcified, 34, 51
Drugs, and their preparation, Dr. Wallace, 232, supply of to Irish unions, 240
Drunkards—See inebriate
Drysdale, Dr. C., syphilitic urethritis, 18, cerebro-spinal syphilis, 341, 362, vaccine from cows, 445, 558
Dublin sanitary commission, 11, 352, 478, 527, zymotic diseases in, Dr. Nowlan, 125
Dublin mortality, 12, 27, 55, 478, 502, 527
Dublin county prison, the surgeoncy, 241
Dublin university medical orders, 399
Dumbleton, Dr., death of, 29

E

Edmunds, Dr., seven years' work at the London Temperance hospital, 491
Edinburgh royal infirmary, the ladies at, 31
Education of the general practitioner, 7, method of, letter, 33
Egypt, phthisis in, 547
Electricity, influence of, on bacteria, 481
Emphysema during parturition, 157, 238, after calomel, 234
Emphysema, Dr. Broadbent on, 431
Enteric fever—See typhoid
EPIDEMIOLOGICAL SOCIETY—Cheevers on relapsing fever, 42; Ross on diseases of Natal, 42; Ewart on enteric fever in India, 108
Epilepsy, Dr. Gower's lectures on, 143, 163, 185, from diseased teeth, 358
Ergotine injection for prolapsus recti, 157, 169, its dangers, 330
Erysipelas, epidemic of, 278
Ether hydrobromic, 30
Ethyl bromide as an anæsthetic, 479, 481
Euthanasia, 177
Eve, Dr., wound of heart by fish-bone, 212, temporal fracture, 213
Ewart, Dr., Indian enteric fever, 108
Executions, private, supervision of, 175, 226, 268
Excision of humerus, 367
Executions, supervision of, 175
Extra-uterine fœtation—Mr. Carter's cases, 519
Eye, recurrent tumour of, 189, in pregnancy, Power, 346

F

Fallopian tube, rupture of, 41
Famine, influence of onj population, 543
Faradisation of the neck, 263
Farquharson, Dr., for Aberdeen, 157
Farr, Dr., and the government, 91, 135, 160, 199, 266
Favus, pomade for, 462
Fayrer, Sir Joseph, on typhoid, 28
Femur, dislocation of, Croly, 57
Fever (see also typhus, scarlet fever, &c.), cold enemata in, 117, in India, 407
Fever hospital, London, 156
Filters, 548
Fibula, undescribed fracture of, 311
Food, waste of, 10
Fracture—See under head of each bone
France, Special correspondence, 45, 68, 130, 169, 192, 235, 259, 300, 321, 392, 457
Franks, Dr., bone in larynx, 280
Frazer, Dr., skulls found at Donnybrook, 103
Freezing apparatus at the Paris morgue, 301
Frying pan, death in the, 482
Funis, knots in the, 162, 206

G

Galvanist, action against, 53
Gangrene of soft palate, 319
Gardener bequest for the blind, 134
Gas, death from, 157
Gastritis, ulcerative, 297
General medical council—See council
Glasgow university, the materia medica chair, 284
Goitre, acute menstrual, Dr. Bennett, 101, ergotine in, 293
Goodhart, Dr., acute rheumatism treated by salicylic acid, 20, on anæmia, 41, case of keloid, 455
Gordon, surgeon-general, 376, 503, on fevers in India, 407
Gout, etiology of, 41. See also rheumatism
Gout, surgical aspects of, Hutchinson, 511, 533
Gowers, Dr., lectures on epilepsy, 143, 163, 185
*Graphic* gallery from a medical aspect, 298
Graphoscope as a means of diagnosing asthenopia, Jacob (translation), 474, 493
Gull, Sir William, 399
Guy's hospital, 13, 306, 329, 354, 375, 396, 526

H

Habershon, Dr., on pyelitis, 64, on chylous urine, 65
Habitual drunkard, retreats, 7, 113, Dr. Alford on, 106
Hæmorrhage, secondary puerperal, Donaldson, 166, secondary, Cripps, 343, after tooth extraction, 540
Hall, Dr. Haviland, thoracic sarcoma, 236
Harbinson, Dr., on nerve sclerosis, 123, peripheral nerves in lead poisoning, 231
Harveian oration for 1880, 545

HARVEIAN SOCIETY — Soiree, 29; Owen on ruptured Fallopian tube, Goodhart on anæmia, Vincent on talipes varus and knock-knee, Pye on nerve-stretching, 108; Meldon on gynæcology, 147; Broadbent on venesection, 147; Power on recurrent eye tumour, 189; Boulton on development of children, 189; Pepper on hip disease, 237; Thornton on pedicle in ovariotomy, 237; Morris on pemphigus cured by arsenic, 324; Cavafy on urticaria, 324; J. Williams on chronic ovaritis, 325; Teevan on surgery of urinary organs, 346; Power on the eye in pregnancy, 346; Cripps Laurence on rickets, 431; Reeves on rectal strictures, 431; Broadbent on emphysema, 431; Field on perforation of membrana tympani, 431

Hay fever, Dr. Blackley, 549
Headache, habitual, dangers of, 301
Health report for 1880, 373
Health, medical officers of, Ireland, Dr. Chapman on, 82, payment by fee, 223
Heart, puncture of, 41, wound by fish bone, 212
Heath, Dr. C., popliteal aneurism treated by Esmarch's bandage, 131, cystic disease of jaw, 390
Hemming, Dr., translation of Bonnafont on tympanum, 299
Hendon tragedy, 50
Heredity, 178, 198
Hereford lunatic asylum, report, 391
Hernia, strangulated, Dr. O'Reilly, 27, Dr. Corley on, 427
Hewan, Dr., gunshot wound, 63
Hewitt, Dr., cases of uterine distortion, 519
Hoggan, Dr., and St. John's hospital, 33, 262, 270, 359, 374, 379, 430, 489
Homoeopaths, fraternization with, 543
Hospitals, contagious, 29, paying patients in, 153—see also "special," abuses of, 418, London temperance, 491
Hospital Sunday, London, 115, 222, 503, 528
Hulke, Dr, sutural union of nerves 131, and the Athenæum club, 154
Humerus, excision, 368
Hunterian oration, 436
Hutchinson, Mr., surgical aspects of rheumatism. 511, 533
Hydrobromic ether, 30
Hydrophobia, death, 244
Hygiene, French society of, 545
Hysterectomy, Mr. Stokes, 50
Hysterical vomiting from uterine displacement, Hewitt, 454

I

Ileum, perforation of, letter on, 507
Indian medical service, 200, 372, 436, 437, 459, 524, and the army, 499, the warrant, 202; fevers in, 407, sunstroke, 409, 429, 449, 470, 492, 535
Inebriate retreats, 368
Infectious disease, registration of, Dr. J. W. Moore, 80
Insane—See Lunatic
INVENTIONS, NEW—Strutt's absorbent wool, resorbent drainage tubes, hygienic stove, Bilin mineral water, Fry's malted chocolate, 34; Tulloch's Dutch cocoa, Nelson's beef-tea, Richardson's new hepatic remedies, 35; maltine, 121; Dr. Veale's stethoscope, 140; Bryant's hip splint, Victoria rock spring waters, 184; Dolan's suction instrument, 227; Weiss's syringe piston, 251; Langlebert's lithophone, Warner's pil. calc. sulph., malted biscuits, 402; Schlossbrunnen Gerolstein, chateau d'eveque, Burrough's beef and iron wine, 403
International congress, the, 266, 288, 350
International hygienic congress, 482
Ireland, the Queen's medical advisers in, 136, health of, 460
Irish lecture certificates, 25, 94, 180
Irish lunacy commission—See Commission
Irish medical association, annual meeting, 423, 488

J

Jaborandi in mumps, 421
Jacob, Dr. A. H., ophthalmological notes, 38, 86, analysis of recent ophthalmology, 119, 150, graphoscope for diagnosis of asthenopia (translation), 474, 493, letters on dental act, 507, 530
Jacob, Dr. Ernst, urticaria from rosin, 166
Jacob, Mr. H. L., periodontal mercurial deposit, 475
Jackson, Dr. Hughlings, affections of speech, 253, diseases of the cerebellum, 447, 469
James, Dr., reports on mineral waters, 518
Jaw—See Maxilla

K

Keloid, case of, Goodhart, 454, leading article on, 459
Kennedy, Dr., Evory, 13
Kidney, cystic, 166
King's college, cases at, 546
Kinkead, letter on prison surgeons, 227
Knee-joint, Mr. Norton's case, 4, Mr. Heath's case, 61, disorganisation of, Swan, 432
Kousso, administration of, 577

L

Lady nurses, 436
Laryngismus stridulus, Dr. Day on 80, 99
Larynx, tongue, &c., 117, herpes of, 190, bone in, 280
Lawrence, Dr. Cripps, early diagnosis of rickets, 425
Lay criticisms of professional men, 92

LEADING ARTICLES.

Abuses of the London hospital system, 418
Arsenical wall paper, 71, 87
Association of dental surgeons, 176
Bonesetters and bonesetting, 347
Bromide of ethyl, 479
Care of the insane, 516
Contagious diseases acts repeal, 497, 521
Coroners and medical men, 46
Does the Medical Council represent the profession, 6, 87, 111, 152, 217
Dr. Caris Warburg, 348
Dublin sanitation, 478
Education of general practitioner, 7, 89
Effect of alcohol on the liver, 172
Elective rights of the F.R.C.S.I, 182
Exclusion of bad characters from the profession, 325
Fraternisations with homoeopaths, 542
Guy's Hospital, 306
Habitual drunkard's retreats, 9, 113
Indian and army services, 499
Indian medical service, 372, 459, 523
Irish drug supply, 240
Irish prison surgeons, 174
Keloid, 458
Local Government report for 1880, 373
London water supply, 325
Lunacy law amendment act, 195, 218, 238
Materia Medica chair in Glasgow University, 285
Medical ethics, 434
Medical interests and electoral duties, 272
Medical register for 1880, 219
Mr James Lowther, 286
National Epileptic Hospital, 240
New Victoria university, 173
Non-representation of surgery in the new Irish university, 286
Oral teaching of mutes, 263
Pathological fog, 153
Paying patients in hospitals, 152
Pensions in Irish asylums, 453
Philanthropy and hygiene at Portsmouth, 485
Private executions, 175
Proposed method of direct representation, 191
Prospects of medical reform, 459
Provident dispensaries, 238
Punishment at high schools, 197
St. John's Skin Hospital, 33, 262, 270
Superannuation of Irish poor-law surgeons, 401
The chloral committees report 24
The credit-fee system of Irish education, 522
The Gardener bequest for the blind, 134
The influence of famine on population, 543
The Irish lecture certificate system, 25
The Lumleian lectures, 1880, 393
The medical society and lunacy law, 325
The medical students' register, 393
The prospectus of medical reform, 371
The senate of the new Irish university, 114
Treatment of rheumatism, 416
Vaccination in danger, 544
Vaccination penalties. 572
York Road Lying-in Hospital, 476, 506

Leatham, Dr., emphysema during parturition, 283
Legal cases, Howell *v.* West and Jones, 321; St. John's Hospital *v.* Hoggan and the *Med. Press*, 378; the doctor and patient, 550
Lentaigne, Sir J., 374
Lipoma, Dr. Wheeler, 367
Literary notes, 75, 159, 268, 357, 442
Lithotapaxy, Mr. Stokes on, 1, discussion on, 5
Liver, effect of alcohol on, 172
Liverpool Hospital Sunday, 421
Local Government report for 1880, 373
Locomotor ataxy, 199
London medical society, neurasthenia, Dowse, 366; conversazione, 380
London university representation, 419
London water supply, 179, 325, 350, 358, 460, 468, 520; and Paris, 397
Longevity, letter on, 488
Lubbock, Sir J., letter, 530
Lumleian lectures, 1880
Lunacy law and the medical society 325
Lunacy amendment act, Mr. Dillwyn's, 195, 219, 237
Lunacy inquiry commission, 22, 43, 128, 260, 302, 322
Lunatic asylums, private, 62, Dr. F. Winslow on, 110 a new, 169, the Edinburgh asylum, 169, a public asylum officer on, 302, Hereford asylum, 391, Cumberland asylum, 391, Roxburgh asylum, 392, pensions in Irish, 453, Wanford house asylum, 496, county parliamentary debate, 509, council parliamentary debate, 509, typhoid in the Chester asylum, 540
Lunatics, dangerous, certifying of, 129, operations on, 169, care of, 516
Lunatics, self-mutilation by, 495
Lyons, Dr., M.P., his election, 309, 311, 359

M

Mammary—See breast
Mapother, Dr., mouth contractions, 144, 148
Marsh, Mr., cases of bonesetting, 304
Maxilla, myxo-sarcoma of, Norton, 473
Measles in Plymouth, 480
Meat bread, 461, diseased 502
Medical council—See council
Medical officers of health (England) society, Dr. Tatham on improvements in reports, 87
Medical officers of health (Dublin) society, Dr. Cameron on zymotic nests, 17, Dr Chapman on position of Irish medical officers of health, 82, Dr. C. F. Moore, domestic scavenging, 164, 221, on colour-blindness, 537, Dr. Pollock, removal of infectious cases, 255
Medical society of London—See London
Medical officers of health—See health
Medico-parliamentary candidates, 221, 243, 272, 307, 351
Medical students—see Students
Melanoderma with supra-renal disease, 107
Meldon, Dr., wound of radial artery 146
Membrana tympani, perforation of, Field on, 431
Mercer's hospital, Dublin, Mr. O'Grady's cases, 19, 85, 451, 515, 539
Mercury, elimination of, 330
Milk, condensed, 258
Mineral waters, analytical reports on, Tichborne and James, 518
Molluscum fibrosum, Dr. Sangster on, 170
Moore, Dr. C. F., on domestic scavenging, 164, on colour-blindness, 537
Moore, Dr. J. W., on registration of infectious diseases, 80
Moore, Dr. John, on diphtheria from polluted water, 189
Morgue, freezing apparatus at, 301
Morris, Mr Malcolm, on pemphigus cured by arsenic, 324
Morris Mr. H., on salivary fistula, 131, on mastoid disease, 455
Morris, Mr. George, the new Irish local government board commissioner, 328
Mortification—See gangrene
Mouth, contractions of, Mapother,
Museum conference, 223
Myopia, progressive, 439

N

Nails, exfoliation and suppuration of, by Dr. Sangster, 131
Natal, diseases of, 42
National epileptic hospital, elections at, 240
Naval medical service, 115, 222, 245, 266
Nerve-stretching, Dr. Pye on, 108
Nerve medium, sutural union of, by Dr. Hulke, 130
Nettleship, Mr., on sympathetic ophthalmitis, 303
Neuralgia, treatment of, by aconite, 245
Newcastle-on-Tyne throat hospital, 177
New inventions or preparations—See inventions
Nitrous oxide, instrument for administration of, Napier, 495

NOTES ON CURRENT TOPICS.

Adulterators, dilemma for, 9, waste of food, Infant prescribers, Parkes museum, 10; Surgeon-major Cuffe, 12; Vacant Irish commissionership, 12, 49, 120, 178, 220; Dublin sanitary commission, 11; Traffic in charity votes, 11, 54, 55; Dublin mortality, 12, 27; Sea water at home, Professor Bole, Wyatt-Edgell prize, 12; Guy's hospital, Paying hospital patients, Mr. Crozier's presentation, Dr. Evory Kennedy, 13; Surgeon-major Bourke, 14; Foreign medicines, Coroners doctors, Clinical society, Sir J. Fayrer on typhoid, 28; Dr. Dumbleton, The Harveian society. Contagious hospitals, 29; St. Virchows well, Hydropathic ether, 30; New naval director-general, 47; Tight lacing, Irish prison surgeons, 48, 71; Temperature in surgical affections, 48; Anti-vaccinators, Aniline poisoning, 49; Phosphorus in urinary diseases, Lead in butter, Chloral, The Hendon tragedy, Hysterectomy, 50: Foreign bodies in brain, Administration of cod-oil, Sugar and the teeth, 51; New London university, 72; Habitual drunkards, Chloroform death, New registrar-general, 73, 91, 135, 160, 198, 266; Dr. Stevens's hospital, 77, 141, 160, 183; Protection of adulteration, 90; Indecision of R.C.S.E. examiners, Medicine at Cambridge, Lay criticism of professional men, 91; Audiphone, Registration of military rank, Street accidents, Census of 1881, Registration of qualifications, 92; Archbishops MD's, 93; Injection of corrosive sublimate in syphilis, Irish certificate system, 94; Sir Dominic Corrigan's success, 97; London hospital Sunday, 114; Licensed poisoning, 115, *Time* on our doctors, 115, 136; Naval medical service, 115, 222, 266; Arthritis, propagation of, Benzoate treatment of tuberculosis Cold enemata in fevers, 116; Tape-worm remedy, Ablation of laryngo-pharyngeal structures, 117; The Queen's physiciancy in Ireland, 120; The election of the medical council representatives of the R.C.S.I. 120, 183, 205; Toxic effects of tea, 135; Dover hospital, The Queen's medical advisers in Ireland, Army exchanges, 136; Death of Dr. O'Leary, M.P., 137, 141, 157; Proof of death, 155; London fever hospital, London college of physicians examination, French views on syphilis, Hydrofluoric inhalations in diphtheria, 156; Ergotine for prolapsus recti, Emphysema during parturition, Death from gas, 157; How to gargle, 158; Euthanasia, 176; A chemist's blunder, Oleomargarine, Patent medicines in Switzerland, Newcastle throat hospital, 177; Cremation, 178, Heredity, 178, 198, London water supply, Animal vaccination, 178; Cheap dietaries, 179; Dangers of smoking, St. John's ambulance association, Provident dispensaries, Coroner's courts, 198; Herpes of larynx, Temperature in phthisis, Vision amongst savages, Maxillary bones in ataxy, 199; Military sinecures in Cyprus, 200; Anti-vaccinators, Indian medical service, State help for widows of medical men, Tartrate of morphia, 201; The medical reform bills, 205; Meeting of the general medical council, The successor to Dr. O'Leary at St. Vincent's hospital, Traumatic achromatopsia, 220; Subclavian aneurism. Medico-parliamentary candidates, Nasal polypi, 221; Milk adulteration, Godfrey's cordial The London hospital Sunday, Museum conference, 222; Mr. Whiteford's case, 223, 264; Health officers paid by fee, Phosphorised oil poisoning, Quinine eruptions, 323; The surgeoncy to Dublin county prison, 241; The late Mr. Bell, Novel antisepticism, 242; American opinion of English doctors, The Irish elections, Dentistry in France, New dental anæsthetic, 243; Abuses of charity voting, Peripheric abscess, The Queen's physician in Ireland, Belgian academy of medicine, 244; Torbay infirmary, Food of starved children, Neuralgia treated by aconitine 245; Development of tubercle, 246; Faradisation of neck, 264; Buxton hospital, varicella and vaccination, 265; Buried alive, 266; The international congress, 267, 290, 350; The vacant Irish baronetcies, 286; The cost of honesty, vaccination prosecutions, The representative of the Q.U. in the medical council, Election of examiners in the Q.U., 287; Chrysophanic acid, Election of examiners R.C.S., Ireland, Condensed milk, 288; Infantile intertrigo, Association of dental surgeons, Trichinosis, 289; Substitute for oil silk, Pathology of starvation, Improved caustic, 290: Medical M.P.'s, 307, 351; Public health conference, Drunkard's retreat, Pyrogallic acid, 308; New medical member for Dublin, 309; Goa powder, Death in coal mines, Sir James Paget on hospitals, Undescribed fibular fracture, 310; Dr. Lyons, M.P., Neapolitan socks, 311; Cramming, Medical advertising, 326; Late Dr. Heaton, Mr. George Morris, 328; Guy's hospital, 329, 353, 375, 396; Surgical congress at Berlin, Iodide of starch as an antidote, Pernicious anæmia, 329; Elimination of mercury, Italian ovariotomy statistics, Ergotine, Rider's sprain, Bogus diplomas 330; The new Irish university, University disfranchisement, 349; London water supply, 350; Irish prison surgeons, Religious tests for doctors, 350; Solidified bromine, Death from chloroform, Health of Bournemouth, 351; Special hospitals, Dublin sanitary commission, Theatre ventilation, 352; Epilepsy from diseased teeth, Sunday recreation, Mr. Hulke, 353; Sir J. Lentaigne, St. John's hospital, 374, 438; Cheerfulness as a medicine, Surgery in the Irish university senate, 375, Surgeon-general Gordon, Chloroform in earache Poisoned water, Poisonous colours, 376; Vaccine from cows, Kousso, 377; The vice-regal appointments, 381, 437; Conversazione at the medical society of London, 382; Representation of the Irish college of surgeons in the med. council, 396; London and Paris, Election of examiners in the Irish R.C.S., Benzoate of soda, Dr. Andrews, Belfast, 397; Medical orders of the board of T.C.D., Hospitals in Paris, 398; The Irish college of surgeons and newspaper puffing, Sir W. Gull, 399; Typhoid infection, Irish prison dietaries, 400; London university, Poisoning by chlorodyne, Accident to Archer the jockey, Anal fissure, Pleasure grounds for the poor, 419: Society for widows and orphans, Irish college of physicians, Liverpool hospital Sunday, Irish benevolent fund, 420; Medical night service, St. John's ambulance association, jaborandi in mumps, 421; Annual meeting of the Irish College of surgeons, Irish medical association, 423; Dangers of the streets, Hunterian oration, Lady-nurses, Medical services in India, 436; Medical reform, 437; Management of small-pox hospitals, Medical discussions in lay papers, Weights and measures, Cruelty to shop-assistants, 438; Inverted uterus, Complications of tracheotomy. Progressive myopia, Surgeon-major Rowe, 439: Dangerous amusements, Clinical society of London, 459; Chian turpentine, Health of Ireland, London water, 460; Meat bread, Promotion by selection, 461; Riots at Ennistymon, International hygienic congress, Temperance hospital, Pomade for favus, Substitute for cod-oil, Chloral injections, 462; Croup and diphtheria, Action of salicylates on the urine, Early viability, 463; Intestinal catarrh, 464; Horse show, 479; Army medical exchanges, Ethyl bromide, Plymouth measles, 480; Influence of electricity on bacteria, Provincial councillors of R.C.S.I. England, Collapse treated by atropine subcutaneously, 481; Small-pox in Paris, Ammonia benzoate in phthisis, Vaults, Death in frying-pan, 482; Asses milk for diarrhœa, 483; Annual election R.C.S.I., Irish medical association, 488; The *Lancet* and the dentists, 500; Dublin sanitation, Rotunda hospital, 501; Irish medical benevolent fund, Post-card libels, Royal society, Opiumless paregoric, Surgeon-general Gordon, London hospital Sunday, 502; Election of R.C.S. Eng., Late Mr. Bradley. 503; Rot, Prize essay on opium, Woolsorters disease, 504; Fellowship of the R.C.S.E., 525; Provincial credulity, 525; Guy's hospital, 526; London vital statistics, 526; The coming meeting of the B.M.A., 526; Report of Dublin sanitary commission, 527; Cooling after death, 527; Dublin sanitation, 527; Home hospitals, 528; Belladonna poisoning treated by chloral, 528; Bogus diplomas, 528; London hospital Sunday, 528; Harveian oration of 1880, 545; Class legislation in the army, 545; The French society of hygiene, 545; King's college, 546; Anti-vaccination, 546; Pay-patients at St. Thomas's hospital, 546; A Bradley memorial, 547; The London college of surgeons and the conjoint scheme, 547; Phthisis in Egypt, 547; What is it all about? 548; Vivisection, 548; Filters, 548; Palatable Epsom salts, 548; The Hygienic congress, 548; The British hospital for incurables, Clapham Rise, 552; The royal Irish university, 552

Norton, Mr., knee-joint suppuration, 4; double aneurism, 39; syphilitic laryngitis, 343; myxo-sarcoma of jaw, 478
Novelties—See inventions

O

OBITUARIES—Mr. Hancock, F.R.C.S. 15; Dr. H. Freund, 16; Dr. Budd, Dr. Pagenstecker, Dr. Hume, Mr. W. Allen, 54; Surgeon Porter, 75; Dr. E. C. Seaton, 76; Dr. Charles Benson, 76; Sir Dominic Corrigan, Bart., 96; Dr. Lockhart Clarke, 97; Dr. O'Leary, M.P., 137, 141, 157; Dr. G. Dallas Baird, 159; Dr. R. Rainsford, 161; Dr. Thomas Fairbank, 203; Dr. Edward Copeman, 203; Dr. R. M. Maguinness, 203; Dr. Donovan, of Skibbereen, 203; Dr. Leeper, of Loughall, 227; Dr. P. B. Kearney, 273; Dr. M. H. Stapleton, 283; Dr. Heaton, 328; W. Sharpey, F.R.S., 332; Alfred Swaine Taylor, 467; Dr. S. Messenger Bradley, 488, 503; Dr. Grealy, Galway, 489

OBSTETRICAL SOCIETY of London—Fœtal 'monstrosity,' erosion of cervix, galabin, encephalocele, uterine tumour, Chambers, 518; extra-uterine fœtation, Carter. cases of uterine distortion, Hewitt, 519

O'Connell, Mrs., on delicate children in Irish workhouses. 140, 204

ODONTOLOGICAL SOCIETY—Underwood on nerve-stretching in neuralgia, 433; hæmorrhage after tooth extraction, 541; dental disease and disordered health, Canton, 541; dental disease and nervous disorders, Mummery, 541

O'Grady, Mr., clinical records, 19, 85, 451, 515, 539
O'Leary, Dr., M.P., his successor, 222, 271, fund for his family, 223
Oleomargarine, 178
Ophthalmology, notes on, Dr. Jacob's, 38, 86, analysis of recent additions to, Dr. Jacob, 119
Opium, paregoric without, 502, prize essay on, 504
O'Reilly, Dr., case of strangulated hernia, 257
Ormsby, Mr., presentation to, 183, calculus case, 281
Ovarian tumour, Dr. Atthill's case, 5
Ovariotomy, Mr. Stokes, 207, pedicle in, 287, Dr. Byrne's case, 328, Italian statistics, 330, Dr. Atthill on, 405

P

Paget, Sir James, on hospitals, 310
Paraplegia from Pott's disease, Dr. Buzzard, 170: rapid, 212
Paregoric without opium, 502

PARLIAMENTARY INTELLIGENCE—Medical legislation, 121; obnoxious gases, 121; army medical service, 204; coroners' fees, 205; trichinosis, 272; Surgeon Allen, 272; medical reform, 467; noxious vapours, 467; vaccination, Ireland, 467; London water, 463; medical officers of the guards, 488; Scotch medical relief, 509; county asylumns and criminal lunatics, 509; animal vaccination, 509: contagious diseases act, 553; famine fever in Ireland, 553

Parke's museum, 10
Pass-lists of colleges, &c.—See last page of each issue
Pathological fog, 153
Patent medicines in Switzerland, 178
Pavy, Dr., sugar-test, 65, 73
Paying hospital patients, 13, 152; at St. Thomas's, 546
Pearse, Mr. W. H., scarlet fever, 8, cholera epidemic, 338
Pensions in Irish asylums, 453
Pernicious anæmia, 329
Pharmaceutical society of Great Britain, annual dinner, 443
Phlebitis of the head injury, Croly, 144, 143
Phosphorus in the urine, 50
Phthisis-tuberculosis, treatment of, 116, local temperature in, 199, development of, 246, in Egypt, 547
Physicians, college of, Ireland, 420
Pick, Dr., sub-astragaloid dislocation, 65
Poisoning by Godfrey's cordial, 223, by phosphorised oil, 223, by lead, 231, by chlorine, 245, by chlorodyne, 419
Poison-vending, letter on, 75, in colours, 377
Pollock, Dr., removal of infectious patients, 255
Polypi, nasal, treated by acetic acid, 223
Post-card libels, 502
Prison-surgeons, Ireland, 48, 71, 174, 360, as witnesses, 226, 263
Prison dietaries in Ireland, 399
Promotion by selection, 461
Provident dispensaries, 199, 239, 332, 351

Public health—See Sanitary
Pyelitis, Dr. Habershon on, 64
Pyrogallic acid, action of, 308

Q

Queen's University, the medical council representative, 287, election of examiners, 287
Quinine, eruptions caused by, 223, consumption of, 353

R

Ranula, case of, Dr. Wheeler, 188
Rectum, malformation of, Dr. W. T. Stoker, 187, strictures of, Reeves, 431
Reform, medical, 437, 466
Relapsing fever, Cheevers on, 42
Registrar-General, England, appointment of, 73, 92, 160, 266
Registration of military rank, 92, of qualifications, 98
Reisling wines, 475
Relation of doctor and patient, 553
Retaining fees for medical men, 54

Reviews and Book Notices (see also Literary Notes)—The Irish Medical Directory, 32; yearbook of pharmacy, 119; Jacob, analysis of ophthalmology, 119, 150; Millard, lectures on Bright's disease, 139; Landolt on the eye, 119, 150; West, diseases of women, 181; Agnew, surgery, 223: Kennedy on fatty heart, 248; Thomson on climate in phthisis, 267; Morris on the skin, 291; Tschiriew on electric excitability of skin, 292; Paget's lectures, 292; Duncan, diseases of women, 312; Roy, pleuro-pneumonia, 313; Tatham, Salford health report, 338; transactions of London Pathological Society, 334, 484; Flint's clinical medicine, 335; the Carmichael essays, 355, 403; Cobbold's entozoa, 380; Semple's materia medica, 380; Sewill on the ear and teeth, 441; Witowski, mechanism of vision, 442; Quinlan, bile in the spectrum, 442; Frankland on water analysis, 467; Sydenham Society's atlas of pathology, fascic. ii., 487; Buck on hygiene, 508; M'Munn on the spectroscope, 529; Blackley on hay fever, 549

Rheumatism, Goodhart on, 20; Buzzard on, 21; Thomas on etiology of, 41; with embolism, Southey, 342; Salicin in, 411; treatment of, 416; with hyperpyrexia, Handfield Jones, 430; treatment of, 508; Mr. Hutchinson's lectures on the surgical aspects of, 511, 533
Richardson, Dr. B. Wills, vesical calculus, 109, dilated vagina of sheep, 211
Rickets, early diagnosis of, Dr. Cripps Lawrence, 425
Roberts, Dr., on the digestive ferments, 275, 295, 317, 339, 361, 383
Rome, mortality of, 32, 250
Ross, Dr., diseases of Natal, 42
Rot, 504
Rotundo hospital, 501
Rowe, Surgeon-Major, 439
Royal colleges—See under "Surgeons" or "Physicians"
Royal Medical Benevolent—See "Benevolent"

S

St. John's ambulance association, 193, 223, 421
St. John's skin hospital, letter on, 33, 262, 270, 350, 374, 379, and the *Medical Press*, 439, 489
St. Mary's hospital, Paddington, knee-joint case, 4, double aneurism, 87
St. Thomas's, pay patients at, 546
St. Vincent's hospital, Dr. O'Leary's successor, 221, 271
Salicylates, action of, on urine, 463
Salivary fistula, Mr. Morris, 130
Sangster, Dr., exfoliation of the nails, 131, molluscum fibrosum, 171
Sanitary commission, Dublin, 11, 352, 478, 527, conference, 311, institute, annual meeting, 466
Scalp, congenital disease of, Croker, 454
Scarlatina, Mr. Pearse on, 3, Archambault on, 320
Science, Irish college of, 266
Sclerosis of the cerebral nerve, Dr. Harbinson, 173
Schools, punishment in, 197

Scotland (Correspondence from—Entertainment at Glasgow Infirmary, 14; Prof. Gairdner on duty of Nurses, 15; the ladies in the Edinburgh Royal Infirmary, 31; Glasgow mortality, Lock Hospital, action against a galvanist, 52; Glasgow lunatic asylum, 53; chloroform, death, &c., 74, prosecutions, 95; Edinburgh dental hospital, &c., 96; diphtheria in Inverness, &c., &c., 118; Leith hospital, &c., 138; science lectures, &c., 158; Edinburgh medical society, &c., 180; provident dispensaries, 201; Aberdeen university, &c., 223; Alcohol, &c., 247; prize distribution, &c., 271; registrars' returns, &c., 291; hospitals and societies, &c., 332; Aberdeen university, &c., 355; epidemic amongst children, &c., 377; registrars' returns, &c., 400; proposed ear hospital, &c., 422; hydrophobia, &c., 441; anti-vivisection, &c., 464; death of Dr. Milne, &c., 484; fever epidemic in Glasgow, 529; death of Dr. Mackie, &c, 549

Sheffield Medico-Chirurgical Society, proceedings of; Bartholomé on Addison's disease, Claremont on calculus, Jackson on ruptured heart, Thomas on etiology of gout, 41

Small-pox (see also vaccine), hospital management, 487
Smith, Mr. Thomas, spontaneous gangrene, 233, cystic hygroma, 236
Societies, proceedings of—See under title of each Society
Smoking, dangers of, 198
Speech, affections of, Hughlings-Jackson, 253
Special hospitals, 316, 337, 351, 378
Spine, dislocation, 280
Starch, iodide as an antidote, 329
Starvation, pathology of, Dr. Curran, 210, 239, 290, of children, food for, 245, Dr. Pearse's letter on, 293

Statistical Society, England—Mr. Welton on English mortality, 150

Stevens's hospital, 77, 141, 160, 183
Stoker, Dr. Thornley, removal of uterus and ovary, 58, malformation of rectum, 187, fatty tumours, 432
Stokes, Mr. W., litholapaxy, 1, ovariotomy and antiseptics, 207, hip amputations, 343
Stone—See calculus
Streatfield, Mr., unilateral morphoea, 456
Students, medical, register of, 394
Suicidal nicety, 127
Sunstroke in India, Dr. Curran on, 408, 429, 449 470, 492, 513, 535
Superannuation of Irish poor-law officers, 401
Surgeons, Irish college of, election of the representative on general medical council, 120, 132, 205, 396, election of examiners, 248, 273, 278, 390, election of a councillor, 287, medical advertising, 327, 398, council election, 358, 488, the examinations at, 380, annual meeting, 423, 441, 466, 488
Surgeons, London college of, Provincial councillors, 491, 503, 537, fellowship examination, 525, the conjoint scheme, 547

Surgical Society of Ireland—Stokes on litholapaxy, 1; Wheeler on vesical calculus, 4; Croly on mammary tumour, 6; Atthill on ovarian tumour, 5; Wheeler on caries of clavicle, 5; litholapaxy, discussion on, 5; Croly on dislocation of femur, 57; Stoker on removal of uterus and ovary, 58; Atthill on ovarian cyst, 66; discussion on papers, 66; Bennett on acute menstrual goitre, 101, 109; Frazer on skulls found at Donnybrook, 103; Richardson on calculus, 109; Wheeler on caries of arm, 109; Croly on phlebitis following head injury, 144, 148; Mapother on contractions of mouth, 145, 148; late Dr. Benson, 147; T. Stoker on malformation of rectum, 186, 190; Wheeler on a case of ranula, 188, 191; Croly on amputation of arm, 190; Stokes on ovariotomy and antiseptics, 207, 214; Richardson on dilated vagina of sheep, 211; Mapother on spine dislocation, 280; Franks on bone in larynx, 280; Wheeler on foot amputation, 280; Ormsby on calculus, 281; Croly on antiseptic surgery, 281, on nasal polypus, 366; Wheeler on lipoma, 367; Thomson on excised humerus, 367; antiseptic surgery debate, 367; Wheeler on breast tumour, 418; Atthill on ovariotomy, 414; Croly on diseased vertebra, 431; Swan on knee-joint, 432; Swanzy on foreign body in eye, 432; Stoker on fatty tumours, 432; Croly on strangulated hernia, and debate thereon, 432

Superannuation, poor-law, 207
Sugar, cupric test for, Dr. Pavy on, 65, 73
Swan, Dr., disorganisation of knee, 432
Syphilis—Dr. Drysdale on urethritis, 18, injection of corrosive sublimate in, 94, French views of, 157, cerebro-spinal, Dr. Drysdale on, 341, 364

T

Talipes and knock-knee, Dr. Vincent, 108
Tapeworm remedy, 117
Tar, internal use of, 51
Taylor, Dr. F., cardio-pulmonary murmur, 456
Tea, toxic effects of, 135
Teeth, sugar and the, 51
Teevan, Mr., surgery of urinary organ, 346
Temperance hospital, seven years' work in, Edmunds, 491
Temporal bone, fracture of, 213
Thomson, Dr., excision of humerus, 367
Theatre ventilation, 352
Thermo cautery, opening of abscess by, 244
Thorowgood on alcoholic vascular tension, 37, soda hypophosphite for pleuro-pneumonia, 492
Tichborne, Mr., analytical reports on mineral waters, 518
Tight lacing, 48
Tracheotomy, rare complications of, 439
Treichler, Dr., dangers of habitual headache, 301
Traffic in charity votes, 11, 54, 55, 78, 244
Translations—Dr. Jacob, ophthalmological notes, 38, Dr. C. Black, cystic kidney, 166, Bonnafont on the tympanum, 279
Trichinosis, 290
Tuberculosis—See Phthisis
Tumours—See under each form of tumour
Tympanum, its pathological conditions, Dr. Bonnafont on, 279
Typhoid, Sir J. Fayrer on, 25, Dr. Ewart on, 108, with nephritis, 212, dissemination of, 399, in the Chester asylum, 540

U

Umbilical cord—See Funis
University, Irish, the new, 114, 349, 552, non-representation of surgery in, 284, 375
University, Queen's, Dublin, &c.—See under each title
University disfranchisement, 349
University, the Victoria, 173
Urine, chylous, Dr. Habershon on, 65, action of salicylate on, 463
Urticaria from rosin, 166, pigmentosa, 324
Uterus and ovary, removal of, 58, inversion of, 439, retroflexion, 518, erosion of cervix, 518, tumour of, 518, distortion of—Hewitt, 519

V

Vacancies—See last page of each number
Vaccination, animal, 179, and varicella, 266, 337, 359, prosecutions, 286, 523, Ireland, 468, debate on, 509, in danger, 544
Vaccine from cows, 377, 445
Vaccinia in Paris, 483
Varicose veins, Dr. Burroughs on, 119
Vaults, 482
Venesection, Dr. Broadbent on, 147
Viceregal medical appointments, 381, 437, addresses to Earl Cowper, 496
Victoria university, the new, 173
Vision amongst civilised nations, 199
Vital statistics, England, 526
Vivisection, 548

W

Wallace, Dr., on pure drugs, 232
Water supply, of London, 179, 325, 356, 358, 520, poisoned, 376
Welton, Mr., changes in English mortality, 150
Warburg, Dr. Carus, 348
Wheeler, Mr., vesical calculus, 4, caries of clavicle, 5, letter on trephining, 53, caries of arm, 109, case of ranula, 188, amputation, 280, lipoma, 367, breast tumour, 416
Whipham, Dr., cancer of pylorus, 456
Whisky, toxic matters in, Dr. Cameron on, 386
Whitefoord, Mr., case of, 223, 264, 265
Widow and orphans' society, annual meeting, 420
Wonford house Asylum, report, 496
Woolsorters' disease, 564
Workhouses, children in, Mrs. O'Connell's letter, 204
Wyatt-Edgell prize, 12

Y

York-road lying-in hospital, 476, 506

Z

Zymotic disease in Dublin, Dr. Nowlan, 125

# The Medical Press & Circular.

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WEDNESDAY, JANUARY 7, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Litholapaxy, or Lithotrity at a Single Sitting. By William Stokes, F.R.C.S., Professor of Surgery, Royal College of Surgeons, Surgeon to Richmond Surgical Hospital ..... 1
A Case of Scarlet Fever or Diphtheria. By William H. Pearse, M.D. Edin., Physician to the Plymouth Public Dispensary ..... 3

### CLINICAL RECORDS.

St. Mary's Hospital—

Acute Suppuration of Knee-joint—Application of Drainage Tube, Listerian Treatment being adopted—Recovery, with good Use of the Joint. Under the care of Mr. Norton. From Notes by Mr. Mill ..... 4

### TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland—

Vesical Calculus ..... 4
Mammary Tumour ..... 4
Ovarian Tumours ..... 5
Caries of Clavicle ..... 5
Mammary Tumour (Scirrhus) ..... 5
A Case of Litholapaxy, or Lithotrity at a Single Sitting—Discussion ..... 5

### LEADING ARTICLES.

The Report on the Education of the General Practitioner ..... 7
Retreats for Habitual Drunkards ..... 9

### NOTES ON CURRENT TOPICS.

Sir Dominic Corrigan ..... 9
A Dilemma for the Adulterators ..... 9
Waste of Food ..... 10
Infant Prescribers ..... 10
The Parkes Museum of Hygiene ..... 10
Surgeon-Major Charles Cuffe ..... 11
Mr. R. M. Bellew, Irish Local Government Commissioner ..... 11
The Dublin Sanitary Commission ..... 11
Traffic in English Pseudo-Charity Votes ..... 11
Ill-health of Dublin ..... 12
Sea-water at Home ..... 12
The late Professor Boll ..... 12
Wyatt Edgell Prize ..... 12
Guy's Hospital ..... 13
Paying Hospital Patients ..... 13
Presentation at the Meath Hospital and co. Dublin Infirmary ..... 13
Dr. Evory Kennedy ..... 13
The Death-Roll of the Profession in Ireland, 1879 ..... 13
Surgeon-Major Isidore Bourke ..... 14

### SCOTLAND.

Entertainment at the Glasgow Royal Infirmary ..... 14
Professor Gardiner on the Duties of *Nurses* ..... 15
Death-rate of Glasgow ..... 15
Death from Excessive Drinking ..... 15
Registrar-General's Report ..... 15
Elgin—Death of Dr. Taylor ..... 15

### OBITUARY.

Mr. Hancock, F.R.C.S. ..... 15
Dr. Hermann Freund ..... 16

### NOTICES TO CORRESPONDENTS.

Cocking's Patent Poro-Plastic Spinal Jackets ..... 16
Appointments ..... 16
Deaths, &c. ..... 16

WITH TITLE-PAGE AND INDEX,

## Original Communications.

### LITHOLAPAXY, OR LITHOTRITY AT A SINGLE SITTING. (a)

By WILLIAM STOKES, F.R.C.S.,

Professor of Surgery, Royal College of Surgeons, Surgeon to Richmond Surgical Hospital.

The following case is, I think, worthy of record, being one in which I performed the operation of lithotrity first in the August of last year, when I removed after four sittings a phosphatic calculus weighing 86 grs., and again in July of the present year, when I removed a calculus weighing 56 grs. by a different method, viz., the one to which Prof. Bigelow has given the name of "Litholapaxy." The case was of a man æt. 60, who was first admitted into the Richmond Surgical Hospital on August 19th, 1878. For two years he had suffered acutely from all the ordinary symptoms of stone, which are unnecessary here to recapitulate. On sounding the patient the stone was at once struck. On August 22nd I performed lithotrity in the ordinary manner, and repeated the operation on Aug. 29th, again on September 9th, and lastly on September 19th—four crushings in all. After these operations no trace of calculus could be detected on careful examination being made by my colleagues and myself, and the patient expressed himself as relieved from all vesical trouble. After the second and fourth crushings very grave constitutional disturbances were observed, especially after the last; so much so as to give rise to serious apprehensions on my part as to the result. However, eventually the patient recovered and returned home, free from all the pain and vesical irritation he had so long suffered from. Immunity from the trouble, however, was not destined to be of long duration. In about six months after the patient left the hospital, the pain and frequent desire to micturate again commenced, and on his readmission into hospital four months subsequently, a calculus was again found to exist. As there appeared to be no contra-indication to the adoption of Bigelow's method of operating, I determined to adopt it in this case, especially as I had a vivid recollection of the alarming symptoms the patient had after the former lithotrity operations; I determined therefore, if possible, to remove the stone at one sitting. On July 17th, assisted by my colleagues—Drs. Thomson and Corley—I operated, using the straight evacuating catheter No. 18. This was introduced with facility after the orifice of the urethra was enlarged by incision. The operation lasted an hour and ten minutes, and a calculus weighing 56 grains—and which I have now the opportunity of exhibiting to the Society—was removed. Thompson's full-sized lithotrite was employed, and introduced three times during the operation. A half-grain morphia suppository was then administered, and he soon after fell asleep. At seven o'clock p.m. the patient had a violent rigor, and both pulse and temperature rose. Diffusible stimulants and opium were then given, and no recurrence of these symptoms was subsequently observed. On the fourth day after the operation severe abdominal pain was complained of, which, however, completely yielded to the exhibition of opium. There was no recurrence of it. On the ninth day after the operation the patient expressed himself as relieved from all vesical trouble, and on the twelfth day left the hospital at his own request. I have seen the patient twice since he left the hospital, and on both occasions he expressed himself as completely free from the distress he had so long suffered from.

As this was, so far as I am aware, the first time the operation of Bigelow was performed in Ireland, a few observations in reference to the procedure and its alleged advantages will not, I trust, be considered inappropriate.

First, as regards the name—"Litholapaxy"—given to it by Professor Bigelow. This designation would to most persons seem to imply that the procedure, denoting by its derivation a washing out of stone from the bladder, was a novel operation; but, as a matter of fact, this mode of removing calculous debris is the reverse of novel, having been unquestionably first suggested and practised in the manner I shall presently draw attention to by your late distinguished countryman Sir Philip Crampton, in the Meath Hospital, many years ago. It was also practised by the late Sir Benjamin Brodie, as I have learned from Sir Henry Thompson; by French surgeons; and lastly by Mr. Clover, whose india-rubber bottle and glass receiver was first used by Sir Henry Thompson many years ago, and doubtless familiar to every operating surgeon here present.

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(a) Read before the Surgical Society of Ireland. Discussion will be found on page 5.

Mr. Porter, in one of his eminently practical communications on lithotrity, states that he has seen Sir Philip Crampton employ his ingenious contrivance on several occasions in the Meath Hospital. The apparatus which, through the kindness of our ex-President, Mr. Smyly, I am able to exhibit, and also the illustration of it, in which occurs the paper by Mr. Porter to which I have already alluded, consists of a strong oval-shaped vessel of glass or copper, capable of containing about a pint and a-half of water. The air in the vessel is then exhausted and attached to an evacuating catheter. Communication is then established between the bladder and the glass vessel by turning the stop-cock, and the pressure of the atmosphere on the bladder supplies an expulsive force which, as Sir P. Crampton observed, "may be increased to any required amount." Although the apparatus of Clover is doubtless an improvement on that of Crampton—the chief improvement being the substitution of a caoutchouc bag for the oval copper or glass bottle—many lithotritists of eminence, notably Professor Gross, of Philadelphia, and M. Voillemier, have expressed themselves unfavourably as regards the utility of any evacuating apparatus, the former going so far as to say that in his opinion its use "is as irritating as lithotrity itself." The majority of surgeons, however, who have had experience in lithotrity, will be more inclined to endorse the generally accepted view that the vesical irritation and cystitis which so frequently hitherto have followed lithotrity, have been more closely connected with the presence of calculous débris in the bladder than with the use of the evacuating aspirator. At a comparatively recent meeting of the Royal Medico-Chirurgical Society of London, the great liability of cystitis following lithotrity, and which was mainly attributed to the injury done to "the mucous membrane by sharp fragments of stone and by continued instrumentation," was fully described, and Sir James Paget remarked, that "were he to recommence surgical life he would begin with lithotomy, and reserve for lithrotrity only those few cases in which the stone could be got rid of in two or three sittings." Sir H. Thompson observed that in addition to the cases in which the calculus could be got rid of in two or three sittings, he would include those "where the stone might be crushed in three, or at most four sittings," beyond which point "he would mostly prefer to cut." Such were the views held up to March, 1878, and had no change subsequently been made in the operation, these sentiments, coming from surgeons of such deserved eminence, would doubtless have proved the death-knell of lithotrity.

Doubtless one chief reason why the evacuating apparatuses hitherto in use have met with the marked disapproval of the French and American surgeons I have already mentioned, has been the small size of the evacuating catheters attached to them, rendering frequent and often protracted sittings necessary. The investigations of Otis and Van Buren have demonstrated that the calibre of the urethra is much greater than had hitherto been generally supposed. I am not prepared to say with Prof. Otis that the average capacity of the *normal* urethra corresponds to 33 Charrière, but the fact that Bigelow's straight evacuating tubes can be introduced with such comparative ease proves the truth of Prof. Otis's statements as regards the urethral calibre generally. It is obvious, too, that the tube being, as a rule, straight, or nearly so, as in Sir H. Thompson's aspirator, facilitates largely the evacuation of the calculous fragments.

The first improvement, therefore, in Bigelow's method of performing lithotrity is the use of an evacuating catheter of such large dimensions as to permit the exit of very large calculous fragments, which, when left in the bladder, so frequently induce cystitis. Its being straight, too, is an obvious advantage. It has been supposed by many that the difficulties in passing the straight instrument would be very great. Such, however, I may say, is not the case. The natural obstruction at the triangular ligament is the only one that at times may cause some trouble in overcoming. On this Bigelow observes:—"Having reached this point, which implies that there should be no premature endeavour to turn the instrument, but that it should be passed as far as it will go in the general direction of the anus before its direction is changed, the extremity of the instrument depresses the floor of the urethra in front of the ligament. Traction upon the penis next effaces this depression, and adds firmness to the urethral walls, so that if the instrument be withdrawn a little, and again advanced after lowering the handle, it can be coaxed without difficulty through the ligament in question—a natural obstruction which physicians often mistake for stricture. The straight tube may be *advantageously rotated through the aperture like a corkscrew.*" This manœuvre I adopted in the case I have drawn attention to, and found no difficulty in passing the instrument.

The apparatus of Bigelow is a larger and more powerful one than Clover's, communicating at its upper end with the long evacuating catheter by means of a long india-rubber tube. At the lower end of the bottle is the glass receiver for the calculous débris. Mr. Teevan considers the interposition of the india-rubber tubing between the catheter and the bulb to be of great advantage, as it prevents any jerking of the catheter during the evacuating process. "All other aspirators," he observes, "are fixed directly on to the catheter, so that every time the ball is compressed the catheter is jerked, to the great annoyance of the patient. If the patient be under ether, the disadvantage still exists, for the continual disturbance of the catheter irritates the bladder and produces hæmorrhage."

Sir Henry Thompson has recently devised an apparatus for removing the fragments after lithotrity, which is very perfect and ingenious in its construction. A description of the apparatus appeared in a recent number of the *Gazette Hebdomadaire*, a copy of which, containing an illustration, he kindly sent me for exhibition on this occasion. It will be seen that there is in it a direct communication between the aspirator and the evacuating catheter. The chief advantages of the apparatus are that the fragments from the bladder reach the glass receiver by the shortest route, and the current from the bulb, not having the tubing to traverse, has more direct action on the fragments to be removed. The introduction of air into the bladder is also rendered impossible, and this is, I think, a great advantage which the instrument possesses over Bigelow's aspirator.

As regards the lithotrite, the instrument advocated by Bigelow is a very much larger and more powerful one than those hitherto usually employed. On each side of the male blade are a series of triangular notches, and close to the angle of the female blade are two slots, through which is driven any of the débris not discharged laterally by the notches. Also to prevent the liability of the bladder being nipped in the instrument, the shoe of the female blade is made wider and longer than usual, in order to repel the vesical walls. Mr. Teevan considers this instrument cumbersome, and prefers Mercier's lithotrite. The stone in the case I operated on being a soft one, a lithotrite of special strength and calibre was unnecessary, so I used one made by Collin on the same principle as that of Sir H. Thompson. He also considers, I may mention, that the employment of the large, clumsy, cumbersome lithotrites of Bigelow are in all cases unnecessary and undesirable, the instruments more usually employed being "more efficient, safe, and speedy in their action."

In these particulars connected with the operation, full credit, I think, must be given to Prof. Bigelow, viz., strengthening the elastic bottle, enlarging the evacuating catheter to allow of the exit of large fragments of calculous débris, and—most important of all—proving the tolerance by the bladder of protracted manipulation. "Personally," says Prof. van Buren, "I feel much confidence that Prof. Bigelow's novel proposition that lithotrity may be safely accomplished at one sitting will be successfully demonstrated, and that his discovery of the hitherto unrecognised tolerance of the bladder—for it certainly is to be regarded as a discovery in the true sense of the term—will by its great practical value modify the future of lithotrity."

Already the experience—necessarily a limited one—of the operation goes far to show that the future of lithotrity is likely to be signally modified by Bigelow's method of performing the operation, for so far as I have been able to ascertain, the experience of those who have tested the operation has been so far most favourable.

Mr. Teevan has operated three times on patients aged respectively 88, 75, and 60, and the result was in each case all that could be desired. He has expressed himself as impressed, among other things, with the slight amount of constitutional disturbance set up by the operation, the absence of pain, the rapidity with which the urine clears, and that the method so completely clears the bladder that only dust, or pieces the size of millet seeds, pass the day after the operation. Mr. Coulson has also, I am informed, operated on three hospital patients with good results. So has also Mr. Buckstone Brown; and in a paper on a series of thirteen cases published by Sir Henry Thompson in the *British Medical Journal* for Aug. 2nd, 1879, the advantages of the procedure are fully recognised. He observes:—"I have no hesitation in stating that we owe to Prof. Bigelow the assurance that so much manipulation is tolerated by the bladder in the process of removing the stone, provided we take it away entirely, or nearly so. It is quite true that the presence of sharp broken fragments in that viscus does more damage to it than the prolonged, but of course careful, use of instruments for their removal."

The advantages referred to above were clearly observed by me, not only in the case I have already given briefly the chief particulars of, but also in one that occurred in Dr. Atthill's practice, a lady, from whose bladder he removed, last August, by Bigelow's aspirator, a calculus, at which operation I had the pleasure of assisting. Although doubtless much credit is due to Prof. Bigelow for improving the operation in the manner already mentioned, yet I think the majority of surgeons will agree with the views of Sir Henry Thompson as stated in a recent valuable communication to me on this subject, to the effect that these improvements of Bigelow—and we must admit them to be such—hardly justify the attachment of a new and not very euphonious name to an operation already designated correctly by Civiale, and others, as lithotrity. Sir H. Thompson, however, fully recognises the merits of Bigelow's procedure, for he states that to him "belongs the credit of venturing to clear out a bladder at one sitting so as to avoid the irritation of fragments left there afterwards; and I do not hesitate to say that my experience, partly given in the *British Medical Journal*, August 2, 1879, and since, leads me to believe that in many cases a better result will be obtained by venturing on a crushing more prolonged than has hitherto been customary, provided all, or nearly all, the stone is removed. This aspect of the operation is the new one, and not the washing out." In place, therefore, of the term "litholapaxy," which, etymologically considered, is merely a washing out of the stone, and which might equally well be applied to Sir Philip Crampton's method as to Bigelow's, it would be far more logical, more just, and more courteous to the Fathers of Lithotrity, Crampton, Civiale, Brodie, and others, to retain the term they applied, "lithotrity," and adopt the definition proposed by Sir H. Thompson of "lithotrity at a single sitting."

## A CASE OF SCARLET FEVER OR DIPHTHERIA.

By WILLIAM H. PEARSE, M.D. Edin.

Physician to the Plymouth Public Dispensary.

C. J., æt. 6, in October 22nd, 1876, was in his usual good health; he became hot at night, and on the next day I found a white patch of slough on one tonsil. I had no anxiety about the throat; no local application was made to it: the well-defined white patch of slough separated in a few days, and the throat was well. I ordered cod-liver oil, and a mixture of bark and chlorate of potass; also a little claret. He, however, took little or none of them, for his parents did not like to force him against his temper. He was kept in, and warmly clad. Two months prior to his attack, his sister had had scarlet fever. About November 8th, pain and swelling came on in the joints of the tarsus and knees, but did not continue longer than five days. The boy continued to get thin; the appetite was bad. On November 24th albuminuria showed. About November 28th the earliest brain symptoms showed; the left upper eye-lid fell; the left eye squinted; drink, when attempted to be swallowed, returned through the nostrils; and there was considerable paralysis of motion of left arm and leg. Iodide and bromide of potassium were given, and mercurial inunction used; the fullest support of food was given. About December 16th, the brain symptoms began to pass off; the ptosis and squint disappeared. His gait continued tottering up to the end of January, 1877.

The temperature and pulse records were: Nov. 23, temp., 98·4 deg.; 28th, temp., 99·4 deg.; pulse, 128; 30th, temp., 100 deg.; pulse, 144. Dec. 1st, temp., 100 deg.; pulse, 126; 3rd, temp., 97·4 deg.; 4th, temp., 98 deg.; 5th, temp., 98·6 deg.; 8th, temp., 97·8 deg.; pulse, 120; 10th, temp., 98 deg.; pulse, 122; 11th, temp., 97·8 deg.; pulse, 128.

I regret that I have not a day-by-day record of temperature, &c.; but the marked features of the case are sufficiently indicated.

The sore-throat was a sudden slough, with well-defined edges, of the surface of one tonsil; the slough separated in the usual manner; one tonsil only was affected; there was no change from the normal state of health in any other parts of the fauces or pharynx. The fact that the patient's sister had had scarlet fever about nine weeks prior to his sore-throat, and the subsequent symptoms of joint affection and albuminuria, point to the alliance of the case to scarlet fever. After these came the well-marked brain symptoms, of a possible tubercular meningitis; and then followed—and lasting during two months—a paralytic, or most tottering gait, allying the case to the later symptoms of diphtheria.

In your issue of June 8, 1870, I published an account of some epidemics of scarlet fever, measles, and sore-throat, which occurred on board the Government emigrant ship *Hougoumont*, in voyages from Plymouth to Australia; the phenomena pointed to alliances between scarlet fever, measles, and sore-throat—*e.g.*, in the voyage of the year 1866, an epidemic of measles happened, the weekly return of cases being 2, 2, 3, 1, 3, 5, 4, 3, 3, 1, 1.

During this epidemic of measles, there evolved, in the sixth week, the first case of scarlet fever. The second and only other case of scarlet fever showed in the eleventh week. In the fifth week a case of measles occurred, which, except the copious and characteristic eruption, was much more like the sore-throat cases than it was like the other cases of measles.

I could give other instances of the evolution of epidemic diseases, such as cholera; but I have referred to these instances as presenting phenomena which point to the alliances and "form" common to different diseases, rather than to their well-marked and prevailing differences. An epidemic of sore throat coexisted with that of the measles, and one could not but be impressed with the fact of a general alliance, or series, between the measles, as showing in the very young, and the sore throat, as showing in the more adult.

The case of C. J., now reported, presents phenomena of alliances between scarlet fever, diphtheria, and sore throat, and suggests a greater "form," or wider generality, than these terms usually convey. Is not the case of C. J. one of those in which the, at present, somewhat prevailing fixity of type is least shown; whilst on the contrary, the "contained variability" of the body to epidemic rates is most shown? Is not the case of C. J., in epidemic phenomena, to be classed in what Bacon terms, "travelling instances;" and does it not fairly lead the mind away from "specific" definitions of diseases, into the domain of "comparative" disease?

# Clinical Records.

## ST. MARY'S HOSPITAL.

### *Acute Suppuration of Knee-joint—Application of Drainage Tube, Listerian Treatment being adopted—Recovery, with good Use of the Joint.*

Under the care of Mr. NORTON

(*From Notes by* Mr. MILL)

H. L., æt. 21 years, a labourer, with a strumous appearance, came to the hospital on the 23rd of May last complaining of his left knee. About a week previous to this, viz., on the 15th, when getting out of bed in the morning, he felt his left knee to be painful and swollen. He thought nothing much of it, and continued to work that day and the next, but on the 17th it was so much worse he was obliged to give up work, and on the 20th came to the hospital as an out-patient. Leeches and cold water bandages were applied, but without any effect, and on the 23rd he was admitted as an in-patient under Mr. Norton. On examination no account of any injury could be ascertained. The left leg was semi-flexed, the thigh rotated outwards; the left knee was swollen, hot, and very painful, whilst fluctuation could be felt beneath the quadriceps extensor and the ligamentum patellæ, the temperature being rather high, viz., 102·2° F. Linseed meal poultices were applied, and the leg fixed on a splint. On the 26th the knee measured sixteen inches in circumference, and the pain was severe, of a "jumping character." The temperature varied from 99 deg. F. in the morning to 102·2 deg. F. in the evening. On June 2nd the size of the knee was observed to be rather larger than previously, being now 16½ inches; tongue white and flabby; pulse 96, full and bounding; was flushed and perspiring a good deal this morning.

On the 6th Mr. Norton drew off an ounce and a-half of pus from the joint with an aspirator, which seemed to relieve the patient, as the pain was less, and he passed a better night. The knee now measured 15½ inches, and the temperature went down to normal. On the 9th, however, the joint was again 16 inches in circumference, and on the following day the temperature rose from 98 deg. F. in the morning to 101 deg. F. in the evening. Mr. Norton now determined to lay open the joint. On the 11th the patient was put under chloroform, and two incisions about ¾ in. in length were made, one on either side of the patella, leading into the joint, through which drainage tubes were passed; about two ounces of pus came away, the temperature falling to 98 deg. F. again that same evening. The operation was done under the antiseptic method. The dressings were changed on the 12th, 16th, 20th, 25th, and July 8th, on which day both tubes were taken out. After the operation the patient suffered no pain, and the temperature remained normal. On the 24th the wounds had both closed, and the dressings and splint were discontinued. Slight movement of the joint could be obtained by manipulation, and by the time he went out, on Aug. 4th, he could bend the joint sufficiently well.

# Transactions of Societies.

## SURGICAL SOCIETY OF IRELAND.

### SESSION OF 1879-80.

THE second meeting of the session was held on Friday evening, December 5, in the Albert Hall, Royal College of Surgeons, Dr. MAPOTHER, President of the College, in the chair.

Mr. B. WILLS RICHARDSON, hon. sec., read the minutes of the previous meeting.

### VESICAL CALCULUS.

Mr. WHEELER exhibited a specimen of a calculus he removed from a man aged thirty-one years. The first symptoms commenced in 1877. They however, abated, and it was not till the end of 1878 that he suffered again. He suffered intensely, and for two days after his admission he passed considerable quantities of blood. In a fortnight from his admission the stone was removed by lateral lithotomy. The stone weighed about six drachms, was one inch in length, and nearly an inch and a-half in circumference. It is a uric acid calculus, with a light phosphatic covering.

### MAMMARY TUMOUR.

Mr. CROLY exhibited a small tumour, which he designated a cystic adeno-fibroma with proliferating epithelium. He also exhibited sections of it under the microscope. The tumour was removed by him from the breast of a young lady last month. Dr. Abraham had made an examination of it with the following result:—The tumour was nearly spherical, and of a diameter of four centimetres. In consistence it was firm and elastic. It was encapsulated, the covering being easily peelable. The surface was nearly smooth, and did not show the rugosities and slight lobulation which are now apparent after four weeks in spirit. The section presented a mottled appearance and a spongy texture, the peripheral portions being whiter and denser and full of cysts, very small, but evident to the naked eye; while the central parts were looser in texture, and made up of cysts of various sizes. The intermediate connective tissue was reddish and apparently vascular. The cysts contained a thick, glairy, transparent fluid, and on cutting into the tumour a viscid juice moistened the knife, and could be scraped from the surface. It was whitish in colour, and under the microscope showed numerous large corpuscles, resembling mucous corpuscles, as well as red blood corpuscles, epithelial casts, free epithelium, and disintegrated matters. Under a low power the general structure of the growth is well seen. The acini and ducts are greatly enlarged in diameter, and the inter-alveolar tissue, simply fibrous in appearance, shows a considerable amount of hyperplasia. The cysts are evidently formed from the acini, and possibly the expansion of the latter has been caused by the pressure of the constantly increasing fluid contents. These contents seem to be in great part composed of a mucous-like liquid containing large collections of round nucleated cells of great variety of size, and with distinct nuclei (some with as many as four nuclei), also cells undergoing mucoid degeneration, and in some cases the cells are embedded in granular matter. Under the higher powers the origin of the cells can be made clear. At first sight they might be taken for leucocytes, thriving in the new medium, becoming enlarged, proliferating, and ultimately degenerating. But against this view were the facts—(1) that their nuclei did not take up the staining fluid as they ordinarily do; (2) that the whole substance of the cell became stained; (3) their irregular size; and (4) the enormous growth of some of them. Close examination showed that the collections of cells were really formed as outgrowths from the lining epithelium of the cysts, in many cases greatly resembling the lumps of germinating epithelium which are seen upon the omentum, mesentery, and on other serous membranes; in other cases, again, they formed a cauliflower-like mass, situated upon a stalk and occupying a great part of the cavity of the cyst. With care, the transition of the lining epithelial cells into the large round ones could often be made out. The inter-cystic connective tissue seemed to be in most parts of the tumour of the ordinary fibrous type, and, with the exception of its hypertrophy, showed nothing abnormal. In some places, however, it seemed to be in some degree impregnated with cellular growth, but how far this is merely inflammatory or an evidence of permanent abnormal growth, my examination has not been sufficiently extensive to determine. After looking through Paget, Cornil and Ranvier, Billroth, Laboulbene, Wilks and Moxon, and some of the smaller works on "Pathology," I have been able to find no description of a mammary tumour that will at all apply to the present specimen. By Velpeau and his followers it would, no doubt, have been called an "adenoid" tumour. Sir James Paget would have placed it among his "chronic mammaries," and Cornil and Ranvier among the fibromas. From its naked-eye appearance, perhaps, some surgeons would consider it to belong to the so-called "sero-cystic sarcomas," but as there is no evidence of any sarcomatous growth in the interstitial tissue, such a name would be incorrect. I am inclined to consider that the best name for it is a "cystic adeno-fibroma" with peculiar proliferating epithelium.

### OVARIAN TUMOURS.

Dr. **Atthill** exhibited three tumours, namely, two ovarian, and one a uterine fibrocystic tumour, which had been removed by abdominal section. Of the ovarian, one he stated did not present any points of special interest. The second was a remarkable case: the patient, a lady, had for two or three years been treated both in London and in the provinces for supposed uterine disease. She was married, but had not had any children, and had for a long time suffered intense pain at each menstrual period. He (Dr. Atthill) was of opinion that some of these attacks were in reality peritonitis. On making a careful examination he came to the conclusion that the uterus was perfectly healthy, and that she was the subject of an ovarian tumour of small size, bound down by adhesions in the left inguinal fossa. As this lady's health was rapidly failing he advised that ovariotomy be performed, and he accordingly performed it on the 1st Oct. last. On opening the peritoneum no tumour was visible, and it was only by passing the hand down into the pelvis that the correctness of the diagnosis was proved. The tumour was not much larger than a cocoa-nut, and was adherent to everything—omentum, small and large intestines, and so firmly to the pelvic wall that a good-sized piece of the cyst had to be left behind. A second cyst about the size of a kidney, attached by a pedicle to the larger cyst, was at the same time removed. This was Dr. Atthill's twenty-third operation, and was, he stated, one of the most difficult ones he had met with. Nevertheless, the patient at first made a good recovery, but, later on, symptoms of pelvic cellulitis manifested themselves. An abscess formed in the left inguinal region, and burst both into the rectum and externally through the wound. For some days an artificial anus existed. The fæcal matter soon ceased to come through the external opening; but still, even now, though the patient was able to drive out, pus was discharged both per rectum and by the wound. The uterine tumour was of much surgical and pathological interest. The patient from whom it was removed presented all the symptoms of being the subject of ovarian disease. There was a large movable tumour in which fluctuation could be distinctly felt, and it could be separated from the uterus, the only point which made him (Dr. Atthill) doubtful, being that menstruation was profuse. This circumstance induced him to chloroform the patient, and to examine her while under its influence, and satisfying himself that the tumour could be separated completely from the uterus, he operated, believing it to be ovarian. It proved, however, to be a fibro-cystic tumour, attached to the uterus by a short but slender pedicle, and he did not see how this tumour could have been distinguished, prior to the operation, from an ovarian cyst. On making an incision into it, it proved to contain a quantity of glairy fluid. The tumour was removed, but there was a good deal of hæmorrhage, and the patient sank and died within twenty-four hours.

### CARIES OF CLAVICLE.

Mr. **Wheeler** exhibited a specimen of an entire right clavicle, save a small portion of the acromial end, removed by him from a female patient thirty years old. There were two openings, one at centre of bone, the other nearer sternal end, from which large quantities of pus exuded, and through which the bone could be felt. Her own account was that in the March previous a pain struck her in the shoulder when carrying a basket. In two or three days after the parts about her shoulder and clavicle began to swell; the pain was intense. The swelling broke about a month from its commencement, and there was a discharge of about two quarts of pus. A considerable discharge continued, which weakened her much, she lost flesh, had sleepless nights, and perspired copiously. He believed Mott was the first to remove the clavicle in 1828. His operation took four hours to perform, and forty vessels were ligatured. The woman under notice left hospital on the 2nd August perfectly well.

### MAMMARY TUMOUR (SCIRRHUS).

Mr. **Wheeler** exhibited an encapsuled scirrhus tumour of the breast.

Mr. **Stokes**

### ON A CASE OF LITHOLAPAXY, OR LITHOTRITY AT A SINGLE SITTING

which will be found on page 1.

Mr. **Porter**.—I do not think any surgeon who has ever performed the operation of lithotrity can for a moment doubt the great improvement suggested by Bigelow. The sooner we get the fragments of a broken calculus out of the bladder the better; and there is no doubt that his instrument accomplishes the object in a most efficient manner. With respect to Sir Henry Thompson's instrument, it appears to me that if a short portion of elastic tubing were placed between the brass shaft of the instrument and the catheter it would be a great improvement. I cannot help thinking from my experience of working with Clover's apparatus that there is a great deal of unnecessary shaking of the instrument in the bladder owing to its fixed condition. Mr. Stokes's case has been most interesting, seeing the very large-size fragments removed through the straight instruments. I have never myself performed Bigelow's operation as he recommends; but when the instrument first came into Dublin I was crushing a stone in a gentleman's bladder, and I removed some fragments with Bigelow's instrument. My experience is that the large calibre of the catheter seemed to give the patient a great deal of pain. He was not put under ether or chloroform. It is of great importance to get an instrument of that calibre in, if you can do it with facility, and the straight shape of the instrument facilitates the fragments being carried out.

Dr. **Cruise**.—I beg permission to make a few observations on this highly interesting and important communication we have just had from Professor Stokes. In the first place I think this Society will agree with me in feeling very thankful to him for his exhaustive paper, and for opening the discussion by the record of the first case of litholapaxy, as modified by Bigelow, which has been performed in Ireland. The principal interest of the few words I will say is that they will go to prove that the Irish School of Surgery has not been behindhand in working out the great problem of evacuating the crushed calculus as rapidly as possible. Professor Stokes has already detailed to you the earliest efforts in this direction by the late Sir Philip Crampton, later by Mr. Clover of London, and finally by Professor Bigelow. As regards the labours of the latter surgeon, I think it is not easy to overrate the importance of his work, and the influence it has had in determining the present views of the profession on this subject. Looking to the past we find there were two distinct schools of lithotrity. One school recommended and practised the immediate removal of as much of the fragments as possible. This view was principally represented by the late Sir William Fergusson, who always endeavoured to extract as much as possible in the blades of the lithotrite—a proceeding full of the danger of laceration of the urethra. Reliquet, too, in his able work, published in 1871, evidently leans to immediate evacuation as a rule, and speaks in favourable terms of Clover's instrument. During the latter years of his practice Civiale, the great Father of Lithotrity, leaned to the same idea. I have seen him, in the year 1858, after crushing, use a large catheter and powerful syringe, with the aid of which he, in my presence, at the Hôpital Necker, washed out the bladder, and inviting it to contract by ample injections, evacuated the fragments wholesale. The other school, represented by the most eminent living lithotritist, Sir Henry Thompsom, rather advocated the perfect crushing of the stone, and dependence on Nature to expel the débris with the urine. This was his teaching up to the publication of the second edition of his invaluable work on lithotrity. However, slowly but steadily, the necessity of quickly ridding the bladder of the offending matter became a manifest truth, and in 1876 we find Sir Henry Thompson in his admirable lectures on "Diseases of the Urinary Organs" (fourth edition, pages 193 to 201), with characteristic love of progress, urging quick repetitions of the crushings, under anæsthesia, and the systematic use of Clover's apparatus when there is any difficulty in passing water. Next we arrive at Bigelow's essay, published in 1878, in which he boldly tells us to crush the stone freely, and with huge evacuating catheter to complete the removal in one operation, the patient being under ether. Finally, in the present year, we find Sir Henry Thompson rapidly tending towards a similar line of practice, whenever at all prudent (see fifth edition of his Lectures, chapter xiii). To him we are, moreover, recently indebted for a very useful form of Clover's apirator, in some respects, I think, preferable to Bigelow's modification of that invaluable instrument. Gentlemen, let me remind you that all the time this progress has been working out in lithotrity the Dublin School has not been idle. The first idea of sucking out the fragments by atmospheric pressure was Crampton's. The really practical application of the idea was Clover's, for all other instruments are mere modifications of his. I first saw Clover's apparatus used by Mr. Porter some thirteen years ago, in the case of an old gentleman with feeble bladder, who was unable to expel the fragments. Clover's apparatus removed much, and Nature the rest. He was perfectly cured of the stone, but died some years since from heart disease. Since that time I have constantly used Clover's instrument, and derived invaluable help from it. In most of my cases I was associated with Mr. Porter, and assisted him in many of his, and I was strongly influenced by his constant teaching of the necessity of getting away the fragments as soon as possible in order to avoid cystitis and fever. Several years ago I suggested to him the use of two lithotrites in operating, one being used for crushing, while an assistant removed the débris from the one recently withdrawn loaded, and certainly by that device we avoided delay and abbreviated the operation. The most triumphant success I experienced with Clover's apparatus was in a case to which I now call your special attention :—In February, 1877, I was consulted by a gentleman from the Co. Meath, aged abcut seventy. For many years he had suffered from prostatic disease and retention of urine, requiring the use of the catheter every five or six hours. From this necessity he had become an expert catheterist, and suffered no pain to signify until a few months previous to my seeing him. For that period he complained of excessive and increasing urinary irritation, requiring the constant use of the instrument, and the operation gave great pain, and the urine was loaded with mucus and pus. I suspected a phosphatic calculus, and on sounding found what I believed to be one. I arranged that he should come to town. March 20th I crushed the stone, and found from the débris in the lithotrite that it was phosphatic, as I suspected. I provided him with a full-sized catheter, with a large orifice, and anxiously watched for the discharge of fragments. Very little came, and much irritation and fever followed the crushing, so that my patient was rather worse than otherwise. Mr. Porter saw him in consultation with me. In vain we tried diluents, sedatives, rest, poulticing, and hip baths. Finally, on the 31st of March, we decided to make a vigorous effort to get rid of the stone at once. Accordingly I crushed it thoroughly with a small lithotrite, made for me by Charriere, of Paris, and forthwith pumped out the fragments with Clover's apparatus (the instrument and the débris of the stone were exhibited). The operation lasted far less than half-an-hour, and was borne with the utmost fortitude by the patient, who took no anæsthetic. The relief was almost magical, and on the 5th of April, six days after the operation, the patient returned home. Since then he has remained perfectly well and free from annoyance, except that due to the necessity of using his catheter regularly. The special interest of this case of rapid evacuation of the calculous débris lies in the fact that it dates March 31, 1877, about eight months prior to Bigelow's paper, in which he advocates such a practice. For myself, I confess I don't like such gigantic evacuating catheters as Bigelow uses. I prefer No. 16, English gauge, both of the straight and curved variety. I am inclined to fear that with the very large instruments we run an unnecessary risk of shock, and of abrasion of the mucous membrane of the urinary passages, which latter I believe to be a fertile cause of urinary absorption and fever, sometimes ending in pyæmia. I have been influenced in making these remarks mainly by a desire to show that our Irish School has not been idle in this very important domain of practical surgery.

Mr. J. K. **Barton** asked Mr. Stokes to state the position in which the patient was placed in order to facilitate the passage of the fragments. He himself had lately had a case of lithotrity in which he employed Sir Henry Thompson's instrument to evacuate the bladder, not at one sitting, but after several sittings, and he had been greatly disappointed in its use. He used No. 14 catheter, the urethra being rather small, but it did not draw out the fragments in the free way he expected from the reading of Sir Henry Thompson's and Bigelow's papers. In fact very scanty relief was obtained, and very much larger evacuation was afforded by the patient's own efforts. He used it on three different occasions, and in all he was disappointed with its action. He did not find any injury done by it, but he quite agreed in Mr. Porter's observations that there was a certain degree of shock in using the instrument on account of its fixity. His patient was not under the influence of ether, and although quite free from inflammation of the bladder, the operation was unpleasant. The point of his observations was that he was disappointed in the amount of débris withdrawn, although he made the fluid pass in and out frequently, following Sir Henry Thompson's advice as regards the breathing of the patient, to let it flow by inspiration and expiration.

Dr. **Atthill**.—I have no personal experience in the treatment of calculus as it occurs in the male ; but I have had several females in whom it occurred. Stone in the bladder is, of course, a much less serious affliction in a woman than in a man ; and, as you are all aware, it is generally treated by pre-dilatation of the urethra. Nevertheless, one of my patients within the last year died after this method of treating it. I therefore think that the operation brought before the Society by Mr. Stokes is calculated to be a great boon. It is especially suited to women ; because, without any difficulty whatsoever, a very large-sized catheter can be passed into the female bladder. Mr. Stokes has alluded to a case in which he was kind enough to assist me last summer. The patient was a lady, aged about fifty, and this was unfortunately her second operation, inasmuch as I performed ovariotomy on her a few months before. A stone formed in the bladder, subsequently caused a great deal of irritation, and in the month of August last Mr. Stokes assisted me to remove it. We dilated the urethra rapidly, introduced one of the larger size tubes, and in the course of half-an-hour or so removed the entire calculus. In about three days she recovered full command of the bladder, and has enjoyed a great deal of comfort ever since.

Professor **Bennett**.—Some years ago, before the death of Sir William Fergusson, I had an opportunity of seeing him twice on one occasion in King's College Hospital perform the operation in the case of two rather oldish men, who were under chloroform. He seized the stone with a large lithotrite to break it as freely as he could, and then with a smaller instrument he extracted the fragments then and there. Educated with the ideas handed down by Crampton, it was a fearful sight to see his treatment of the urethra, because he insisted that there was only a necessity to bring the fragments of stone, no matter how large, into the urethra, and once you pass the neck of the bladder, treat the urethra with contempt. I saw him pull it clean out, repeating the process many times. What the condition of the urethra was in afterwards I do not know. However, going round King's College Hospital not long ago, I asked one of the surgeons whether Sir William Ferguson's practice was still followed, and he said not—they saw reasons to discontinue it. This is evidence, at all events, that the active school often treat the urethra with a little extra violence.

Mr. **Stokes**.—I am gratified that my remarks have elicited so much interesting and valuable matter from the various members of the Society who have had experience of the important operation of lithotrity. In reference to Mr. Porter's suggestion that a short portion of elastic tubing should be placed between the aspirator and the cathether, it might possibly be an advantage ; but if so placed, it should be a very small portion ; for there is a great deal in what Sir Henry Thompson has said on the importance of direct communication between the aspirator and the catheter in facilitating the evacuation of the calculous débris. The shorter the journey it has to travel the better—the more power the surgeon has over the contents of the bladder. In operating on persons who are not under the influence of an anæsthetic, it would be an advantage and prevent the objection Teevan has raised to Clover's instrument, namely, the jerking of the evacuating catheter in the urethra and the bladder. As to the pain that it caused, I have no doubt that would be experienced in cases where the patient was not brought under the influence of an anæsthetic. But in all cases, unless there is some very strong contrary indication, the employment of some anæsthetic is desirable, as then we need not be terrified at the prospect of any pain that may be caused by the introduction of the evacuating catheter. As regards Dr. Cruise's division of the two schools of lithotritists into those that made it their object to evacuate as much as possible of the débris at once, among whom he mentioned Civiale and Fergusson, and also the school of quietists, among whom he ranked Sir Henry Thompson, it is right to observe, although Sir Henry Thompson may have been originally of that school, lately he had apparently come round to the other school, and now his great object is to evacuate as much as possible and at once. So that he can no longer be called one of the quietists of lithotritists; because in a paper, published in the *British Medical Journal* last August, he dwells on the importance of at once removing the débris. What Dr. Cruise mentioned about the employment of several lithotrites has been a very good method prior to the introduction of Bigelow's large evacuating catheter. When you have not got a large catheter the introduction and removal of the calculus with lithotrites is doubtless an excellent plan; and having regard to the pre-Bigelow period great credit is due to this simple method of removing as much as possible of the débris. I think this is no longer necessary, and the object of all surgeons performing the operation should be to have as little introduction of instruments as possible. I am quite aware that Mr. Porter has laid down the dictum on more than one occasion to remove as much as possible of the stone; and in this way it is interesting that he foreshadowed the idea that has been realised by Bigelow and Sir Henry Thompson. Dr. Cruise has raised an objection to the large size of the instrument; but when the patient is properly under the influence of an anæsthetic there is little or no shock experienced by the passage of the instrument. In reference to Dr. Barton's observation, I have merely to say that the patient being under the influence of ether, was placed in the horizontal position, which is the position generally adopted in the performance of the operation. I am sorry to hear he was disappointed with Sir Henry Thompson's instrument, because in a theoretical point of view I would say it is admirable. My own experience is, up to this time, confined to Bigelow's, and I cannot, therefore, from my own experience, speak of the value of Sir Henry Thompson's aspirator. It was important to learn that Dr. Atthill considers this method is likely to be of such use in dealing with calculi occurring in the female bladder. Lastly, I would allude to what Professor Bennett has said in reference to Sir William Fergusson's method of removing calculous débris. It was new to me to learn that the eminent surgeon he mentioned ever employed force in removing the débris by means of large lithotrites, and although the idea of removing as much as possible of the calculus at the time of the operation is doubtless a good one, still the practice alluded to is one which hardly commends itself to surgeons of the present day.

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Sir Joseph Napier has resigned the Vice-Chancellorship of Trinity College, Dublin, and it is expected that he will be succeeded by Mr. J. T. Ball, Lord Chancellor of Ireland.

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In the principal foreign cities the rates of mortality, according to the most recent weekly returns were—in Calcutta 37, Bombay 38, Madras 34; Paris 32; Geneva 21; Brussels 38; Amsterdam 31, Rotterdam 34, The Hague 34; Copenhagen 30; Stockholm 23; Christiania 19; St. Petersburgh 38; Berlin 25, Hamburg 29, Dresden 19, Breslau 25, Munich 27; Vienna 26; Buda-Pesth 29; Turin 29, Alexandria 40; New York 26 per 1,000 of the population. Small-pox caused 27, and typhoid fever 21 deaths in Paris.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 7, 1880.

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## THE REPORT ON THE EDUCATION OF THE GENERAL PRACTITIONER.

The present unsatisfactory condition of the young man who has just become possessed of his diploma is such that the Metropolitan Branch of the British Medical Association some time ago appointed a committee to inquire into the matter. This committee consisted of teachers, as Drs. Andrew Clark, Pye-Smith, F. Roberts, Messrs. Savory, John Wood, Bryant, Gant, and others, while the general practitioner was represented by Mr. Sibley, Dr. Ford Anderson, Dr. Brodie Sewill, and others. These names are those of good representative men; and the conclusions of such a committee must carry weight with them to every reader of the report. This committee sent questions to numerous medical men, metropolitan and provincial teachers, and also general practitioners, members of the branch. In response, they received 400 and odd replies. The first question put was this: "Is it desirable that intending medical students should pass an examination in the elements of botany, physics, and inorganic chemistry *prior to admission* to the regular medical curriculum, and that these subjects should form part of their 'preliminary general education and examination?'" To this question 90 per cent. of the past and present teachers, and 96 per cent. of the general practitioners returned an affirmative answer. Certainly such examination is very desirable in the face of the fact that a large percentage of the youths who commence a medical career fall out of the ranks, and, sooner or later, adopt some other occupation. A course of teaching on the above subjects would make a lad all the fitter to profit by his lectures and his other departments of medical study. He would know the advantages of a hollow bone, and would take an interest in the insertion and origin of muscles from the consideration of their action and function; while he would be rid of the labour of remembering lots of series of acids among his other study, up to the time of his primary professional examination. Such like lore is an incubus on a man's memory; but once acquired, enough would remain for all intelligent study of organic chemistry, and especially the chemistry of digestion and assimilation, of which far too little is at present taught. If such an addition as is proposed were made to the present existing preliminary examination, the class of men entering the ranks of medical students would be much improved. Whether such a scheme is feasible or not we are not called upon to decide; time will show.

The second question is:—"Is it desirable that a certain period, previous to admission to a medical school, should be spent with a general practitioner in the form of 'articled pupilage?'" This was subdivided further into—*a.* "If so, when and how long?" and *b.* "And which of the subjects mentioned in Question I. should form a part of this preliminary training? or are there any others?" As might be expected, there was a marked diversity of opinion in the answers returned to this question. Seventy-four per cent. of the general practitioners held that "there is a want in the education of medical students as regards teaching in the art of prescribing." They stated that the young medical man, when called upon to take charge of a practice, shows little familiarity with the work to be done, bringing discredit upon himself and his employer, and exciting dissatisfaction amongst the patients, club and private. Not only that, but many discover the work is not what they anticipated, and so become discontented themselves, and regret that they have ever entered the profession. The general practitioners contended that an experience as a pupil would alone correct this. On the other hand, 70 per cent. of the teachers were of opinion that a return to the system of apprenticeship in any form would be a serious error, which they could find it impossible to sanction. They assert it unfits the lads for systematic work, they are self-satisfied, and supercilious on the strength of their limited acquaintance with practical work; and that the little they have learnt is a hindrance rather than an advantage to them in their studies. That this may be so in a number of instances is probable; but in our experience we have known these youths to have exhibited a a strongly developed tendency to seize readily upon the different subjects of their study with a keen eye to what was of practical use at the bedside. They have some idea of what it is they want to know for future use, and, therefore, how to select and store. That some such means of becoming familiar with what is required for private patients, is illustrated by what we are about to say. Lately, we asked separately two qualified young men—one lately a house-physician at a teaching hospital of repute, another house-physician at a non-teaching hospital—what they would do, and what they would say to a portly gentleman of 60, who was able to sit up three hours daily, and recovering from a smart attack of bronchitis; and with a sharp old lady, his wife or cousin, reading the newspaper to him. Neither recognised the importance of this last factor in the very least. What each would say was very little; and betrayed utter ignorance of those routine questions and directions which experience among a good-class of patients demonstrates to be so essential to success; but each was very positive that he "would have up his night-shirt and listen to both bases at the back." This may be the correct thing with an hospital patient; but in our experience it would not work well with a portly old gentleman in a roomy arm chair, wrapped voluminously in flannels; and the sharp old lady would certainly have her views about the young doctor's experience. Their laudable desire to know the condition of the lungs "at the back" was creditable; but lung-congestion of the kind they dread is a much more marked feature in hospital than in private practice. The same end could be attained in a manner quite as valuable practically, by counting the respirations and the pulse, and noting the proportion. This would meet the views of the patient and his friends much more satisfactorily; but then the young medico, as matters now are, has to learn to unlearn much of his hospital teaching, and acquire a knowledge of what is needed in private practice as he can, and usually with much painful experience. Young doctors rarely realise that what they think about their patients is not the whole matter; and commonly forget to calculate what the patients (and their friends) are thinking about them. But, the latter factor they will find, is not unimportant. The third question is:—"Is it desirable that the age of eighteen years should be attained before a student enters the regular medical curriculum, and that the age of twenty-two years be completed before he is permitted to receive a qualification to practice?" To this 89 per cent. of the teachers, and 97 per cent. of the general practitioners returned an affirmative answer on both heads. It was granted that in very exceptional cases a bright industrious youth might be equal to commence medical study at seventeen, and pass at twenty-two; but then rules must be made for the overwhelming majority, not for the rare exception.

The fourth question is:—"Do you approve of the introduction of an examination in elementary anatomy and physiology at the end of the first year of medical studies?" To this 79 per cent. of the general practitioners, and but 58 per cent. of the teachers, answered affirmatively. It was contended that some such examination would help to weed out the idle men, that large class who never pursue their medical studies to the successful end of a license to practise. On the other hand no less than 42 per cent. of the teachers opposed any such test being applied. They thought it would press too severely on provincial students, which it would, doubtless; and that it would keep up a state of nerve tension already harassing to many men.

Granting this, "much of the imperfection of the training of our students depends on their wasting the first year of their hospital course, trusting to their power of cramming up for their examination in the second year." That such is the mental attitude of many first year's men may not be denied; and that, too, of the idle men of whom it is so desirable to be rid. The careless, idle, if not dissipated, disrespectful young—well, we will not say ruffians, but unlicked cubs, of which some are to be found amidst the first year's men at any large medical school, are a simple nuisance; and then, again, how can these youthful procrastinators be sure that they will be able to cram successfully in their second year. In our experience not a few of this style of men defer their study till the Christmas vacation of the second winter is passed, and then discover that they have not got the power with which they so boastfully and vain-gloriously accredited themselves. For this class of man, who does not know what a state of nerve tension is, such early examination would be very desirable.

The committee decided that some such public examination should be held, and that those who fail to pass it, whether from idleness or carelessness, should have a limited time to regain the lost ground; and that if then they still be found wanting, means should be taken to rusticate them till such time as they could satisfy the school authorities that they had commenced to work in earnest. This would be an excellent discipline for the class of youth just alluded to above, and would probably bring each young idler to his senses, such as they are, and would diminish the high estimate which he places upon his own abilities—when the time comes that he chooses to manifest them! It is possible, too, to hold the view that by spreading the examinations over a youth's course of medical study, the nerve tension of those who experience it would be lessened, and the intensity of it avoided to some extent; and that it is felt intensely at the time of their present examinations some sad recent events make us only too painfully aware. And this is shown, too, especially at the first primary examination: so that it does seem desirable to take some part of the examination at an earlier date, and thus to relieve the anxious student by dividing his load. In those sadder cases where the youth is industrious, but lacks the ability to pass, it would only be kind to demonstrate this to himself first, and then to his friends, to save him from futile toil, to save them throwing away more money over an unattainable object. We will refer to the rest of the questions in a future number.

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## RETREATS FOR HABITUAL DRUNKARDS.

Dr. Cameron's much-needed Act for the restraint and cure of habitual drunkards came into operation on the first day of the New Year, and already we have had many inquiries as to whether many retreats are likely to be established under its authority, from which we judge that considerable demand for such institutions has long existed. We may with advantage recapitulate the terms of the Act with reference to this matter.

By its 6th section the "local authority" is empowered to grant licenses for the opening of a retreat. The local authority is, usually, the Justices of the Peace. The sections run as follows:—

6. The local authority may, subject to any conditions which such local authority shall deem fit, grant to any person, or to two or more persons jointly, a license for any period not exceeding thirteen months, to keep a retreat; and may from time to time revoke or renew such license. One at least of the persons to whom a license is granted shall reside in the retreat, and be responsible for its management. A duly qualified medical man shall be employed as medical attendant of such retreat, provided that when the name of the licensee shall be on the Medical Register he may himself act as such attendant.

7. No license shall be given to any person who is licensed to keep a house for the reception of lunatics.

10. Any habitual drunkard desirous of being admitted into a retreat may make application in writing to the licensee of a retreat for admission into such retreat, and shall state the time during which such applicant undertakes to remain in such retreat. Such application shall be accompanied by the statutory declaration of two persons to the effect that the applicant is an habitual drunkard within the meaning of this Act.

Such applicant, after his admission and reception into such retreat, unless discharged or authorised by license as hereinafter provided, shall not be entitled to leave such retreat till the expiration of the term mentioned in his application, and such applicant may be detained therein till the expiration of such term; provided that such term shall not exceed the period of twelve calendar months.

As we have said, we have reason to believe that there is need for the establishment of one or more retreats in Ireland, where no such institution has ever existed, and that it would probably prove a remunerative venture; but, as will be seen by reference to the seventh section, no proprietor of a private lunatic asylum can also be proprietor of a retreat.

# Notes on Current Topics.

## Sir Dominic Corrigan.

We regret to announce the very serious illness of Sir Dominic Corrigan, representative of the Queen's University in the General Medical Council, who has for some days been confined to bed, and in a condition to cause much alarm. Sir Dominic Corrigan has been for years a sufferer from gout, and recently had become so feeble as to be scarcely able to move about.

## A Dilemma for the Adulterators.

The *Analyst* observes that in the English Court of Queen's Bench, a case was recently decided which "distinctly marks a new departure" in the law of adulteration. A police-constable asked for "half-a-pound of coffee," which was duly taken from a canister and delivered across the counter, while the sum of 9d. was charged and paid, such being the price of good coffee at 1s. 6d. per lb. On the constable stating that the article was for analysis, the proprietor came forward, and, while the *prior to admission* to the regular medical curriculum, and that these subjects should form part of their 'preliminary general education and examination?'" To this question 90 per cent. of the past and present teachers, and 96 per cent. of the general practitioners returned an affirmative answer. Certainly such examination is very desirable in the face of the fact that a large percentage of the youths who commence a medical career fall out of the ranks, and, sooner or later, adopt some other occupation. A course of teaching on the above subjects would make a lad all the fitter to profit by his lectures and his other departments of medical study. He would know the advantages of a hollow bone, and would take an interest in the insertion and origin of muscles from the consideration of their action and function; while he would be rid of the labour of remembering lots of series of acids among his other study, up to the time of his primary professional examination. Such like lore is an incubus on a man's memory; but once acquired, enough would remain for all intelligent study of organic chemistry, and especially the chemistry of digestion and assimilation, of which far too little is at present taught. If such an addition as is proposed were made to the present existing preliminary examination, the class of men entering the ranks of medical students would be much improved. Whether such a scheme is feasible or not we are not called upon to decide; time will show.

The second question is:—"Is it desirable that a certain period, previous to admission to a medical school, should be spent with a general practitioner in the form of 'articled pupilage?'" This was subdivided further into—*a.* "If so, when and how long?" and *b.* "And which of the subjects mentioned in Question I. should form a part of this preliminary training? or are there any others?" As might be expected, there was a marked diversity of opinion in the answers returned to this question. Seventy-four per cent. of the general practitioners held that "there is a want in the education of medical students as regards teaching in the art of prescribing." They stated that the young medical man, when called upon to take charge of a practice, shows little familiarity with the work to be done, bringing discredit upon himself and his employer, and exciting dissatisfaction amongst the patients, club and private. Not only that, but many discover the work is not what they anticipated, and so become discontented themselves, and regret that they have ever entered the profession. The general practitioners contended that an experience as a pupil would alone correct this. On the other hand, 70 per cent. of the teachers were of opinion that a return to the system of apprenticeship in any form would be a serious error, which they could find it impossible to sanction. They assert it unfits the lads for systematic work, they are self-satisfied, and supercilious on the strength of their limited acquaintance with practical work; and that the little they have learnt is a hindrance rather than an advantage to them in their studies. That this may be so in a number of instances is probable; but in our experience we have known these youths to have exhibited a a strongly developed tendency to seize readily upon the different subjects of their study with a keen eye to what was of practical use at the bedside. They have some idea of what it is they want to know for future use, and, therefore, how to select and store. That some such means of becoming familiar with what is required for private patients, is illustrated by what we are about to say. Lately, we asked separately two qualified young men—one lately a house-physician at a teaching hospital of repute, another house-physician at a non-teaching hospital—what they would do, and what they would say to a portly gentleman of 60, who was able to sit up three hours daily, and recovering from a smart attack of bronchitis; and with a sharp old lady, his wife or cousin, reading the newspaper to him. Neither recognised the importance of this last factor in the very least. What each would say was very little; and betrayed utter ignorance of those routine questions and directions which experience among a good-class of patients demonstrates to be so essential to success; but each was very positive that he "would have up his nightshirt and listen to both bases at the back." This may be the correct thing with an hospital patient; but in our experience it would not work well with a portly old gentleman in a roomy arm chair, wrapped voluminously in flannels; and the sharp old lady would certainly have her views about the young doctor's experience. Their laudable desire to know the condition of the lungs "at the back" was creditable; but lung-congestion of the kind they dread is a much more marked feature in hospital than in private practice. The same end could be attained in a manner quite as valuable practically, by counting the respirations and the pulse, and noting the proportion. This would meet the views of the patient and his friends much more satisfactorily; but then the young medico, as matters now are, has to learn to unlearn much of his hospital teaching, and acquire a knowledge of what is needed in private practice as he can, and usually with much painful experience. Young doctors rarely realise that what they think about their patients is not the whole matter; and commonly forget to calculate what the patients (and their friends) are thinking about them. But, the latter factor they will find, is not unimportant. The third question is:—"Is it desirable that the age of eighteen years should be attained before a student enters the regular medical curriculum, and that the age of twenty-two years be completed before he is permitted to receive a qualification to practice?" To this 89 per cent. of the teachers, and 97 per cent. of the general practitioners returned an affirmative answer on both heads. It was granted that in very exceptional cases a bright industrious youth might be equal to commence medical study at seventeen, and pass at twenty-two; but then rules must be made for the overwhelming majority, not for the rare exception.

The fourth question is:—"Do you approve of the introduction of an examination in elementary anatomy and physiology at the end of the first year of medical studies?" To this 79 per cent. of the general practitioners, and but 58 per cent. of the teachers, answered affirmatively. It was contended that some such examination would help to weed out the idle men, that large class who never pursue their medical studies to the successful end of a license to practise. On the other hand no less than 42 per cent. of the teachers opposed any such test being applied. They thought it would press too severely on provincial students, which it would, doubtless; and that it would keep up a state of nerve tension already harassing to many men.

Granting this, "much of the imperfection of the training of our students depends on their wasting the first year of their hospital course, trusting to their power of cramming up for their examination in the second year." That such is the mental attitude of many first year's men may not be denied; and that, too, of the idle men of whom it is so desirable to be rid. The careless, idle, if not dissipated, disrespectful young—well, we will not say ruffians, but unlicked cubs, of which some are to be found amidst the first year's men at any large medical school, are a simple nuisance; and then, again, how can these youthful procrastinators be sure that they will be able to cram successfully in their second year. In our experience not a few of this style of men defer their study till the Christmas vacation of the second winter is passed, and then discover that they have not got the power with which they so boastfully and vain-gloriously accredited themselves. For this class of man, who does not know what a state of nerve tension is, such early examination would be very desirable.

The committee decided that some such public examination should be held, and that those who fail to pass it, whether from idleness or carelessness, should have a limited time to regain the lost ground; and that if then they still be found wanting, means should be taken to rusticate them till such time as they could satisfy the school authorities that they had commenced to work in earnest. This would be an excellent discipline for the class of youth just alluded to above, and would probably bring each young idler to his senses, such as they are, and would diminish the high estimate which he places upon his own abilities—when the time comes that he chooses to manifest them! It is possible, too, to hold the view that by spreading the examinations over a youth's course of medical study, the nerve tension of those who experience it would be lessened, and the intensity of it avoided to some extent; and that it is felt intensely at the time of their present examinations some sad recent events make us only too painfully aware. And this is shown, too, especially at the first primary examination: so that it does seem desirable to take some part of the examination at an earlier date, and thus to relieve the anxious student by dividing his load. In those sadder cases where the youth is industrious, but lacks the ability to pass, it would only be kind to demonstrate this to himself first, and then to his friends, to save him from futile toil, to save them throwing away more money over an unattainable object. We will refer to the rest of the questions in a future number.

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## RETREATS FOR HABITUAL DRUNKARDS.

Dr. Cameron's much-needed Act for the restraint and cure of habitual drunkards came into operation on the first day of the New Year, and already we have had many inquiries as to whether many retreats are likely to be established under its authority, from which we judge that considerable demand for such institutions has long existed. We may with advantage recapitulate the terms of the Act with reference to this matter.

By its 6th section the "local authority" is empowered to grant licenses for the opening of a retreat. The local authority is, usually, the Justices of the Peace. The sections run as follows:—

6. The local authority may, subject to any conditions which such local authority shall deem fit, grant to any person, or to two or more persons jointly, a license for any period not exceeding thirteen months, to keep a retreat; and may from time to time revoke or renew such license. One at least of the persons to whom a license is granted shall reside in the retreat, and be responsible for its management. A duly qualified medical man shall be employed as medical attendant of such retreat, provided that when the name of the licensee shall be on the Medical Register he may himself act as such attendant.

7. No license shall be given to any person who is licensed to keep a house for the reception of lunatics.

10. Any habitual drunkard desirous of being admitted into a retreat may make application in writing to the licensee of a retreat for admission into such retreat, and shall state the time during which such applicant undertakes to remain in such retreat. Such application shall be accompanied by the statutory declaration of two persons to the effect that the applicant is an habitual drunkard within the meaning of this Act.

Such applicant, after his admission and reception into such retreat, unless discharged or authorised by license as hereinafter provided, shall not be entitled to leave such retreat till the expiration of the term mentioned in his application, and such applicant may be detained therein till the expiration of such term; provided that such term shall not exceed the period of twelve calendar months.

As we have said, we have reason to believe that there is need for the establishment of one or more retreats in Ireland, where no such institution has ever existed, and that it would probably prove a remunerative venture; but, as will be seen by reference to the seventh section, no proprietor of a private lunatic asylum can also be proprietor of a retreat.

# Notes on Current Topics.

## Sir Dominic Corrigan.

We regret to announce the very serious illness of Sir Dominic Corrigan, representative of the Queen's University in the General Medical Council, who has for some days been confined to bed, and in a condition to cause much alarm. Sir Dominic Corrigan has been for years a sufferer from gout, and recently had become so feeble as to be scarcely able to move about.

## A Dilemma for the Adulterators.

The *Analyst* observes that in the English Court of Queen's Bench, a case was recently decided which "distinctly marks a new departure" in the law of adulteration. A police-constable asked for "half-a-pound of coffee," which was duly taken from a canister and delivered across the counter, while the sum of 9d. was charged and paid, such being the price of good coffee at 1s. 6d. per lb. On the constable stating that the article was for analysis, the proprietor came forward, and, while the packet was still on the counter, called the constable's attention to the fact that it was a mixture, as indicated by the words printed on the paper, "This is sold as a mixture of chicory and coffee." On analysis the article was found to contain coffee sixty parts, and chicory forty parts. Defendant relied on the 8th section of the Act, providing that a person selling a mixture may label the same, and so be exempt from punishment. The magistrates, however, considered that, seeing the purchaser asked for coffee and paid the price of coffee, he should be protected against being served with a mixture which he did not desire, and they therefore convicted the defendant, who now appealed. The Court, after hearing the appealing counsel, and without requiring any reply, unanimously upheld the conviction.

## Waste of Food.

At a meeting held the other evening, in the National School, Loughton, Mr. Buckmaster delivered a lecture, in the course of which he said it was very natural and proper at this time of the year, especially for those who were blessed with abundance, to think of the poor, and a very popular form of charity at this time of the year was a dinner. He had already pointed out the waste which frequently attended these dinners, which were not dinners in the ordinary sense, but downright gluttony. This Christmas, in a well-known refuge, which was constantly appealing for help, each child was fed or supplied with 4½lb. of solid food—beef, pudding, and potatoes, no mention was made of bread; in another 4¼lb.; some aged poor had 4¼lb. and a pint of beer, making 5¼lb.; in a well known hospital near 5½lb. In an infirmary, where one might reasonably suppose the recipients were not in robust health, each patient was provided with 3¾lbs. of solid food and a pint of porter. In the opinion of the lecturer every dinner given to persons who really want one which exceeds sixpence each is waste, and if the price were kept within this limit the number of applicants would be greatly diminished. We can hardly concur with the lecturer in his estimate of the price of a comfortable and sufficiently nutritive dinner, but we fully accept his view that the gormandising by which the great Christian anniversary is honoured is often nothing better than the swinish gratification of depraved appetite. It is, in fact, nothing better than hard drinking, save that its ill effects are not so immediate, so obvious, or so generally hurtful.

## Infant Prescribers.

At an inquest held at the East End of London on Saturday last, another sad instance came to light of the danger to life the public in poor neighbourhoods run through the incompetence or neglect of "counter prescribers." The inquiry had reference to the death of a child named Lilian Holt, aged five. Frederick Hughes, a lad of thirteen, stated that he was employed by Dr. Ayres Moore, at 53 St. Leonard's Road, Shoreditch. A girl called on Tuesday and stated that she wanted a powder for a child. Witness took a bottle from a shelf and handed it to the assistant's wife, who after placing some of the contents in a paper gave it to the girl and charged her twopence for it. Mr. F. M. Henbeck, L.S.A., assistant to Dr. Moore, said that at the time of the sale of the powder he was out visiting. The amount of morphia administered was six grains. Witness had repeatedly told Hughes not to serve in the shop. The jury returned a verdict of Death by misadventure, at the same time expressing their opinion that there had been gross neglect on the part of those whose duty it was to attend to the management of the drugs.

We quite agree with the opinion of the jury, and think that had they gone a little farther and made some one answerable for manslaughter, it might have had a wholesome effect. Here we have the terrible picture before us of a boy of thirteen and a woman unversed in medicine toying with the lives of poor people, the one prescribing morphia, the other dispensing the drug. And this according to the assistant's own admission, was not the first time by many that this boy had played the part of doctor in the same shop. Surely such an iniquity should not be allowed to pass with no other record than the easily forgotten verdict of "death by misadventure."

## The Parkes Museum of Hygiene.

On Saturday last, a series of practical demonstrations of the uses of sanitary appliances was commenced in the museum which has been recently founded to perpetuate the memory of the late Dr. Parkes. Mr. Judge (the curator) stated that Professor Corfield would deliver the first and second address on the subject of "House Drainage," and "Ventilation, Light, and Warmth;" which would be followed by lectures on "Food," by Dr. Vivian Poore, and on the "Hospital and Sick Room," by Dr. J. C. Steele. These demonstrations are intended specially for working men, and will take place on alternate Saturdays. At the initiatory lecture, Professor Corfield first drew attention to the various kinds of drain pipes in use in houses. Those pipes, instead of being made of brick, ordinary tiles, or other pervious material, as was generally the case, should be composed of some impervious material, so that the foul water could not soak through. They should be made of glazed stoneware, and should be jointed in a very different manner to that now generally adopted. He discouraged the use of cement for joints, and described Stanford's patent of gutta percha rims to the ends of the pipes, which, by means of a little grease, could be connected and rendered water-tight. Instead of bell traps for yards, syphon gulleys should be used, and after referring to various road gulleys and Rogerfield's flush tanks, Professor Corfield described some traps intended to disconnect the soil pipes and sinks from the house sewers, which it was important should be used, provided there was an air inlet from the drain. A number of examples of defective plumbing, chiefly associated with the old D trap, were next given, and the professor strongly discouraged the use of those traps, which were contrivances which caught a great deal of solid matter, and instead of those traps he advocated the adoption of valve-syphon traps. Every one of the instances of the defects in the joints which he illustrated was connected with a case of disease or death.

## Surgeon-Major Charles Cuffe.

THIS gentleman, who was one of the officers who recently received at the hands of her Majesty the Insignia of the Order of the Bath, for service rendered in the Zulu war, entered the Medical Department of the Army in 1863, serving in India and Arabia. He was appointed Assistant-Surgeon to the 11th Hussars, and, after several years service in his regiment, was promoted to the rank of Surgeon-Major. In October, 1877, he proceeded to the Cape of Good Hope, arriving just at the commencement of hostilities against the Galekas. He served as principal medical officer of the Transkeian field force under Colonel Glynn, C.B., throughout the campaign, and at the conclusion received the thanks of the Director-General of the Army Medical Department. He then proceeded to the Transvaal, and joined the forces there being organised under Brigadier-General Wood, V.C. He acted as principal medical officer throughout the Zulu campaign, and was favourably mentioned in despatches. He again received the thanks of the Director-General. Surgeon-Major Cuffe is the son of the late Daniel B. Cuffe, of Dublin, received his professional education at the Catholic University Medical School and the Richmond Hospital. As a student he won several prizes in literature, science and medicine. His brother, Surgeon George M. Cuffe, also serves her Majesty in the Naval Medical Service.

## Mr. R. M. Bellew, Irish Local Government Commissioner.

WE understand that Mr. Bellew, who is the second Commissioner of the Irish Local Government Board, is in very delicate health. We notice the circumstance because it is our duty to urge—which we do with our utmost emphasis—that, in case Mr. Bellew finds it necessary to retire from office, either his office should be abolished, or its functions—if there be any—should be actively fulfilled. Mr. Bellew draws, and for many years has drawn, £1,200 a-year for salary, and during the whole period we have never even been conscious of his existence as an Irish Local Government administrator. Mr. Henry Robinson we know, and Dr. Croker King we know, but who is he? Now, we don't for a moment doubt that the services of a third commissioner are necessary to the working of so comprehensive a department as the Irish Local Government Board, but we are apprehensive that, as the general elections approach, and it becomes necessary to provide for a multitude of Government hangers-on, another job may be done at the expense of the Irish poor and another analogue of Mr. Bellew pensioned off as a sinecure commissioner.

The weak point of the Irish Local Government Board has always been that it is an *imperium in imperio*—an establishment in which there has been one dictator and no other person plucky enough to possess an opinion at variance with that of the prevailing autocracy. *Si monumentum queris, circumspice.* If we desire to know the effect of such a system we have only to look to the state of the Irish sanitary service, and we shall find there the mark of Sir Alfred Power's powerful hand and of his prejudices against reform, and the utter weakness of those who were supposed to divide with him the administration of the department. If we are likely to be favoured with a successor to Mr. Bellew of his own exceedingly neutral colour we should say that Mr. Herbert Murray and the cheese-paring Departmental Committee may effect a good stroke of business by drawing its pen through the office and leaving the £1,200 a-year in the Treasury coffers.

## The Dublin Sanitary Commission.

WE observe that the *Dublin Freeman's Journal* and the *Evening Telegraph*, both of which are the mouth-pieces of Mr. Gray, M.P., now Lord Mayor, and heretofore the Chairman of the Public Health Committee of the Dublin Corporation, have taken in hand the task of improving, in the interest of the Corporation, the report and evidence of the Dublin Sanitary Commission. They seek to effect this purpose by maintaining that the Commission was only charged to investigate the Liffey and the main drainage, and, therefore, ought not to have touched the general question of the causes of the appalling mortality in Dublin, and, *ergo*, ought to cut out from the report the facts as to the prevailing filth of the city, the awful house accommodation of its poor, and, in fact, all the evidence bearing upon this part of the subject. We need not have troubled ourselves with these pronouncements of our contemporaries, for we quite anticipated that champions of the Corporation would make strenuous efforts to save it from the Parliamentary exposure of its indefensible neglect of its sanitary duty, and from the opening of the horrible state of the city to the public gaze; but we think the articles to which we refer worthy of notice, because we are apprehensive that the Commissioners might allow their action to be influenced by the wishes of the Custom House, the Castle, or the City Hall—might therefore think it inexpedient to let the House of Commons know the naked truth as sworn to before the Commission, and might, therefore, be disposed to emasculate the report and evidence. We should be extremely sorry if the report, when issued, should bear any evidence of this policy, for the Commission has won the confidence of the citizens by the independent line which it took, and it would forfeit that confidence as completely if it condescended to trim its report for the behoof of the Dublin Corporation, the chief secretary, or the Local Government Board. The Commission, after all that has been said and written, must know full well that if the Liffey were as pellucid as they could wish, and soap as plentiful as Dublin mud—these would not suffice to wash the Corporation clean of its negligence and obstructiveness in sanitary matters, and, therefore, an attempt to do so by the emasculation of the report, would be as futile as it would be objectionable. It is far better that "the truth, the whole truth, and nothing but the truth" should come out, and we can then afford to let the *Freeman's Journal* and the *Evening Telegraph* explain away the facts if they can.

## Traffic in English Pseudo-Charity Votes.

A STRIKING commentary upon the abuses of English pseudo-charity administration is supplied by the *Exchange and Mart*, a paper devoted to the barter of articles between its readers—of whom it possesses a multitude. The latest development of its system is the establishment of a separate section in its pages to the sale and "swapping" of votes for hospitals and other institutions which call themselves charitable.

Through the agency of this journal any person who thinks he has—by a subscription or in some other way—established a right to "squat" anyone he pleases upon the resources of the institution will be enabled to impose upon the "charity" some person whom he never heard of, and at the same time to make a little personal profit by acquiring, in return, the opportunity of "squatting" one of his own friends or relatives on some other institution for which that friend or relative has, probably, neither need nor fitness.

The editor of the *Exchange* does not make any pretence of doubting the existence of gross abuses of the charity voting system, but he simply observes that, as they do exist, his journal may as well make a little profit by starting a trade in them.

"It is principally," he says, "because we admit the evil of the sale of votes, as at present managed, that we propose to establish a department for their ready disposal, for we think it will be admitted that an open market would tend to bring down prices to their proper level. That there are many inmates of the various homes who are not fit objects of charity is doubtless true, but the onus rests with the committees which sanctioned the nomination. No doubt many persons have feelings of great responsibility in the giving of their votes, but that this is so in the majority of cases we should question, and we must deal with things as they are rather than as we should wish them to be."

When the benefits derivable from the contributions of the benevolent have become the subjects of simple buying and selling, we are certainly entitled to ask whether institutions which permit such a means of distributing their bounty are charities at all, or are not rather guilty of obtaining the money of soft-hearted but foolish people upon the false pretence that they will apply it for the advantage of the deserving poor. From such inquiry arises the further question whether—taking the average of "charitable" institutions in London—even one half-crown out of each pound of subscribed money ever reaches a deserving poor person? and, finally, whether the whole charity organisation, as it stands, is not a system in which the evil greatly outsteps the good, and which enables persons—who are not benevolent, but only ostentatious and selfish—to obtain credit for being kind-hearted and self-sacrificing when, in truth, they are only qualifying themselves to be the patrons of certain mean, lazy, and unscrupulous people who desire that the public should save them the trouble of supporting themselves during sickness or infirmity.

## Ill-health of Dublin.

THE deaths registered in the Dublin district during the week ending 27th December, represent an annual mortality of 44·8 in every 1,000 of the population.

The death-rate in eight large towns, districts of Ireland (including Dublin), last week was 38·9. In Cork the rate was 47.

In 20 large English towns, inclusive of London (in which the rate was 27·1), the death-rate averaged 27·4, in Glasgow, 27·3, and in Edinburgh, 20·9.

Fifty-eight deaths from zymotics were registered, 26 over the average for the fifty-second week of last ten years.

The registered deaths from small-pox (5) are one in excess of the number for the preceding week, but only 17 new cases of the disease were admitted into the Dublin hospitals, against 19 in that week.

Upon comparison with English, European, and Asiatic cities it appears that Dublin outstrips the world in its unhealthiness—calculating upon this week, which is by no means exceptionally bad. Excepting Plymouth, the worst record of the week in England is that of Liverpool, 36·0, while that of Dublin is 44·8. Calcutta shows for 370 and Alexandria ; 40·0 but no other city—no matter where situated—approaches Dublin in unhealthiness.

## Sea-water at Home.

THE undoubted efficacy of sea bathing as a health restorative is so widely admitted, that it is reasonable to anticipate no opposition will be made to a bill having for its object the attainment of this great sanitary desideratum. A private bill for this purpose will, next session, be presented to Parliament, its promoters being prepared with a scheme for providing to the metropolis a constant supply of sea-water from the English Channel. A feature of the proposal is that almost every middle-class family will be enabled to participate in the advantages to be derived from its adoption, a yearly rental of thirty shillings per £50 of house-rent being the suggested price for the luxury. The scheme carries its own recommendation, and the boon it will confer would be cheap at a much more considerable price than that suggested.

## The late Professor Boll.

AN eminent physiologist has recently paid the debt of nature in the person of Francis Boll, Professor in the University of Rome, who died December 19th. By birth a German, the deceased *savant* had made Italy his home, and in the place of his adoption had prosecuted a number of researches and special investigations, by which his fame has been made known in every scientific circle. To him is due much of the credit owing to those who have insisted on the importance of physiology as a basis of medicine, and universal regret will be felt at his death at the early age of 30. He was born at Brondenburg in 1849, and graduated in medicine and surgery at Berlin in 1869. Here he assisted Dubois-Reymond in his physiological laboratory for some time, but was compelled, through ill-health, to seek the warmer climate of Italy, when in 1873 he received an appointment in the University which he graced as professor for two years, having been elected to the chair he held at his death in 1877. His most important work bears on the arterial circulation of the retina.

## Wyatt Edgell Prize.

The Sanitary Institute of Great Britain announces that, through the munificence of the Rev. E. Wyatt Edgell, late Honorary Treasurer to the Institute, a post he has been compelled to resign through ill-health, it is enabled to offer a prize of £200 for the best essay on

"The Cause of Hereditary Tendencies in Health and Disease." The composition must be sent in by August 1st, 1880, and will be adjudicated on by Drs. B. W. Richardson, F.R.S., and W. Farr, F.R.S.

### Guy's Hospital.

HAVING accepted the responsiblity of being the first to draw general attention to the unfortunate state of affairs at Guy's Hospital, we feel called upon to repeat our emphatic disapproval of the ill-judged and persistent opposition on the part of the treasurer to the wishes of the whole staff of the hospital. The disastrous effects that have followed the short-sighted policy of this official are already productive of much evil if we can judge from the frequent expressions of uneasiness given vent to by those on the spot. And especially is it to be regretted that the protest raised against the new arrangements on the part of the physicians, surgeons, and assistants of the hospital has been treated with nothing more than a curt and cavalier reply to the effect that no interference with these changes will be tolerated. Since the repeated suggestions of those most fit to offer them are set at nought, by treasurer and his nominee, and there is every prospect that the best interests of a great and important public charity are thereby imperilled, there remains no course open to those who are pained by the effects that are being made daily evident, damaging as they are to the efficiency of the institution, but to enlist the sympathy and aid of the outside public. It must not be forgotten that Guy's Hospital exists for the public good, and that the public will, when called upon, respond to the demand for a removal of abuses that are endangering the advantages it has inherited. But, so long as it is possible to hope that a private settlement of the matter in dispute can be arrived at, it is greatly to be desired that no appeal to the general public should be made. We trust that the treasurer will quickly discern the truth of this, and being guided by the universal disapprobation of the course he has pursued, assist in rescinding the arbitrary regulations that have proved so destructive to the hospital over which he has control.

### Paying Hospital Patients.

THE discussion which took place some time ago relative to the advisability of admitting paying patients into St. Thomas's Hospital, and which then resulted in an opinion unfavourable to the scheme, it is probably about to be revived. It is understood that the authorities of St. Thomas's have submitted a draft proposal to the Charity Commissioners to provide accommodation for such patients. The scheme provides that a separate pavilion shall be set apart for the purpose, in charge of which a medical officer will be appointed, but the occupants will be admitted the option of being attended by particular practitioners of their own choosing, in which case, of course they will pay the extra expense of such attendance. Provision is also made for the admission of patients into the general wards, who shall be subject to the payment of reduced fees, amounting only to the cost of their maintenance. The reasons for and against the proposition are numerous, and in the absence of any sufficient data on which to base conclusions, it is scarcely possible to discriminate with any accuracy between the two sides of the question. On the one hand, there is undoubtedly a very large class of persons who would be benefited by such a system of medical relief—who are often incompetently treated because of the many difficulties in the way of adequate attention to the minutiæ of nursing, &c., in any but a properly-appointed place with properly-appointed and trained assistants to carry out the detailed orders of the professional attendant. On the other there is the grave objection that the proposed plan must deprive the general profession of a large number of fee-paying patients, who, but for the refuge that would be afforded them in a hospital, have no resource but to be ill at home, and receiving the regular visits of the family doctor. It cannot be concealed, however, that the tendency is toward some such plan as that proposed; and it will probably be wiser to admit the necessity at once, than to delay action under pretence of discussing possibilities. We shall return to the subject again ere long.

### Presentation at the Meath Hospital and Co. Dublin Infirmary.

A VERY pleasing ceremony took place on New Year's morning at the above-named hospital—the entire medical staff being present—the occasion being the presentation of a gold keyless watch to Mr. William E. Crozier, L.R.C.S.I., House Surgeon and Resident Medical Officer, by the Medical Board. Mr. Porter (senior surgeon) addressed Mr. Crozier on behalf of his colleagues, and expressed in feeling terms the pleasure which it gave him to present this New Year's gift, assuring Mr. Crozier that his efficient services as house surgeon had given the greatest satisfaction to the medical and surgical staff. Mr. Crozier replied in suitable terms. The watch bore on its case the following inscription:—"Presented to William E. Crozier, Esq., L.R.C.S.I., by the Medical Board of the Meath Hospital, as a slight token of their esteem and regard January 1st, 1880."

### Dr. Evory Kennedy.

WE are pleased to learn that his Grace the Lord Lieutenant of Ireland has, on the recommendation of Viscount Monck, Lieutenant of the county and city of Dublin, appointed Evory Kennedy, J.P., M.D., of Belgard, Clondalkin, to be Deputy Lieutenant for the county, in place of William Caldbeck, Esq., deceased. Dr. Kennedy is a very well-known and highly-esteemed citizen of Dublin, a former President of the King's and Queen's College of Physicians and of the Irish Medical Association, and an ex-Master of the Rotundo Hospital, and a distinguished obstetrician of his day. He is, so far as we know, the only member of our profession holding the Deputy Lieutenancy in Ireland.

### The Death Roll of the Profession in Ireland, 1879.

THE following names appear in the Obituary List of the "Irish Medical Directory" for the new year:—W. O'B. Adams, H. Atkinson, R. Atkinson, A. Banks, James Barker, John Barker, G. P. Barry, H. Blyth, J. Brock, S. W. Brown, W. Burden, J. Burke, W. M. Burke, O.

H. Chambers, P. Clarke, S. Coates, J. Coppinger, R. Cross, J. Daly, J. N. Davis, J. Elliott, D. Fitzgerald, J. Flanagan, J. J. Furlong, J. Gentleman, M. Gilligar, J. Grealy, R. Hays, W. Hegarty, E. Hogan, A. Ireland, A. Irvine, B. Jagoe, J. Johnston, B. Kavanagh, J. Kiernan, J. Kelso, A. Laughlin, E. Lawless, E. Ledwich, B. F. McDowell, W. McKee, R. McNane, W. Magill, R. Macgrath, H. Maunsell, H. Molloy, D. Mooney, W. Moore, J. Morewood, B. Morrow, J. Murphy, W. Murphy, H. Nixon, D. O'Connell, E. O'Kelly, M. O'Meara, J. Powell, J. P. Quinlan, J. Shaw, C. Smith, R. Smyth, E. Soden, H. H. Stewart, W. Thompson, R. Tarney, W. Wade, R. Wallace, J. Wallace, C. Walsh, P. Walsh, J. White, R. P. White, J. Whitla, R. F. Wilson, F. Woodhouse, and A. A. Woods.

### Surgeon-Major Isidore Bourke.

RESPECTING this gentleman, to whose heroism at the Bala Hissar we recently referred, we find the following letter published in the *Freeman's Journal* :—

"SIR,—In the paragraph in the *Freeman's Journal* of last Saturday respecting the conduct to General Roberts, it is stated that Dr. Bourke was expelled the camp for having given publicity to the fact that atrocities were committed. I have only now seen the paragraph, which needs correction. I may mention that Surgeon-Major Isidore Bourke is my brother. Previous to the 12th of last month arrangements were made for the return to India, from General Roberts' camp, of sick and wounded men, and Dr. Bourke was selected to take charge of them. He subsequently left on that duty, and on the 25th he was *en route* for Peshawur in charge of the sick and wounded. He had been in command of the Ambulance Corps, in discharge of which duty he received high praise from General Roberts, who also commended him highly for his heroism on the occasion of the explosion at the Bala Hissar. The success of Dr. Bourke in Cabul has been recently noticed in several leading journals. There was no ground for stating that Dr. Bourke was expelled the camp, and I trust that the statement will be corrected at once. I have just received the *Medical Press* of the 17th December, in which Dr. Bourke's conspicuous bravery is noticed.—Yours faithfully, WALTER M. BOURKE."

PRINCE LEOPOLD, Vice-Patron of University College Hospital, has consented to preside at the annual festival, which will take place early in March next.

A PAIR of female twins, united from the breast bone to the lower part of the abdomen, is reported from Bombay. They are eight months old and in good health.

THE Right Hon. W. H. Smith, M.P., First Lord of the Admiralty, has consented to preside at the fifty-ninth annual Court of the Governors of the Dreadnought Seamen's Hospital, at Willis's Rooms, in February next.

THE *Philadelphia Reporter* says that a leading wholesale drug house in St. Louis sold, in 1878, for two months in the fall, quinine at the rate of a thousand ounces a day. This year their sales at the same time did not average over one hundred ounces a day.

THEIR Royal Highnesses the Prince of Wales and the Duke of Edinburgh have consented to become patrons to the French Hospital in London. The committee have voted the erection of a marble tablet to commemorate the visit of their Royal Highnesses to the Hospital in July last.

THIS month it is intended to celebrate the fiftieth anniversary of the formation of temperance societies in England, at Bradford, that being the town in which the first society is stated to have being formed in 1830. The celebration will take the form of a national demonstration, and conferences will be held on the various aspects of the temperance question.

DR. BUMSTEAD, of New York, author of the well-known work, "On Venereal Diseases," has just died. Deceased possessed a lucrative practice in New York, and his funeral was attended by a large body of the profession of that city. Dr. Bumstead was well and favourably known in this country, and had but recently finished the revision of an enlarged edition of his work.

IN consequence of the extensive and virulent outbreak of measles in Hull, the School Board, and many of the managers of large public schools have determined to extend the Christmas holidays of the scholars, in order to prevent, if possible, the further spread of the disease. Out of the 600 houses visited by one inspector, there were 100 in which the epidemic either was or had been prevalent.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Brighton 17, Sunderland 17, Sheffield 19, Portsmouth 21, Edinburgh 21, Oldham 24, Birmingham 25, Bradford 26, Norwich 26, Wolverhampton 26, London 27, Leeds 27, Hull 27, Glasgow 27, Newcastle-upon-Tyne 28, Manchester 29, Bristol 30, Salford 31, Leicester 31, Nottingham 33, Liverpool 36, Dublin 45, and the highest rate 46 in Plymouth.

LAST week the death rate from the seven principal zymotic diseases ranged from 0·0 and 0·5 in Wolverhampton and Oldham, to 6·9 in Liverpool, 7·3 in Dublin, and 9·1 in Plymouth. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne, Nottingham, and Bristol; and measles in Plymouth, Hull, Liverpool, Nottingham, and Leeds. Diphtheria caused 11 deaths in London, and 4 in Birmingham. There were 652 deaths last week in London from diseases of the respiratory organs. Two more fatal cases of small-pox were recorded in London, 5 in Dublin, but not one in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ENTERTAINMENT AT THE GLASGOW ROYAL INFIRMARY.—An interesting gathering took place at the Glasgow Royal Infirmary on the 26th ult. Hitherto the Lord Provost has been in the habit of treating the nurses of this institution to an excursion into the country, but this year instead a chamber concert was agreed upon. The members of the Free Anderston Church Choir gave their services on the occasion. The Lord Provost (Collins) presided, and among the ladies and gentleman present were Mrs. Collins, Lord Dean of Guild Mirlees, Mr. James King of Levernholm, Mr. William Stirling, Mr. William McEwen, &c. An excellent concert was enjoyed. Mr. McEwen and others made short speeches, and after the "speechifying" an adjournment was made to the supper-room, and after supper there was a dance.

**Glasgow Royal Infirmary.—Professor Gardiner on the Duties of Nurses.**—The usual New Year's Day meeting with the nurses belonging to the Royal Infirmary was held in the lecture room on the 1st inst. There was a large attendance of the nurses, and a number of ladies and gentlemen who take an interest in the institution were present. The tables in front of the seats were laden with toys, which had been kindly sent for the youthful patients by friends, while the walls were nicely decorated with devices and evergreens. The Lord Provost occupied the chair, and amongst those present were Sir James Watson, Sir James Bain, Bailie Farquhar, Mr. Wm. McEwen, Mr. Peter Clinston, Mr. James King, Mr. Hanan, Professor Gardiner, Dr. Wilson, &c. After an address from the Chairman, Dr. Gardiner afterwards delivered an address, touching on the principal points which should be observed by nurses in the discharge of their important duties. Years ago the remark that their's was a great and noble profession would have been met with sneers. But it was very different now, and it was one of the features of that revolution which had love and science at the bottom of it. This we owed in a large extent to Miss Florence Nightingale. Their profession of nurse had a high aim, and it was expected that those who entered it did so for the love of it. He offered many valuable suggestions to nurses, and concluded by referring to the many improvements that had taken place in the system of nursing in recent years. Afterwards many of the wards were visited by the ladies and gentlemen.

**Death-Rate of Glasgow.**—The deaths in Glasgow for the week ending with Saturday, the 27th ult., were at the rate of 27 per 1,000 per annum, against 31 in the preceding week, and 36, 23, and 27 in the corresponding weeks of 1878, 1877, and 1876.

**The Representation of Edinburgh and St. Andrew's Universities.**—Zealous efforts, it is said, are being made to induce Sir William Gull to come forward as a candidate for the Universities of Edinburgh and St. Andrew's in opposition to Dr. Lyon Playfair. The Liberals consider the return of the latter in any case most certain.

**Deaths from Excessive Drinking.**—Five deaths occurred in Scotland at New Year time from excessive drinking. Three took place in Edinburgh and two in Dundee.

**Registrar-General's Report.**—The return of births, deaths, and marriages for the week ending December 27th says :—The death-rate in the eight principal towns during the week ending December 27th, 1879, was 25·1 per thousand of the estimated population. This rate is 6·8 under that of the corresponding week of last year, and 3·4 under that of the previous week of the present year. The lowest mortality was recorded in Perth, viz., 17·6, and the highest in Paisley, viz., 35·1. The mortality from the seven most familiar zymotic diseases was at the rate of 3·3 per thousand, being slightly under the rate recorded for last week. Whooping-cough continues the most prevalent epidemic. Acute diseases of the chest caused 209 deaths, being 38 under the number recorded during last week.

**Elgin.—Death of Dr. Taylor, Easton.**—The death is recorded of Dr. James Taylor of Easton, Elgin. The deceased obtained an appointment as physician in Bengal, in the East India Company's Service when at the age of twenty-two, and for twenty years he acted as medical superintendent of the Calcutta Infirmary. Thirty-three years ago he returned to his native town, Elgin, and chiefly devoted his leisure time to studies of archæology and geology.

# Obituary.

## MR. HANCOCK, F.R.C.S.

It is with a profound feeling of regret that we are so soon again called upon to add to the obituary of eminent members of our profession given in our summary of last week the name of Henry Hancock, F.R.C.S., who was for so many years connected with the Charing Cross Hospital. He expired from an acute attack of icterus, the gravity of which he seems to have very much underrated, on New Year's day at his country house, Standen Chute, near Andover, whither, after an active and laborious life, he had retired only three or four years ago to spend the remainder of his days. In 1834, on the completion of his studies at Westminster Hospital, where he had the advantage of seeing some of the best surgery of the day, Lynn, Carlisle, Guthrie, &c., being then in the zenith of their fame, Mr. Hancock was admitted a member of the College of Surgeons. Very soon after he became connected with the School of Medicine of the hospital, and was appointed demonstrator of anatomy. Books for the use of the student were not so numerous as they are now, and he sought to add to the few in use by translating Velpeau's "Anatomy," but it never attained to a large sale or to a distinguished place amongst our class books. In 1843 he was elected a Fellow of the College. Not long after an opening occurred at the Charing Cross Hospital by the compulsory retirement of the late Mr. Pettigrew, and after a smart contest, the late Mr. Partridge being his opponent, he was elected Assistant-Surgeon to the hospital. The early death of Mr. Howship led to his obtaining the full surgeoncy at an unusually early period of his professional life. At this time the hospital had but few students, and had some difficulty to hold its own against the older and well-endowed hospitals. Mr. Hancock, however, worked away with a will, and his reputation as a bold and dexterous operator soon became recognised, and did much towards raising the reputation of the hospital and school. He was known as one of the first surgeons who attempted the removal of the jaw for the arrest of malignant disease. He was also the first to remove the os calcis, and adopt a new method of operating for strangulated hernia. In 1850 the College of Surgeons, being then under the domination of the surgeons of the larger hospitals, made an attempt to break up the smaller schools of medicine. The Charing Cross Hospital came under its ban, but Mr. Hancock, assisted by his fellow-workers and old pupils, successfully resisted this act of gross injustice, and from that time to the present the school has been gaining in importance. In 1848 Mr. Hancock was unanimously elected President of the Medical Society of London. In 1851 he became "Lettsomian Lecturer," and delivered an important course of lectures on "The Anatomy and Physiology of the Male Urethra, and on the Pathology of Stricture of that canal." He subsequently filled the office of treasurer and trustee, in which capacities he rendered valuable services to the society, and was for many years a constant contributor to its Transactions and discussions. In 1852 he became Surgeon to the Royal Westminster Ophthalmic Hospital, and for several years delivered a course of lectures on eye diseases at this institution ; and here his name became associated with an operation for the cure of glaucoma known as division of the ciliary muscle. He was also surgeon of the Royal Infirmary for Children, Waterloo Road ; consulting surgeon of the Maidstone Eye Hospital. As Fellow of the Royal Medical and Chirurgical Society he contributed to its Transactions a course of lectures on "Dislocation and Injuries of the Shoulder-joint." In 1863 he was elected a, Member of the Council of the Royal College of Surgeons and from that time to the day of his death he took the greatest interest in its affairs. In 1865 he became Professor of Human Anatomy and Surgery to the College, and as "Arris and Gale" Professor he delivered a course of lectures on a subject he had long made a special study of, "The Anatomy and Surgery of the Human Foot and Ankle-joint." These lectures, subsequently published in a separate form, may be regarded as a standard work, and as affording the best and most practical information on this important surgical subject.

In 1870 Mr. Hancock was elected a Member of the Court of Examiners, the arduous duties of which he fulfilled with tact and judgment. In 1872 he was chosen to fill the highest honour his colleagues could confer upon him, that of President of the College, and the next year he was appointed to deliver the Hunterian oration. On his retirement from the Senior Surgeoncy of Charing Cross Hospital, he was at once elected Consulting Surgeon, his colleagues and old pupils subscribing for a testimonial, which, by desire of Mrs. Hancock, took the form of a portrait painted by Richmond. Mr. Hancock was a decidedly popular teacher, an excellent and successful operator, a staunch friend, and a bright ornament to the profession which he studied to adorn and improve, and leave in better and more advanced state than he found it. His loss will be deeply felt by a large circle of sympathising friends and acquaintances. He leaves a widow, a son, now exercising his judicial duties in Antigua, and a daughter, married to Captain Heaton.

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## DR. HERMANN FREUND.

It may be mentionedi n connection with the death of this gentleman, which occurred last week, that until he started the idea in 1844, there was no hospital in London devoted to foreigners where they could be attended by medical men of their own nationality. With such a mixed and ever-changing population the want became so apparent that Dr. Freund some thirty-five years ago set to work to found an hospital for Germans, and mainly through his original suggestions, energy of purpose and devotion to the cause he had undertaken, this nationality has now in London a large and flourishing hospital, with a regular staff, and beds for 125 in-patients, which will compare in efficiency and good management very favourably with most of the larger institutions. Dr. Freund, though possessing Austrian degrees, held the position of Inspector-General of Hospitals in the British Forces during the Crimean campaign. Amongst the poor Germans in London he was a great favourite, from the interest he always took in their welfare, and the kindly disposition always evinced towards them; and his loss will be greatly felt by them. Dr. Freund had for a long past suffered from severe bronchial attacks, and the excessive cold and fogs of the present winter developed the complaint to which he succumbed last week at his residence in Finsbury Circus.

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## NOTICES TO CORRESPONDENTS.

Dr. Braithwaite.—Illustration received thanks.

Dr. Grelatz.—With pleasure.

Mr. Ensor.—Consult a respectable practitioner in your own town; we do not prescribe.

Dr. Carson, Cincinnati.—Many thanks.

Dr. L. B. B.—The subject is one from which much good might arise by discussion

### COCKING'S PATENT POROPLASTIC SPINAL JACKETS.

*To the Editor of the* Medical Press and Circular.

Sir,—The interest you have shown in my invention induces me to ask your insertion of the following:—

A glance at your advertising columns will show your readers that my invention is being pirated, and thus a valuable and important addition to spinal appliances may get into undeserved disrepute. It would be well, therefore, if, before ordering jackets, surgeons would apply to me for a list of agents accredited to supply them, and at the same time I shall gladly give any information required as to the method of application, and if convenient to London or Plymouth, be pleased to assist any surgeon in his first application—I say first, for after seeing one fitted he will not (unless the case be a very severe one) require further aid.

Yours respectfully,

7 Mandeville Place, Manchester Square, London, W.

J. T. Cocking.

The Medical Society of the King and Queen's College of Physicians of Dublin will meet on Wednesday next, at 8 o'clock, at the College, when the following communications will be made:—Dr. Hayden, "Notes on a Case of Wandering Kiddey, with remarks."—Prof. W. Moore, to narrate some Anomalies in Fever.

Epidemiological Society of London.—This (Wednesday) evening, at 8 o'clock, Dr. Norman Chevers, "Notes on the Relapsing Fever of India."—Surgeon-General Ross, "Remarks on Epidemic Diseases (Men and Animals) in the Colony of Natal."

Analyst.—The disinfectant is manufactured by Mr. White, Chemist, Kennington Road, S.E.

Royal Institution.—On Tuesday, Jan. 13, at 3 p.m., Prof. Schäfer, "On the Physiology of Muscle."

A Student.—Yes, a book upon which you may place implicit reliance.

Dr. Connolly Norman.—In our next; thanks.

Clinical Society of London.—Friday, Jan. 9, at 8½ p.m., Annual Meeting; Election of Officers.—Report of the Committee appointed to inquire into the Deleterious Effects which follow the prolonged and continuous use of Chloral in ordinary doses.—Dr. Goodhart, "On a Case of Rheumatic Fever treated with Salicylate of Soda, and terminating fatally."—Mr. Pick, "On a Case of Subastragaloid Dislocation."—Dr. Hewan (for Mr. Adam), "On a Case of Bullet-wound of the Lung."—Mr. Brodhurst will show a Case of Genu Valgum (shown also last session).—Mr. T. Smith will show (1) a Case of Spontaneous Gangrene; (2) two Cases of Cystic Hygroma; (3) a large Nævus.

Royal Institution.—On Friday, Jan. 16, at 9 p.m., Prof. Dewar, "Investigations at High Temperatures."

Dr. Pantaleoni and Dr. Hoggan.—Letters unavoidably held over in consequence of Index appearing in present number.

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### VACANCIES.

Ballinasloe Union, Lawrencetown Dispensary.—Medical Officer. Salary, £112, with fees, and £15 as Medical Officer of Health. Election, Jan. 13.

Bedford General Infirmary.—Resident Surgeon. Salary, £100, with board. Immediate application to the Secretary.

Bristol Royal Infirmary,—House Physician. Salary, £100, with board. Applications to the Secretary on or before Feb. 2.

Dunfanaghy Union, Falcaragh Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, Jan. 16.

Kent County Asylum.—A Senior and a Junior Assistant Medical Officer Salaries, £120 and £150 per annum respectively. Applications to the Medical Superintendent, Burning Heath, near Maidstone, before Jan. 20.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary, £150, with board. Applications to the Chairman of the Board by Jan. 17.

North Dublin Union Workhouse.—Medical Officer. Salary, £150. Election, Jan. 27.

Roscrea Union, No. 1 Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health. Election, Feb. 2.

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### APPOINTMENTS.

Cranny, J. J., A.B., M.D., F.R.C.S.I., Surgeon to Jervis Street Hospital, Dublin.

Cunynghame, R. J. B., M.D., a Physician to the Hospital for Sick Children, Edinburgh.

Cutler, P. A., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer to the Fanning Institution, Waterford.

Freer, E. L., M.R.C.S.E., Honorary Assistant Surgeon to the Birmingham Orthopædic and Spinal Hospital.

Gage, R. C., M.B., M.Ch. Univ. Dub., Medical Officer to the Scotstown Dispensary, Monaghan Union.

Gill, J., M.D., Surgeon to the Stratford-on-Avon Infirmary.

Langton, J., F.R.C.S.E., Consulting Surgeon to the City of London Lying-in Hospital.

Leigh, T., L.R.C.P.L., M.R.C.S. & L.M., Medical Officer for the Central District of the Parish of Brighton.

Letts, E. A., Ph.D., Professor of Chemistry at the Queen's College, Belfast.

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## Births.

Frazer.—On Dec. 30, at Armagh, the wife of Henry Fraser, L.R.C.S.I. of a daughter.

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## Deaths.

Boulland.—On Dec. 22, at 36 Woodhouse Street, Leeds, Alfred B. Boulland, L.R.C.P.L., M.R.C.S.E., &c., aged 42.

Day.—On Oct. 23, at Auckland, New Zealand, Richard Day, M.D., formerly of Cork, aged 74.

Freund.—On Dec. 29, at 7 West Street, Finsbury Circus, Jonas Chas. Herrmann Freund, M.D., aged 71.

Jackson.—On Dec. 26, at Harley Street, London, W., Ernest Carr Jackson, M.R.C.S.E., aged 26.

Jackson.—On Dec. 21, at Darlington, T. Hayes Jackson, F.R.C.P.Ed., aged 69.

Long.—On Dec. 29, at Hardman Street, Liverpool, Jas. Long, F.R.C.S., aged 70.

Moss.—On Dec. 6, on board the steamer *Senegal*, James West Moss, L.R.C.P.Ed., aged 34.

Nicol.—On Dec. 20, at Church Road, Higher Tranmere, Wm. Nicol, M.B., of Ayr, aged 22,

Powell.—On Dec. 27, at Roscrea, co. Tipperary, John Allman Powell, M.R.C.S.E.

Sadler.—On Dec. 28, at Winterton, near Brigg, Joseph B. Sadler, M.R.C.S.E., L.S.A.L., aged 70.

Sweeting.—On Dec. 22, at Reading, Robert Bray Sweeting, M.R.C.S., late of Basingstoke, aged about 47.

Tassell.—On Dec. 20, at Dover, Robert Tassell, M.D., formerly of Canterbury, aged 54.

Walker.—On Dec. 26, William Charles Walker, M.R.C.S.E., of Shepton Mallet, aged 66.

Woollett.—On Dec. 18, at Monmouth, John Moore Woollett, M.R.C.S., aged 65

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 14, 1880.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

On Houses in which Zymotic Disease Recurs. By Charles A. Cameron, M.D., Fellow and Professor of Hygiene and Chemistry, R.C.S.I., Superintendent Medical Officer of Health, Dublin; President of the Society of Medical Officers of Health ..... 17
On Syphilitic Urethritis, and Other Points relating to Diagnosis. By Dr. Charles R. Drysdale, Senior Physician to the Metropolitan Free Hospital, and to the Rescue Society ..... 18

CLINICAL RECORDS.

Mercer's Hospital, Dublin—Under the care of Mr. E. Stamer O'Grady—Cleft Palate (Two Examples)—Vesico-Vaginal Fistula (Two Examples) ..... 19

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—
Chloral Committee's Report ..... 20
Case of Acute Rheumatism treated by Salicylic Acid, and terminating Fatally ..... 20
Case Characterised by Symptoms of Acute Rheumatism which Terminating Fatally on the Tenth Day ..... 21

DEPARTMENT OF LUNACY.

The Lunacy Inquiry Commission ..... 22
Accommodation for Chronic Lunatics ..... 23

LEADING ARTICLES.

The Report of the Chloral Committee 24
The Irish Lecture Certificate System 25

NOTES ON CURRENT TOPICS.

Royal College of Physicians of London ..... 27
The Health of Dublin ..... 27
Frozen Medicines ..... 28
Multiple Licensing in America ..... 28
Medical Men and Coroners' Courts ..... 28
The London Hospital ..... 28
A New Remedy ..... 28
Clinical Society of London ..... 28
Sir Joseph Fayrer on Typhoid ..... 28
A Sad Ending to an Army Surgeon ..... 29
The Harveian Society's Soirée ..... 29
Great Expectations ..... 29
The Purposes of Contagious Hospitals ..... 29
St. Virchow's Well ..... 30
Hydrobromic Ether as an Anæsthetic ..... 30

SCOTLAND.

Health of Edinburgh ..... 31
The Mortality in Glasgow ..... 31
Death from Poisoning by Arsenic in Greenock ..... 31
Ladies and the Managers of the Edinburgh Royal Infirmary ..... 31
Glasgow Royal Infirmary Appointment ..... 31
Registrar-General's Returns ..... 31
Glasgow Maternity Hospital ..... 32

LITERATURE.

The Irish Medical Directory ..... 2

CORRESPONDENCE.

The Mortality of Rome ..... 32
Methods of Medical Education ..... 33
St. John's Hospital for Diseases of the Skin ..... 33
Novelties ..... 34
Medical News ..... 35
Notices to Correspondents ..... 36

## Original Communications.

### ON HOUSES IN WHICH ZYMOTIC DISEASE RECURS. (a)

By CHARLES A. CAMERON, M.D.,

Fellow and Professor of Hygiene and Chemistry, R.C.S.I., S. Sc. C. Camb.; Superintendant Medical Officer of Health, Dublin; President of the Society of Medical Officers of Health.

In Dublin it has been found that various contagious diseases reappear several times in the same house. In some courts as well as houses, it has been noticed that small-pox, scarlatina, and other zymotic diseases periodically make their appearance. The narrow lane running from South Great Brunswick St. to Townsend St. is an example of this unhealthy kind of court. It consists of a poor class of houses, with but little space in the rear of some of them, and no open space behind the others—overshadowed by ranges of loftier houses, causing deficiency of light and stagnation of air. In this court Asiatic cholera made an early appearance during its last visitation, and here one of *the* first—if not the first—cases of small-pox occurred in the epidemic of 1871. I have found that the houses in Tennis Court have had all kinds of zymotic diseases in them, and the whole place seems to be saturated with contagia. It is evident that disinfection, as generally performed in tenemental houses, and the occasional application of whitewash to them, as enforced by the sanitary authorities, are often inoperative in rendering such houses as those in Tennis Court healthy dwellings. The only remedy for such an unsanitary state of things as that which prevails in purlieus like Tennis Court is to raze the houses. This is the course which I have recommended to be done in this particular instance, and which recommendation I have reason to believe will beacted upon next year.

When a house appears to be seriously affected by the contagium of one or more of the zymotics, it certainly should be cleared out and subjected to a close sanitary inspection. It will probably be found that the house-drains are defective—that the water-closet is out of order—that there is an ill-kept *petit* and an offensive ash-pit, or some other sanitary defect—perhaps a great many defects—present. Such a house subjected to a thorough disinfection, and having all its interior wall surface hot lime-washed, will, when put into proper repair, be probably as healthy a house as any other of the same class. The duty of the sanitary authority is clear in the case of notoriously unhealthy houses, the sanitary conditions of which are obviously bad. Occasionally, however, contagious disease reappears in a house which is well provided with sanitary accommodation and in good repair—perhaps not long built. What is to be done in such a case? The landlord asserts that the house is in perfect order, and examination of the premises fails to disprove this assertion. I have met with some cases of this kind which have rather embarrassed me. A house in Francis Street, superior to most houses in that locality, and not long built, had several cases of small-pox in it one after the other. After each case the room in which the patient had been located was disinfected and lime-washed, but these processes did not apparently prevent a recurrence of the disease. Now, in the case of this house, would it not be justifiable to have it compulsorily cleared of its inmates and their belongings, and the whole house subjected to thorough disinfecting and general cleansing? Would it, in fact, not be desirable to close up for a time every house in which—during say one year—three or four successive cases of infectious disease occurred? The objection to this is, that the people and the furniture and clothing of an infected house are dispersed, and may distribute infection through half a dozen other localities. It is most important that a record be kept of the cases of contagious disease in every house within the jurisdic-tion of the sanitary authority.

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(d) Read at a meeting of the Society of Medical Officers of Health, held at the Royal College of Surgeons, Dublin, December 10th, 1879.

It would be very desirable if there were a refuge established for persons obliged to leave their dwellings for a short time until the latter were purified. It is difficult, if not impossible, to thoroughly disinfect rooms unless the tenants are kept out of them for a few days. When a case of infectious disease occurs in a tenemental dwelling, and the patient has been restored to health, removed to hospital, or buried, how is the room which he has inhabited to be purified properly if the family who occupy it are walking about on the stairs, in the hall, or in the street until they can reoccupy their dwelling? Very often the family are taken into their neighbours' rooms, and in that way spread disease.

If there were a few small houses prepared for the reception of families whose rooms were being disinfected, I think very few people would object to go into them for a day or two. In fact, they would be obliged either to use them or seek lodgings elsewhere, if there were a determination to do the disinfecting work in such a manner that the room could not be occupied for at least forty-eight hours. If such refuges were in existence there would be no objection to close houses in good repair, but known to be infected with zymotic poison, until they were subjected to thorough purification. The mere fact that small-pox, or typhus fever, or scarlatina was known to have repeatedly occurred in them, would bring them under the provisions of the 107th section of the Public Health Act, as being "in such a state as to be a nuisance or injurious to health." I do not propose at present to enter into such considerations as the cost of the refuge suggested to be erected, or its size. I merely wish to bring under the notice of the members the want of such a place, and the difficulty of dealing with houses which, though apparently in a proper sanitary state, are yet from some cause not healthy dwellings. The matter is worth considering. I do not think that the Public Health Act gives in direct terms any power to sanitary authorities to found, or contribute to the maintenance of, houses for the use of people whose tenements are being disinfected. It might be held that as they are empowered by the 100th section —also the 149th section of same Act—to "take precautions in case of any infectious disease" in lodging-houses, the precaution of providing a refuge such as that which I have indicated would be a proper one. When during times of epidemics the boards of guardians became sanitary authorities, with exceptional powers, I have no doubt they would have the power to provide refuges.

At my suggestion, the Public Health Committee have recently had constructed a moveable wooden house for the reception of families whose rooms are undergoing disinfection. Certain structural defects have rendered it unworkable; these are being remedied, and when the moveable house is in proper order it will get a fair trial, and every effort will be made to induce people to enter it.

It was unanimously resolved by the Society:—

1st. That it would be desirable to establish refuges, such as the President had indicated.

2nd. That it was necessary to temporarily close houses apparently in good repair if zymotic disease appeared frequently in them.

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## ON SYPHILITIC URETHRITIS, AND OTHER POINTS RELATING TO DIAGNOSIS.

By Dr. CHARLES R. DRYSDALE,

Senior Physician to the Metropolitan Free Hospital, and to the Rescue Society.

(*Continued.*)

WITH regard to the inoculations carried out by Dr. Morgan, the remark is to be made, that there was no incubation period seen in the pustules which arose in the syphilitic women who were inoculated. The pustules were not indurated at their base, nor was there any enlargement of the corresponding inguinal glands. The inoculated spot in Morgan's cases presented *at once* the aspect of suppuration, and not of adhesive inflammation; and there was no loss of the cutis as occurs in the case of local suppurating sores, the so-called *chancres*, so that it would seem, at present, that the doctrine of the diagnosis between venereal diseases is, that there is—firstly, the soft or local sore, which has nothing to do with syphilis; secondly, the purulent sore, produced by the inoculation of syphilitic or unhealthy pus on a patient affected by syphilis, and which may, if inoculated on a healthy person, cause syphilis; next the syphilitic sore, the inflammation of which is of the adhesive type, and, lastly, gonorrhœa, of two kinds, simple or inflammatory, and syphilitic urethritis and vaginitis. Instead, then, of making the subject of contagious diseases more a unity, recent researches have shown that the views of Ricord and his school, which depended on the test of inoculation, are fallacious, and that, in reality, contagious diseases of modern times are more various in their characters than has been supposed. For a time, Morgan's experiments seemed to prove that syphilis could give rise to the local soft sore, but this is, in my view, an error, according to my own oft-repeated experiments. If it should be granted, as I am convinced is the case, that vaginitis and urethritis are causes of syphilitic infection, a large number of doubtful cases will at once be capable of explanation.

Of late, a very curious remark has been made by Dr. Charles Mauriac, of Paris, with respect to the numerical proportion between the hard sore and the local chancre at the Hôpital du Midi of Paris. It was observed some twenty-five years back, at that hospital, by Dr. Puche, among the male patients, that of ten thousand sores, only one thousand nine hundred and fifty were followed by secondary symptoms; whilst at that epoch Fournier remarked that, in private practice, infecting sores were commoner than non-infecting. Of late years this ratio with respect to the frequency of venereal sores of the two varieties has been strangely reversed, syphilitic sores have become actually six times more common, in some years, in the Hôpital du Midi, than soft ones. To give one example, I quote from the pamphlet "Rareté actuelle du Chancre Simple," Paris, how that in the year ending December 31, 1875, there were 199 cases of hard sore, as against only 30 of soft sore, at that hospital. Syphilis and gonorrhœa have greatly augmented of late years in Paris, whilst soft sores have become sometimes quite rare, a fact which M. Mauriac attributes to the great extent of so-called *clandestine prostitution*. It is generally, he says, only the poorest and most careless women in Paris who contract soft sores, and these are the only women who take but little care to escape from the police.

*The Incubation of Chancre.*—In this country, owing to the confusion kept up by the views of Messrs. Paget and Hutchinson, alluded to above, the medical mind seems as yet unwilling to admit the fact that there is always—or almost always—a pretty long period of incubation, after inoculation of the poison of syphilis, before a local lesion appears. Clinical observation has, however, left not the slightest room for doubt upon this question. Diday, one of the first to write about this point, found an inoculation period of some fourteen days on an average. Cullerier, in ninety cases, a mean of sixteen days. Clerc found the time to be thirty days in different cases, and Castlenau found it to be thirty days in one case, whilst Bumpstead thought that it had been only ten days in some cases seen clinically by him.

Delhomme inoculated from a true syphilitic ulcer in one case, and there was, he alleges, an incubation of one hundred and eighty days. Rinecker, in 1852, found an incubation of twenty-five days. Baerensprung, in 1859, inoculated from a hard sore, and the incubation period was thirty-three days. Danielssen, in 1853, found the period of incubation in one case to be fourteen days. Rollet, in 1856, saw the incubation period last eighteen days; and Gibert, in 1859, remarked an incubation of nineteen days. Cullerier's case of incubation, in 1861, exhibited an incubation of fifteen days; and Fienis' case, in 1861, had an incubation of fifteen days. I might go through a number more examples to prove the length of the incubation period in true hard sore, and also in inoculations from secondary lesions, such as mucous tubercles. We may, then, admit that there is always a period of incubation after the inoculation of a syphilitic lesion which is contagious, and the knowledge of this fact is often serviceable to us in practice. To illustrate this I will narrate a case of supposed vaccino-syphilitic infection which has just come under my notice.

On December 4th of this year I visited, at the request of the Coroner for Central Middlesex, Dr. William Hardwicke, the workhouse of St. Giles, Bloomsbury, to see a child which some persons thought had died from infection of syphilis from vaccination. I saw the child in the workhouse, and made the following notes:—The infant seemed well nourished and was not emaciated; its length was 2′ 3″ from crown of head to sole of foot. It was said to have been six months old at death. There were twenty-two large and deep ulcers on the back and back of the thighs, which had eaten down through skin and cellular tissue. Many of them were an inch in diameter. There were also three similar ulcers on the abdomen, three on the right leg, and three on the left. One of the latter, on the left thigh, was the largest on the body, measuring 1½″ in length, and extending down to the level of the muscles of the front of the thigh in depth. There were four large marks of vaccination on the infant's left arm, but not the slightest induration around the superficial ulcers present in these. There were smaller ulcerations on the buttocks, but no scabs on any of the ulcers or eruptions.

I next visited the mother, who, with her husband and three children, had resided for some years in a poor little room in 26 Dudley Street, St. Giles's. From her I learnt that the infant—a little boy—had been born on June 16, 1879, and that he had always been a fine, healthy child. Dr. Faulkner, of Endell Street, had vaccinated him, she said, on November 11, 1879, and at that time the child was in perfect health. He was vaccinated from a baby that looked quite healthy, arm to arm. The infant fell ill two days after the vaccination, and on the third day a rash appeared, when she took it to Dr. Faulkner, who said it was suffering from small-pox. The child kept getting worse, and it died on Sunday, December 2nd, after much suffering, from the suppuration of the many large ulcerations covering its body.

I then called on Dr. Faulkner, the registrar of St. Giles's district and assistant public vaccinator, and he mentioned to me that the infant had been vaccinated on November 11th from a healthy child, the lymph from which had been used to vaccinate five other infants, all of which had done admirably well. The infant in question—Henry Cummings—had taken the vaccination well, for on the eighth day the vesicles were admirable, and surrounded with but little inflammation. On uncovering the child he saw a number of pustules on the back, and as there were many infants present, and he thought this was a case of small-pox, he told the mother to go away at once with the child. The evidence I gave from these data was (1) That the case was not one of small-pox, since the vaccine vesicles had matured well, and there was no eruption on the face. (2) It was not syphilis; since, firstly, there was no time for the incubation of the hard sore and no hard sore existed, and, *à fortiori*, no time for the appearance of secondary eruption. It was therefore neither a case of syphilitic infection, nor one of small-pox; but it was one of those exceedingly rare cases where a rash appears after vaccination and ulcerates. The jury gave a verdict in accordance with this opinion, which was shared by Dr. Hardwicke.

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**We notice in our American exchanges a patent medicine advertised under the title of Anti-lean; we presume a our enterprising cousins will be importing this precious concoction to these shores to keep pace with anti-fat.**

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

Under the Care of Mr. E. Stamer O'Grady.

The following four cases of reparative surgery were amongst the "discharges" during the latter part of December:—

### *Cleft Palate (Two Examples).*

*A.* A delicate little girl, æt. 5; the fissure involving the entire soft palate. After rawing the edges, the flat muscles of the palate were in great part divided by anterior section, as also were the palato-glossi, and in part the palato-pharyngei, access to these being a matter of much difficulty in consequence of largely hypertrophied tonsils. Very considerable tension was thus overcome, and the parts could be adapted nicely, four silver wire sutures, with one of silk at the apex of the uvula, kept them in perfect apposition. The silk stitch came away on the 9th day, and the others were removed after eleven days. Union obtained throughout except at the extreme upper corner, where a small hole remained, through which an ordinary probe could scarcely be passed. Ere the patient left the hospital this little perforation was touched with strong nitric acid, and it probably speedily filled in.

*B.*—A much under-sized girl, æt. 18, had three years previously been operated on with successful result, except for an oval-shaped opening (which would admit a No. 5 catheter), situate towards the anterior part of the original fissure, where it projected between the palate bones. On this occasion the osseous structure on each side was pierced by the chisel. The parts came readily together, and were easily retained so by two points of silver wire. These sutures were removed in ten days, and the patient left the hospital four days later with her cleft palate quite cured, and the lateral incision nearly healed.

### *Vesico-Vaginal Fistula (Two Examples).*

*A.* The patient, æt. 38, contracted the trouble on her ninth child. The opening was of small size, but placed high up the vagina, and imbedded in its folds in such a manner that it was difficult to find, and more so still to manipulate. Projecting the orifice on a ring-ended retractor inserted through the urethra, a spear-shaped knife effectively cut out the fistulous circle, when the wound was closed by three sutures of silver wire. These were left undisturbed for 17 days, during which the woman remained staunch, but on their removal she at once leaked again. To the very small pin-hole now remaining the actual cautery was different times applied, and on each occasion with temporary benefit. Six weeks after the first operation the second was performed in a similar way, a "harpoon" aiding materially to draw the fistula down. The silver wire sutures were removed in 13 days, but the patient was kept a fortnight longer in the hospital to test the stability of the cure.

*B.* In this individual a single operation sufficed. Patient, æt. 35, had laboured under the trouble for over three years. It occurred on her sixth child, subsequent to which she had borne two more healthy children, the *status in quo* remaining unchanged so far as could be ascertained. The hole was a small one, a little more than an inch behind the urethral orifice. The harpoon was easily inserted, and the ring of tissue around it removed. Three silver wires closed the little wound neatly. These were removed in thirteen days, union was perfect, and a week later the woman went home quite well.

In the first case a catheter was kept in for over a week after the first operation, but after the second operation, and also in the case of the patient *B*, an ordinary gum elastic catheter was kept in for only a couple of days, and its subsequent use then dispensed with.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

THE last meeting of the Society was held on Friday evening, January 9th, Dr. E. H. GREENHOW, President, in the chair.

The Committee appointed by the Clinical Society to investigate "what deleterious effects follow the prolonged and continuous use of chloral in ordinary doses," reported that seventy special replies, and three printed papers had been received in reply to nearly 1,000 circulars distributed throughout the profession, followed a few months later by a second appeal, made public through the freely accorded medium of the medical press. Twenty-nine answers state that after extensive experience of chloral, in long-continued doses, no ill effects have been observed. Ten of these correspondents enjoy the special opportunities for observation afforded by asylum practice, and Mr. Curgenven, Dr. Theodore Williams, Dr. W. Squire, Dr. Buzzard, Dr. Clifford Albutt, and others, furnish cases in which chloral had been regularly and beneficially taken for periods varying from two to ten years. Before proceeding to analyse the replies received from those who had observed inconvenient effects to follow the use of chloral, the committee have thought it well to draw up a brief summary of what has already been recorded on the subject. Their special information has been arranged under the various headings of the schedule, thus :—

A.—Nervous System.

Fourteen answers record cases in which nervous debility, mental enfeeblement and convulsive seizures, appeared to follow the use of chloral; Dr. Maudsley, Dr. Clouston, and Dr. Lindsay, expressing themselves as strongly opposed to its employment in insanity.

B.—Circulatory System.

Two answers, under this heading, note some cardiac enfeeblement.

C.—Digestive System.

Six replies mention digestive disturbance as occasionally following the administration of chloral.

D.—Cutaneous.

Nine correspondents give the details of cases in which they observed itching of skin, lichenous eruption, with deep flushing of face and head following the taking of stimulants.

E.—Two replies indicate the possibility of urinary irritation being produced by chloral. Inquiry amongst some of the leading druggists of the metropolis has not established the probability that there is any remarkable abuse by the public of the facilities which they enjoy, of purchasing for themselves any quantity of chloral. The drug, it may be mentioned, is not included by the legislature amongst those, the sale of which is guarded by the name and address of the purchaser being required to be registered by the vendor. In conclusion, the Committee wish to express their regret, that, in spite of repeated appeals to individuals personally, and to the profession by circular, and through the medical press, they have failed to obtain any more definite information than that contained in the preceding report; and although the opinions expressed by numerous gentlemen of experience will, doubtless be received with the respect which is their due, the Committee would have been glad if more facts, from which definite conclusions might have been drawn, had been placed at their disposal.

Dr. BRISTOWE drew attention to the absence from the report of any expression of the views on the subject held by members of the Committee, and thought that it would have been much increased in value if it embodied the experiences of Dr. Andrew Clark and Sir William Jenner.

Dr. HEWAN had noticed an erythematous condition of the skin following the administration of chloral.

Dr. FRANCIS TAYLER recorded a case in his own experience of a gentleman, æt. 84, who had taken nightly doses of 25 to 50 grains of chloral with benefit. There were no bad symptoms, and digestion was unimpaired. The patient suffered from enlarged prostate and chronic cystitis. He had, however, noticed that semi-unconsciousness and delirium were present at night. He regretted that the report had not recorded the ages of the patients who had been observed.

Replying to the President, Dr. FARQUHARSON said he feared that detailed evidence would unduly increase the bulk of the report, but that the ages of patients would be included in it. Sir William Jenner, he added, had no personal experience to give in relation to the question, but Dr. Andrew Clark had promised the histories of five or six cases which had been under his immediate observation, and these would be incorporated in an appendix to the report already prepared.

### DR. JAMES F. GOODHART on

### A CASE OF ACUTE RHEUMATISM TREATED BY SALICYLIC ACID, AND TERMINATING FATALLY.

A girl, æt. 17, was under Dr. Goodhart's care in Guy's Hospital. She had been a servant for three years. There was a history of gout and rheumatism on the father's side, but she had always been healthy, except that she suffered from nasal polypi, and had been three times operated upon for that affection; the last time fourteen days before her fatal illness. She had had scarlatina long ago. She dated her fatal illness in some measure to the last operation for the removal of the nasal polypi, after which she felt very faint and weak, though she managed to work on for a week, when, getting up on the morning of the 17th of the month, her ankles, knees, and hips were so stiff that she went to bed again. Her back, shoulders, and arms were soon in the same condition, and the joints began to swell. She had headache and loss of appetite, but no rigors or sweating. She was treated for rheumatic fever, and got better, but relapsed in two days, and then came to the hospital. She was a dark-complexioned girl, with flushed face and bright eyes. Her tongue was red at the edges, with a white fur on the dorsum, and rather dry. The ankles, knees, wrists, and elbows, were much swollen, the skin somewhat sodden-looking, and suffused by a pinkish blush. The phalangeal joints were also swollen, and all the joints were immovable from pain. The heart at this time is described thus: Precordial dulness increased in extent; apex beat normal; slight pericardial subsultus at the base. Temperature 103°; pulse 120. Bicarbonate of potash was ordered in half-drachm doses in acetate of ammonia every three hours, with five grains of Dover's powder night and morning. Her diet consisted of three pints of milk. The next day the heart affection was more decided. The area of præcordial dulness was increased upwards to the second intercostal space, across from the sternum to the nipple and downwards to the sixth costal cartilage. The impulse was in its normal position; the action regular; the sounds were very distant and thick at the base, but there was no bruit. The lungs were normal; the urine 1·021 not albuminous. She appeared to have a good deal of præcordial distress. She was sweating freely, and the joints were still painful. The temperature had gradually fallen from 103° to 100°. The alkaline mixture was continued, but at six p.m., as she still seemed in much pain, and the temperature was rising again, though very slightly (100·4°) she was ordered fifteen grains of salicylic acid every three hours in its place. She was seen by Dr. Goodhart at nine p.m., and though still in a good deal of pain, and restless, the pulse was still at 120, and there were no particularly serious symptoms. But after this the pulse became much accelerated, reaching 160, and the patient died quietly and suddenly at 3.45 a.m. She had taken four doses of salicylic acid, sixty grains in all, the last dose three-quarters of an hour before death. She passed a restless, moaning night, but did not seem unusually ill, and she was seen by the sister of the ward, and also by Mr. Reynolds, the house-physician, at midnight, neither of whom saw any change for the worse. Nor did the nurse notice anything unusual till her death. The inspection was made by Dr. Goodhart the same afternoon. The heart weighed 9½ ounces; there was considerable eclampsia of the pericardium, and patches of recent lymph in several places. No fluid. The muscular tissue of the ventricle showed one or two points of fatty degeneration, but except these was healthy, and the ventricle was not dilated. The valves were practically healthy, although a grain or two of lymph occupied one or two points upon the mitral. The right ventricle was distended by clots of post mortem formation, and the pulmonary artery also. The latter had some resemblance to an embolic clot from being double, but it was continuous with the clot in the ventricle, and was of similar appearance; it had, therefore, in all probability formed post mortem. Of the other viscera it need only be said that the small intestine was much ecchymosed and congested, and that the joints all contained abundant yellow synovia, with coagula of yellow lymph, the knees and hips being more particularly affected. All the *bones* were normal, special search being directed to the sphenoidal, ethmoidal, and frontal sinuses in the region of the recent operation. The first appearance of the patient, her dry skin and her restlessness, augured badly for her recovery, and suggested the possible onset of hyperpyrexia; and with this prognosis in view the temperature was watched closely for some hours, but finding that it progressively fell, and that the ordinary rheumatic sweating became established, these apprehensions subsided, and the case assumed the characters of an ordinary attack of acute rheumatism of by no means severe type. Sudden death was therefore an unexpected event, and the question submitted for discussion was this: Is the result to be attributed in any degree to the salicylic acid treatment? Dr. Goodhart could not help feeling that this was possible, but he did not wish to press that opinion unduly in the face of facts which rendered the question a very open one. The several issues which seemed to him to be suggested by the case were as follows: First, an early pericarditis was present, and the muscular tissue of the left ventricle was fatty at one or two points. It is therefore possible that what, judged by the examination, was not a severe affection, may yet have been sufficient to determine the cessation of the heart's function in this particular case. Secondly, it might be suggested as just possible that between the time when she was last seen by any skilled assistant and the time of her death, nearly four hours, the temperature might have risen rapidly, and death have occurred from hyperpyrexia. Thirdly, the clot in the pulmonary artery presented unusual features, and suggested undoubtedly the existence of pulmonary embolism. It may have been an error to set aside this view in favour of another. With regard to the first it was insisted that the pericarditis and muscular change in the heart did not seem sufficient to explain sudden death; and the absence of any dilatation of the ventricle tended to corroborate this conclusion. In the second the temperature chart was one of almost progressive fall, and therefore in an unlikely condition to rise again rapidly; and thirdly, the similar appearances and the continuousness of the coagula in the right ventricle and the pulmonary artery justified the rejection of any hypothesis of embolism. There then remains to be considered the possibility of death being due to the rheumatic materies morbi, or to the sixty grains of salicylic acid which had been administered. In coming to a decision upon that point Dr. Goodhart confessed himself to be influenced not so much by this one case as by his previous experience. Acute rheumatism is no doubt a very treacherous disease, especially in young adults; but before the introduction of the salicylic acid treatment his post-mortem experience led him to the conclusion that death was associated in some cases with hyperpyrexia without obvious tissue change; in others with pleuro-pneumonia, pulmonary œdema, and *severe* cardiac complications; occasionally and comparatively rarely with acute dilatation of the heart. Since the introduction of salicylic acid he had seen three cases where death was sudden, unexpected by the physician in charge, and in which the inspection did not discover any changes in the viscera sufficient to cause death. Was it a coincidence that these cases had occurred since? All the three were girls or young women, and in all it was a first attack. Coming, as this case did, the last of three, determined him to bring it forward, as one, possibly, in which salicylic acid had acted prejudicially in a manner and with a rapidity hitherto unrecognised. This was the more necessary because the mode of death had no special symptoms attaching to it which pointed decidedly to the drug as a harmful agent, and under similar circumstances, supposing that death was caused by the drug, it is quite possible that the ill result might be attributed wrongly to other causes. Death in such cases must, if ascribed to salicylic acid, be attributed to sudden collapse and failure of the heart's action, symptoms known to be produced by salicylic acid, and some such cases of sudden collapse have already been observed and recorded by others, though perhaps rather in association with a more sudden fall of temperature. Such cases have led to the recommendation of caution in the size of the dose of the drug in cases where there should be any sign of a failing heart, or towards the end of an attack. But in the case under consideration there was no such indication for caution, moreover, caution was never overstepped; so that the result, if it be a result, could only be averted, if at all, by commencing with a very small dose and gradually increasing it. Dr. Goodhart thought that, in dealing with a drug which so quickly and so completely saturates the system, which, in some cases, and one could hardly foretell when, produces severe nervous symptoms, in others sudden collapse, this is always the wiser plan to adopt, and in many cases the smaller doses seemed to him to be all that are required for the relief of pain.

Dr. BUZZARD on

### A CASE CHARACTERISED BY SYMPTOMS OF ACUTE RHEUMATISM WHICH TERMINATED FATALLY ON THE TENTH DAY.

The patient was a previously healthy lady, aged forty-two, who got a chill coming out of the opera, on July 26th, and four days afterwards was taken with shivering "queerness" in her head, noises in her ears, and sleeplessness. When seen by Dr. Buzzard, on August 3, in consultation with her own medical attendant, Mr. Airoy, she lay in bed complaining of these symptoms, of deafness in the right ear, and imperfect hearing in the left, with constant nausea and aversion from food. The pulse had been at times as low as fifty-six, and there was much prostration. The temperature was normal, there was no paralysis, diplopia, or change in the fundus oculi; the heart sounds and breathing were normal. She had never had otorrhœa, and the deafness had only been coincident with her illness. Restorative food and remedies were prescribed. On August 5th a great change had taken place. The temperature was 103 deg. Fahr., the pulse 106, face flushed, left knee-joint swollen, very painful and powerless. There had been much sweating. Urine acid. Heart sounds normal. She was ordered fifteen grains of salicylate of soda every three hours. On August 7th, Dr. Buzzard found the temperature 99 deg., the pulse 108, the respiration 38, the heart sounds normal; the state of the lungs behind could not be ascertained. The swelling of the left knee was considerably reduced, but the right knee was now greatly swollen and painful, and also one of the finger joints. Careful inquiry and examination failed to discover any wound or sore. There was great prostration. Brandy in frequent doses was prescribed, and the salicylate ordered to be given at longer intervals. The patient sank next day. Dr. Buzzard remarked that he saw the patient upon three occasions. On the first the symptoms were entirely cerebral in character. On the second, although they pointed strongly in the direction of acute rheumatism, yet he could not help a strong feeling that the case was one of pyæmia, the cause of which, however, could not be ascertained. No doubt pyæmia did occasionally occur without any discoverable wound; he had known it happen in connection with a simple fracture, and in another case from an ulcer of intestine, found after death. In the present case all efforts to procure an autopsy were fruitless. He had not the slightest belief that the salicylate had been of injurious influence, as the patient's condition from the first was exceedingly grave. Not more than twelve doses were taken.

Dr. BRISTOWE said he could recall two cases of sudden death following acute rheumatism. In one of these the patient suddenly fainted, and died in St. Thomas's Hospital, the post-mortem showing the heart to be quite healthy. This took place long before the introduction of the salicylate treatment. The second case was observed a year or two ago, and in it also no salicylate had been administered. The post-mortem examination revealed deterioration of the muscular tissue of the heart, and death probably ensued from endocarditis, there being no other appearances of cardiac disease. He inclined to the belief that Dr. Buzzard's case was one of pyæmia. Within the last few days a patient in St. Thomas's Hospital had died suddenly, in whom the rheumatic odour of the skin, rapid pulse and acute pain had been noticed. Excision of the shoulder-joint had been performed in this case, and on post-mortem examination pus was found in quantity, together with pericarditis and pulmonary apoplexy.

Mr. HENRY LEE thought the cases read to the Society were not examples of acute rheumatism, but of such a kind as usually come within the ken of the surgeon. Frequently some skin eruption is the first indication afforded, and he remembered one case in which, though it fared well eventually, scarlet fever was diagnosed, whereas the real evil turned out to be actual blood-poisoning. He considered Dr. Goodhart's case to be one of blood-poisoning also.

Dr. HENRY GREEN did not consider that Dr. Goodhart's notes were conclusive. He had spoken of "contracted heart," but this did not necessarily imply non-alteration of the cardiac muscular tissue. He (Dr. Green) was of opinion that examination of the tissue after rigor mortis had passed away might reveal considerable muscle degeneration, spite of the contraction during the temporary rigid condition, and he could not be certain from Dr. Goodhart's description that some such chang was not present in his case.

Dr. GLOVER urged the importance of clearly describing the particular form of the drug (salicylate) employed in these cases. But he demurred to the practice of drawing definite inferences from isolated cases. He was glad to hear Dr.

Bristowe express a belief that the case reported by Dr. Buzzard was one of pyæmia.

Dr. MACLAGAN believed the case was one of acute rheumatism. Fatty degeneration, he observed, must be excited by some predisposing cause. Salicylate had been largely given in febrile and non-febrile conditions, but bad results attended its employment only in acute rheumatism. He had not, however, experienced results so bad as those encountered by Dr. Goodhart. The question to be decided was whether the fatal termination in the latter case must be attributed to the rheumatic poison or the salicylate, He felt that fatalities were more likely to occur under salicylic treatment than during any other. Myocarditis, a common attendant on acute rheumatism, is predisposed to by endocardiac inflammations, and in dealing wfth them he saw no reason to exclude the fibrous structures of the heart from participation in these changes, recognising rheumatism of the heart as of the joints. He could not assent to Dr. Goodhart's proposition that salicylates and *salicylic acid* are identical in action, and could adduce examples in proof. The influence of the poison and the action of the remedy ought to be considered in their relations to one another.

Dr. MAHOMED considered Dr. Goodhart's case to be a typical one of acute rheumatism. He had paid much attention to the sound of the heart in patients recovering from the disease, and he found that the first sound is often absent during convalescence following treatment with salicylate of soda. His experience, however, extended only over the period during which the salicylate has been in general use. Recently, on seeing a case of typhoid for which salicylate was being prescribed, he prophesied that serious evils would attend its use; and in confirmation the pulse went to 160, was thin and flickering, and all the symptons of impending death from heart failure supervened. The administration of salicylate having been discontinued, the pulse fell to below 120, and the patient subsequently made a good recovery. He felt certain that one additional dose of the drug would have caused death. He never saw the first heart-sound undergo the same change in so short a time in fever.

Dr. BARLOW inquired whether, in Dr. Buzzard's case, an examination had been made of the tympanic membrane. He thought the case might be one of internal otitis without rupture of the tympanic membrane, and followed by suppuration. The changing situation of effusion did not, he considered, militate against the case being one of pyæmia.

Dr. DOWN had found salicylate of soda produce depression in many instances, but he had not to record any death through it in his practice. He had often been compelled to discontinue giving salicylic acid, which he administered in large doses repeatedly, but the bad effects he encountered were not noticeable when he employed salicylate of soda. He doubted whether Dr. Goodhart's case was one of true rheumatic fever. In consultation he recently saw a patient, aged twenty-two, who had profuse sweating, with high temperature, but in whom the rheumatic skin odour was not present. He expressed the opinion that it was not true rheumatism, and the after-history showed him to be right, phlebitis setting in, and ultimate recovery taking place. He insisted on theimportanceof accurate diagnosis in such cases.

Dr. GOODHART defended his opinion of the case, and said that a very careful examination of it confirmed him in the belief he had recorded. The patient had been troubled with a nasal polypus, and this led him to look, but in vain, for pyæmic sources. Nevertheless, it might be an instance of obscure blood poisoning. Replying to Dr. Green, he thought that the heart might fail even when no perceptible structural changes were visible in its tissue. With respect to the varying action of the forms in which the drug under discussion exists, he could find no satisfactory records, the greatest confusion existing thereupon in books, and it was impossible to say anything definite concerning them.

In replying, Dr. BUZZARD thought Dr. Barlow's suggestion an important one, and deserving consideration. He had inquired at his first visit as to the existence of otorrhœa, but there had been none. He, however, doubted whether otitis would altogether account for the grave cerebral disturbance at first noted, with a very low pulse and a normal temperature. He was disposed to consider the case one of pyæmia, in spite of the obscurity of its causation, and the fact of the strong resemblance of the symptoms to those of acute rheumatism.

Mr. NORTON exhibited bones taken from a patient whose case was described to the Society on Nov. 14th.

# Department of Lunacy.

## THE LUNACY INQUIRY COMMISSION.

THE Blue Book containing the report of the late "Poor-law Union and Lunacy Inquiry Commission" is a work of great interest from many points of view, and seems to us to have received, both from the medical and general public, far less attention than it deserves. One of the most unfortunate characteristics of social life in Ireland is the difficulty there is in obtaining a hearing from the general public for any questions not having an obvious bearing on party politics, even when such questions relate to matters so far removed from the domain of party as the due organisation of great public charities. It is therefore not surprising that the labours of this Commission should have received little notice from newspaper readers. But the condition and the interests of those who are afflicted with the most terrible of all diseases should never be a matter of indifference to the medical profession. To members of the medical profession the unhappy class of lunatics owe every great amelioration that has taken place in their condition since the time when they were treated like the worst criminals, when they were fettered with chains and beaten with whips. The Irish physician especially may remember with pride that to the high talents and bold enthusiasm of an Irishman are due the final expulsion of cruelty and restraint from the Pharmacopœia, and the establishment on a firm basis of the rational and humane method of treating the insane.

We feel, then, that we need hardly apologise to our readers for entering at some length upon a consideration of the report before us, touching as it does upon almost every point of importance connected with the lunacy department in Ireland.

Without doubt the most important question which the Commissioners have investigated is that of the additional provision so imperatively required in Ireland for imbeciles and idiots. It has been long felt that our present asylum arrangements are insufficiont for this purpose. It will be recollected that when Mr. Gladstone introduced the Irish Church Bill some years ago he referred to the notorious deficiency under which Ireland laboured with regard to the proper maintenance of a large portion of the insane, and mentioned the surplus that would remain after disestablishmentas a fund out of which the requisite provision could be easily made. Long before that time, however, the attention of Government had frequently been directed to the incompleteness of our asylum accommodation, and the wretched condition of the insane at large. Various commissions had examined into the matter and reported upon it; but their labours were followed by no legislation, and led to no results. The reports of these older commissions not unfrequently crop out in the document before us, being sometimes referred to by the recent commissioners for purposes of comparison, and sometimes quoted to lend emphasis to conclusions at which the latter had arrived by independent investigation. It is earnestly to be desired that this last effort after improvement will not be equally inoperative for good. Some months ago Lord O'Hagan expressed his intention of not bringing forward the bill he had prepared on the subject, as he understood Government was about to take the matter up. Lord Cairns, in replying to the ex-Chancellor's remarks, gave utterance to something more than a hope that legislation would not be much longer deferred. Under these circumstances it is perhaps not going too far to expect a Government measure next session. It will be much to be deplored if the matter is allowed to drop.

It may strike our readers to inquire how it comes about that additional provision for the insane is an urgent question in Ireland, and not in other parts of the United Kingdom. The alleged fearfully rapid increase of insanity in Ireland may be regarded as at least problematic, and we believe the true reason is to be found in the poverty of the country. In England the simple and ready step of building a large number of new asylums could be immediately taken, and if more money were spent than the necessities of the case absolutely required, it would be a matter of comparatively small consequence. Unhappily the reverse holds good in Ireland. Money is hard to get, and all classes feel the necessity of economy. Money for public purposes is scarcely to be had. The cost of building an asylum is very great; indeed—considering the financial condition of the country—enormous. Again, the maintenance of an asylum, even though the Irish asylums are conducted on a far cheaper scale than the English, is a very costly affair, quite sufficiently so to be a very heavy burden on an already impoverished district. Happily in human affairs necessity, painful at first, often brings about the best results by the ingenuity it forces us to exhibit. If such changes could be effected, that all the neglected insane in the country could be brought under due supervision, and that large numbers of imbeciles and idiots whose lot is now most miserable, could be placed where they would obtain the care and attention they require, while at the same time the extreme overcrowding of our asylums was relieved, and these were thus rendered more valuable than at present as curative establishments, a great step being made in the direction of that *classification of the insane under treatment*, the lack of which is so much felt—if all this could be done at an expense comparatively trifling, the average cost per head of all the patients to be detained being very much less than it is for those now in our asylums; and this although the acute and curable cases of insanity whose treatment must always be expensive would receive no less care than at present; if, in a word, the leading recommendations of the Commissioners, whose report we are considering, were carried out, the Government would not have need to regret having studied economy, since the result would be far more beneficial to the insane than if the public money had been lavished in constructing and supporting a large number of new and costly asylums.

Be this as it may, the state of affairs that at present exists can scarcely be characterised as other than disgraceful, and surely calls loudly for legislative interference. In the 27th Report of the Inspectors of Lunatic Asylums in Ireland (referred to in the volume under review as "The Last Report") the number of lunatics of whom the Lunacy Department has cognisance is stated as amonnting to 12,373.

Besides these there are, according to the constabulary returns, 6,709 lunatics "at large;" in other words the number of lunatics at large equals rather more than half the number that is under the care of the lunacy department. (a) Of the lunatics at large 4,479 are returned by the constabulary as idiots.

Some no doubt will ask does "at large" necessarily imply "neglected?" Is not the condition of some of the lunatics mentioned in the constabulary returns what it ought to be? Of the total number 1,886 are returned as "belonging to the middle classes," and though it must not be too readily taken for granted that all these are well-cared for, yet it does not appear that legislation is urgently needed in their relief. Far otherwise is it with the unhappy individuals "belonging to the lower class." "Without," say the Commissioners, "assuming the existence of cruelty or gross neglect in the treatment of this class of poor, or without doing any injustice to the kind and charitable feeling that is ordinarily extended to them by all classes—by the humbler classes especially—it is yet certain that owing to thoughtlessness, ignorance, inability to control them, narrow resources of large and struggling families, great misery is inflicted upon these helpless beings. The Royal Commission of 1857 obtained a return of "lunatics at large" at that time, which professed to exhibit the condition as to treatment of that class. From that return it appeared that of the total number, 3,352, no fewer than 1,583 are returned as "neglected." While within the last 20 years, the number of that class has increased by more than 100 per cent.—from 3,352 to 6,709—we doubt whether there would be found to be any diminution in the proportion of those who may be still classed as "neglected."

*(To be continued.)*

## ACCOMMODATION FOR CHRONIC LUNATICS.

The magistrates of Lancashire evidently do not anticipate a speedy diminution in the insanity of that populous county, as they are providing largely increased accommodation for their pauper lunatics, who numbered altogether 7,130 on the 1st of January, 1879, of whom 4,322 were in asylums, and 2,617 in the various workhouses of the county. Some seven years ago a fourth large asylum was opened with but temporary relief to the older establishments. All the available space continuing fully occupied, and many applications for admission being refused for want of room, a special committee was appointed to investigate the subject of lunacy accommodation, and on their recommendation it was resolved at the annual general session for the county, held two years ago, that an annex for chronic harmless lunatics should be built in connection with each of the four existing asylums. Three of these annexes, with accommodation for about 2,000 inmates, are now in process of erection at a total cost of £210,000 for the buildings alone. The plans for the fourth, to contain 1,000 patients, have not yet been completed.

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(a) Compare the English statistics. According to the Report of the Commissioners in Lunacy for 1878, there are in England and Wales 70,823 insane persons. Of these 6,000 are returned "at large or with friends (paupers)," to whom however we must add an "estimated 2,500."

The system adopted seems to possess the elements of economy, efficiency, and convenience.

Its advantages are that—

The classification of patients will be facilitated, and the transference of cases from annex to asylum, or *vice versa*, can be effected as desirable, without formalities or obstacles of any kind.

The harmless and incurable inmates may very well be maintained at less expense than when associated indiscriminately with acute and curable cases; whilst living in proximity to the asylum proper, and being under its administration, their labour and services will still be retained.

This plan differs somewhat from that adopted in Middlesex, of having large, separate workhouse asylums for quiet, incurable cases, for which a special Act of Parliament would be necessary.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 14, 1880.

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## THE REPORT OF THE CHLORAL COMMITTEE.

THE Committee appointed by the Clinical Society of London to investigate the evils consequent on the use of chloral, presented their report on Friday evening last, and an abstract of the paper will be found in another part of our present issue. The best that can be said of it is, that it is unsatisfactory, meagre, and conveys scarcely any information calculated to be of service in guiding the practitioner in his decision regarding the administration of the drug. The essence of the report will be in that part of it withheld for the time, and which, as an appendix, will be available only when the whole results of the Committee's labours are embodied in the published proceedings of the Society. Under existing circumstances, seeing that the question of chloral-poisoning has lately been prominently brought before our notice, and the importance of definitely settling the position which shall in future be held by the substance, it is especially unfortunate, and withal tantalising, that so little of a really valuable nature has been the outcome of the action taken by the Clinical Society in this matter. The nett results of the investigation amount simply to a recapitulation of facts already familiar to the majority of practitioners, and briefly stateable in the conclusion that sometimes the administration of chloral is attended with danger, but that it may, as a rule, be given with no positive ill effects for an immediate consequence. What more is this, we are tempted to inquire, than might be inferred from the experience of any one, or any dozen men, who have been accustomed to resort to the prescription of chloral as a valuable and ready means of affording relief to patients who, without the assistance of some hypnotic, are debarred from the therapeutic advantages which rest confers in illness. It is not too much, surely, to expect that more, much more than this, ought to result from a prolonged consideration of such evidence as the committee should have been in possession of. In justice to the members, however, it is right to bear in mind the complaint they have issued, to the effect that they have been most inadequately assisted in the quarters where assistance could have been most efficiently rendered. We are told that the issue of a thousand circulars requesting detailed answers to certain set questions, brought back only some seventy replies; and we may conclude that fifty per cent., at least, even of these, were not of a description likely to avail the Committee to any great extent in their work. The fact itself, notwithstanding, reflects small credit on either the willingness of the profession at large to advance the progress of therapeutic science, or to respond with any alacrity to a desire for increased knowledge, the gratification of which, though for the general good, involves the personal inconvenience of themselves. The labour that they are sought to expend is but slight; the heavy part of it is the work connected with sifting and arranging the results obtained from scattered sources of information; and it cannot be too greatly regretted that an unwillingness to do the little that is demanded, when so much is offered in return, should be as widespread as the experience of the Committee in their search after data has demonstrated.

We must take exception to the manner in which the Committee has seen fit to prosecute its inquiries in part. The idea of collecting the individual experiences of a number of practitioners is certainly good: but the same cannot be said of the attempt to obtain reliable information concerning the public abuse of chloral from those interested in its increased consumption. It is the delusion of folly to base any conclusion on the evidence of chemists, in the way of determining the ill consequences of a free trade in poisonous drugs. The chemist who retails the medicine cannot possibly be a judge of the consequences, immediate or remote, that follow from its use. He is not like the medical attendant, the recipient of any personal confidences; he is solely and simply a *vendor*, and with the receipt of the amount for which he consents to supply the material he has on sale, his interest, and in the greater number of instances, his acquaintance with his customer, ceases. Moreover, holding the precarious position he does, knowing that the association with him of any facilities for the misuse of poisons is damaging to his commercial interests, he, may be easily absolved from any intention to obstruct the due progress of an investigation that may not improbably eventuate in the condemnation of his trade, and the imposition of restrictions that would seriously curtail the profits thereof. In all sincerity, possibly even believing that he is conscientiously fulfilling the requirements of his interrogators, he may yet, from his imperfect knowledge, or absolute ignorance of the fate of those who purchase his drugs, be led to yield answers that are in direct contrariety with actual facts. Much more effectual information might have been obtained by the Committee, if, instead of wasting time over the chemists, it had directed its attention to the records for the past ten years of the coroners' inquiries. A circular note addressed to every coroner in the country, asking his aid in the way of a statement, easily made from his private notes, of the number of deaths attributed in his district, within a given time, to the misuse of chloral, would have yielded a harvest rich in results eminently service able to the Committee; and we venture to think the intelligent assistance, over and above the mere acquiescence in the demand, that would have been shown by the law officers, would have done something to counterbalance the censurable apathy of the strictly professional witnesses.

The "Appendix" which is promised is to include the observations of one member of the Committee, Dr. Andrew Clark. He promises the record of five or six cases in which he directly observed the effects of chloral on the human system. Though it is a matter for congratulation that this much of actual information will be perpetuated, it is with keen regret that we recognise how little, compared with the great possibilities, has been accomplished.

The conclusions of some eminent authorities in lunacy are contained in the report, among them being Dr. Clouston, Dr. Maudsley, Dr. Lindsay, and others. The general result is against the use of chloral in cases of insanity; but even here the information is too undefined, too indeterminate, to justify anything approaching to the expression of dogmatism on the subject discussed.

It is undeniable that the question is one of vast importance, especially so since the public is concerned in a greater degree perhaps than in any other question of a similar nature. Popular favour is largely enlisted in behalf of chloralism, and if it be true—as the report certainly fails to demonstrate—that the drug is primarily noxious, then it is a paramount duty to check the destructive influence it is exerting. For this, if for no other reason, nothing but an *exhaustive* inquiry will be productive or satisfactory. And in prosecuting an inquiry that is *to be* exhaustive, recourse must be had to *every* fount of information. However laborious the work it will entail, it must be thorough, it must be full, ere any reply can be given to the question that is the basis of the whole investigation. Not only do we want to know the ages of patients to whom chloral has been given; the immediate and remote effects on them; and the condition into which its influence brings them eventually; but to give completeness to the investigation, only those cases ought to be dwelt on in which the constitutional symptoms have been observed and recorded, and the prior condition noted.

But the larger aspect is that of the influence of the drug on the bulk of the people who use it indiscriminately: and concerning this the police-court and the coroner's jury are the witnesses whose testimony will be essential and invaluable.

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## THE IRISH LECTURE CERTIFICATE SYSTEM.

We venture to offer to the profession our condolence upon the obviously approaching demise of this venerable —if not estimable—institution. The well-worn proverb that "Abuses die hard" has been certainly fulfilled to its utmost letter by the tenacity of life of this system; but at length we see that its component parts are manifestly falling to pieces, and that, within a year or two at most, we shall speak of the present method of granting lecture certificates in Ireland, as we did of the apprenticeship, and congratulate ourselves that we are not as other men were who tolerated and were participators in so objectionable a system.

As we have pledged ourselves to a fatal prognosis, we must detail the symptoms which lead us to despair of the continuance of the system. Some years since, it may be recollected, the Board of Trinity College, Dublin, promulgated an order to its Medical Registrar, the Rev. Dr. Haughton, that, for the future, no certificates should be recognised which emanated from a certain medical school in Dublin, because—in their opinion—those certificates were obtainable without any *bonâ fide* attendance whatever, and because, as a matter of fact, sheaves of certificates of "diligent" attendance were produced by students who could not possibly have attended even a small percentage of the lectures respecting which the certificates were issued. The disfranchisement of this school produced no practical result in the way of reform, for it never had had any considerable share in the education of Dublin University graduates, and it therefore lost nothing by being shut out from recognition of Trinity College, while the other Irish and Scotch Colleges continued, with complete serenity, to receive as proof of medical study the certificates which had been publicly branded as false.

The University of Dublin followed up this disfranchisement by the issue of an order that no certificate should be accepted for its degrees unless the grantor of it took a regular record of attendance, and would pledge himself that the student had attended at least three-fourths of the entire course. This rule is still in force, and consequently students who contemplate seeking a Dublin University medical degree are expected to hand in their cards to the lecturer at each attendance, but those who intend to enter the profession by other portals are at perfect liberty to absent themselves as often as they please, and, as a general rule, are never refused a certificate of "diligent" attendance.

Of the public exposure of the Irish certificate system it is hardly necessary to observe that neither the Irish Branch Medical Council (who were fully conversant with all the facts) nor the General Medical Council took any notice whatever until the Rev. Dr. Haughton was admitted to the Council as representative of the University of Dublin, when—at its meeting in July, 1879—we find that the following proceedings took place :—

The Rev. Dr. Haughton moved :—"That the Council do proceed to inquire what precautions are taken by the several medical authorities and corporations to secure that the certificates accepted by them from the several medical schools and hospitals guarantee a definite amount of attendance on the part of the holder on lectures, dissections, laboratory work, and hospital work ; and are not merely receipts for money paid without inquiry into the actual attendance of the holder of such certificates."

There were, he said, two classes of certificates given in the medical schools and hospitals of Dublin—one did not give any guarantee as to attendance ; in the other, it was certified that the student had attended so many lectures.

Sir James Paget said that any rules that the Council might make could be evaded. The certificate of attendance must be judged of according to the name of those signing them ; and if there were any teachers who did not act as gentlemen, but signed falsely, the blame rested with them.

Dr. Haughton's proposal was negatived by a majority of twelve—to six votes—but on the following day, on the motion of Dr. Pitman, the President asked of the Rev. Dr. Haughton the following question :—

Whether, if his knowledge were not confidential, he would give the Council the name of the medical school to which he yesterday referred, as having given untrue certificates of attendance on lectures ?

The Rev. Dr. Haughton answered that in his statement referred to in Dr. Pitman's question, he had alluded to one Dublin school and one Dublin hospital, and that he regretted that he was unable to name the school or hospital, in consequence of having obtained his knowledge *ex informatâ conscientiâ*, from the confessions of former students of Trinity College, Dublin.

It was moved by Sir William Gull, seconded by Mr. Simon, and agreed to :—

"That the Branch Council for Ireland have its attention drawn to a statement made by a member of this Council to the effect that certificates of attendance have been issued in a Dublin school to students who have not given such attendance, and that the Branch Council be requested to inquire into this matter, and to report thereon to this Council at its next meeting."

We believe that the Branch Council has—in pursuance of this order—addressed a letter to Dublin schools and hospitals, requesting information as to the method adopted of checking the attendance of students, and that it has, within the past week, directed a second request for such information to those schools and hospitals which have proved reticent.

Still one other symptom of the dissolution of the Irish certificate system has presented itself within a few weeks which—by itself—is worthy of note as an illustration of the results of the most disreputable method of procedure Finding that neither a personal presence at lectures or hospital, nor medical study of any sort, was essential to the obtaining of certificates of "diligent" attendance, a large number of young men have been encouraged to enter the medical profession without any real medical study whatever. These *soi-disant* students are engaged for the entire working day, and often for the evening also, behind counters in shops, banks, and offices, and their system has been to enter their names for lectures and hospital at the beginning of each session to occupy the three years of their supposed study in putting together the money for the subsequent purchase of the certificates, and, at the end, to resign their employment, buy up the documents, and devote themselves ardently to six months' grinding, and to the passing of their examination. Those examinations having, of late years, somewhat improved in severity, these young men have found an increasing difficulty in getting through them without any knowledge, and they have, therefore, moved the managers of certain schools—and of the Carmichael College amongst others—to provide them with courses of evening lectures, which that school announced by public advertisement its intention to do. Thereupon the Council of the Irish College of Surgeons was moved to adopt, and did adopt, the following resolution deprecatory of the proposed system.

"That in the opinion of this Council, the system about to be introduced into two of the Dublin schools of medicine, as stated in the public advertisement, of giving courses of lectures late in the evening and at night, in addition to those given during the day, is objectionable, and should not be put in practice."

This resolution having been communicated to the Carmichael College, a reply was returned which was also—in substance—communicated by the Carmichael College to the General Medical Council, and appears *in extenso* in their minutes for Nov. 28, 1879. It contains the following passages :—

"It is a notorious fact that a considerable number of the medical students in Dublin are employed as clerks, assistants, &c., in such a way as to render regular attendance on lectures in the day time an impossibility.

"It is not for the directors to say how such students obtain their certificates. The only official information they have on the subject is the following :—

"1. They know that students who would otherwise join their school are deterred from doing so, owing to their rule which requires attendance on half of each course of lectures.

"2. A request was forwarded to them, through one of their lecturers, from some students that courses of evening lectures should be established. In this request it was stated that the students in question were desirous of availing themselves of the lecture system ; that they could not attend in the day time ; that if we did not establish evening lectures they would have to go to a school that did not require attendance ; and that they considered it a great hardship to have to pay for lectures which they could not possibly attend."

After referring to the action of the Irish College of Surgeons, the letter proceeds :—"It has been stated that men in business ought not to be encouraged to become medical students, and the authority of the General Medical Council, in recommending that four years should be spent exclusively in the study of medicine, has been urged in support of this view. In both statements the directors most fully concur ; but they fail to see, as men in business *are* permitted to be medical students, that it is not a great deal better for them to have the opportunity of gaining such knowledge as the directors believe can only be obtained from lectures than that they should not."

The circumstances to which we have referred, are those upon which we base our prognosis, that the monstrous system current in Ireland of certifying the "diligent" study of students, whom the certifier never saw, and possibly never heard of, has at length come to an end, and that, with it, tumbles down the enormous edifice of fee-paid lectures, which has been erected by teachers upon the shoulders of over-burthened students.

It seems evident that the system can no longer be kept quiet or ignored. It has been publicly denounced by the representative of the University of Dublin in his place in the Medical Council. It is to be the subject of a special report by the Irish Branch to the next meeting of the General Council. It is submitted directly and officially for the opinion of the Council by the Carmichael College, and, without doubt, it will be the subject of investigation by the Select Committee of the House of Commons.

Having already, on many occasions, laid bare the abuses of the Irish certificate system, it remains for us only to add our testimony to that of Dr. Haughton and of Dr. Reuben Harvey, the Secretary of the Carmichael College, and to assure those whom it may concern, that the statements made by those gentleman are strictly true, and even fall far short of the whole truth.

It is unhappily necessary to confess that under the existing system the fulfilment of a curriculum of study, as testified by the signatures of teachers, is in Ireland, at least, absolutely worthless as proof that the student has learned anything. The certificates that he has "diligently" attended certain courses of lectures, and months of clinical instruction, are, in many instances, and may be in any particular instance, altogether unreliable, and if they were to be read literally, would be nothing less than a series of documentary falsehoods. We are bound to do the teachers who sign them the justice to say that—in the great majority they are incapable of deliberately making a statement which they do not know to be true, and that they are induced to testify as to the "diligent" attendance of an unvouched student, because they hold that a certificate has ceased to be what it professes to be, and that is, as Dr. Haughton said, merely a testimonium that the student has paid for instruction, and that it is at his disposal if he pleases to avail himself of it. Viewed in any other light than this, certificates must be stigmatised as a fraud—disgraceful to the person attaching his name to them, and to the student who accepts them, and doubly disgraceful to the system which has countenanced such an imposition. That certificates of diligent attendance are regarded by Dublin teachers simply as receipts for fees is manifest from the fact within our knowledge that, some years since, a bundle of such certificates were recognised as admitting a number of candidates to examination, although they were signed by a lecturer who was not in any way connected with the school in question at the time when the lectures purported to have been delivered, and who, therefore, was in the position of certifying to the diligent attendance of students whom he never saw upon lectures which he never delivered. As we have said, on a former occasion, instances might be quoted in which students have presented the usual evidence of having "diligently" fulfilled the four years of their curriculum of study, and obtained their diplomas almost with honour after the usual examinations, though they had been engaged behind desks in banks or counting houses for the entire working day during which their lectures and hospital studies were supposed to have been attended, and the career of students thus licensed to kill or cure might be followed by their appointment within a few months, as hospital surgeons and clinical teachers, in which capacity they, for the first time, commenced the true study of their profession. It is a well-known practice for needy students to undertake service behind an apothecary's counter, and to continue in that employment steadily and regularly engaged in dispensing and attending to the shop business until within a few months of the time of their examination, at which period, having saved up by their service behind the counter a sum sufficient to pay for their certificates of "diligent" attendance at hospitals and lectures, and for the services of an experienced "grinder," they leave the service of the apothecary, submit themselves to a hasty "cramming," and are in due time impressed with the stamp of medical compentency by a licensing corporation. Certificates have, however this much value, that they do testify truthfully that the student, having paid for the courses of his instruction, has at least had the opportunity of learning afforded to him, and has, so far, had an inducement afforded to him to avail himself of that instruction. We do not for a moment mean to infer that certificates do not frequently represent work done, and valuable instruction given, but we assert that they are readily obtainable by the idle and ignorant students, and are no proof of anyone's assiduity or capability.

## Notes on Current Topics.

### Royal College of Physicians of London.

We have been furnished with a programme of the lecture arrangements at the College for the present year. It is as follows:—The Gulstonian lectures will be delivered by Dr. Gowers, on Feb. 20, 25, and 27, the subject chosen being "Epilepsy;" the Croonian lectures will be delivered by Dr. Cayley, on March 3, 5, and 10, subject, "Some Points in the Pathology and Treatment of Typhoid Fever;' the Lumleian lectures will be delivered by Dr. W. Roberts, on March 12, 17, and 19, subject, "Researches on the Digestive Ferments and the Preparation and Use of Artificially Digested Food." The time of delivery is the same in every case, namely, 5 o'clock, and the days of the week are likewise the same, Wednesdays and Fridays. Members of the profession are admitted on presentation of their card.

### The Health of Dublin.

The deaths registered in the Dublin district during the week ending the 3rd January, represent an annual mortality of 43·3 in every 1,000 of the population. The death-rate in eight large towns of Ireland (including Dublin) last week was 39·8. In twenty large English towns inclusive of London (in which the rate was 31·5), 29·1; in Glasgow 22·9; and in Edinburgh 24·2. Fifty-three deaths from zymotic diseases were registered, being 5 less than in the preceding week, but 21 over the average number in the last week of the last ten years; they comprise 4 from small-pox, 13 from measles, 15 from scarlatina, 2 from croup, 6 from whooping-cough, 3 from fever, 3 from diarrhœa, &c. The registered deaths from small-pox (4) are 1 less than in the week ending 27th ult., but the number of new cases of the disease admitted into the Dublin hospitals rose from 17 to 36. The mortality from scarlatina was exceeded in only one week during the year 1879, namely, in that ending 15th November, when 19 deaths were registered. The deaths from this disease have been 9, 9, 13, 6, 8, 19, 15, 15, 12, 14, 10, 9, 15, respectively, for the last thirteen weeks.

### Frozen Medicines.

IT is asserted by Dr. Edwyn Andrew, in the *New York Medical Record*, that many drugs can be given with superior advantage by first freezing them. Antiseptic, astringent, anti-emetic, and nauseous medicines come under this head, and can be combined with ice without difficulty. An especially good feature of this plan is in its affording a possibility of the stomach's retaining medicines which it would reject when given in ordinary ways.

### Multiple Licensing in America.

THE Censors of the Medical Society of the county of New York, in a report on this subject, observe—"In the whole of Great Britain there are, we believe, only about twenty licensing bodies, while in this State alone there are probably between 100 and 150. In this county there are at least twelve bodies that habitually exercise this power."

### Medical Men and Coroners' Courts.

AN adjourned meeting was held last evening at the Coroner's Court, St. Pancras, to consider the present relation of medical men with the Coroner's Court. As the subject is one of great importance, we propose devoting space to a discussion of the question, and the results arrived at, in our next issue. At the former meeting held just before Christmas nothing definite was arrived at. A proposal was made that a "referee" be appointed to superintend all post-mortem examinations, who should receive a fixed fee of one guinea for each occasion. The objections to this plan are obvious, and we expect to see them dwelt on at the meeting to-night.

### The London Hospital.

ON Tuesday, Wednesday, and Thursday of last week, a series of dramatic representations took place in the large room of the Nursing Home at the London Hospital. The performances were conducted by members of the resident staff, and the hospital students, aided by certain of the sisters on the nursing staff. The result was highly successful, and redounded to the credit of the stage manager, Mr. W. Blagdon Richards, under whose supervision the whole took place. The example set by the London is one that might be followed with advantage by other of the hospitals in town. It shows that a spirit of good will exists between the several officers of the institution, and besides, a readiness on the part of the governing officials to lend a pleasant variety to the monotonous routine of hospital duty. We venture to think the liberal spirit that pervades the council of the Whitechapel charity is as conducive to good, honest work, and leads to as much hearty assiduity, as the petty ruling of other places which permits not the slightest relaxation from the strictest routine.

### A New Remedy.

WITH the coming summer we are threatened with the introduction of a new remedy, for which is claimed a wonderful efficacy in cystic and nephritic affections. The stigmata of maize, or "corn-silk," is the substance which, for our sins, is to be added to the list of new drugs already unconscionably longer than the list of benefits derived from their use. The mode of administration of the maize stigmata is to be the extract or syrup, the decoction being "unreliable." The results already obtained with the drug are rapid suppression of the painful symptoms of vesical catarrh and chronic cystitis. In cystitis subsequent to gonorrhœa, or when traumatic in origin, though the medicine produces marked diuresis, it excites increased pain. It may possibly be that the stigmata of maize do contain a product that will prove of therapeutic value, but the experience of recent so-called "new remedies" is not encouraging to the hopeful.

### Clinical Society of London.

THE annual meeting of the Clinical Society of London took place on Friday evening, when the secretary and treasurer presented their reports for the year 1879. Both officers' accounts of the progress and position of the Society are highly encouraging; and one subject of congratulation to the members is the fact that it has become necessary to invest the property of the Society in the names of trustees appointed for its custody. As the twelfth volume of "Transactions," recently issued, indicates, the Clinical Society is in the thirteenth year of its existence; and though that is but a short time compared with the life of some other associations, it would be difficult to point to any one which had in the same period done more or better work, work of eminent value in advancing the service and practice of medicine and surgery. With a very handsome nucleus of capital, it may be prognosticated that the future of the Clinical Society will in no way reflect on its early years. It has every appearance of a vigorous life, and with this the assurance of excellent work.

### Sir Joseph Fayrer on Typhoid.

IN his presidential address to the Epidemiological Society, Sir Joseph Fayrer expressed himself as having little doubt that the typhoid fever contracted by our soldiers in India is exactly identical with the form of the disease which might be contracted in any big town at home, from a water-closet, drain, sewer, well, or milk-can. But, he continues, "I believe also that perhaps as frequently, or more so, it is not; and this I believe not in regard to young European soldiers only, but of the whole population of India. In short, I am, and long have been, of the opinion that a form of fever exactly like European typhoid, except in its etiology, exists in India and other hot and malarious countries, and that it is due to climatic cause, not to filth or specific causes, such as give rise to it in England and elsewhere, and recent reports from India and other parts of the world seem to show that this view is gaining ground." He carefully asserts, however, that he does not dispute the existence of genuine *filth* typhoid in India. The official returns, which cannot be gainsaid, and his own experience, alike leave him in no doubt about it.

## A Sad Ending to an Army Surgeon.

The *Indian Herald* narrates the following melancholy circumstances which attended the death of the late Dr. Dumbleton, who was a young surgeon from St. Bartholomew's Hospital, who only arrived in India to join the Indian Medical Service last March, and was recently ordered to proceed to Peshawur. From Peshawur Dr. Dumbleton proceeded in medical charge of a draught *en route* to join the Kurrum Valley Force. Being but an indifferent horseman he was much galled by his long ride; in addition he suffered from a severe attack of fever, and when on the march the detachment met the 13th Bengal Lancers. The medical officer in charge of that regiment told Dr. Dumbleton that he was in an utterly unfit state of health to proceed; he also provided him with a pair of drawers. Thus relieved poor Dr. Dumbleton managed to push on to Ali Kheyl. Here he went to a staff officer, who saw from his miserable appearance that he was quite unfit to go further, and he said that he would make arrangements for some other surgeon to go on with the detachment. The poor lad went to his tent, threw himself down in his clothes, and fell asleep. Early next morning an officer of his detachment went to his tent and said, "Come, Dumbleton, it is time to get up; we must be off." Dr. Dumbleton replied that he was utterly unfit to go on, as he was so ill, and that arrangements had been made for another surgeon to take his place, and the officer left him. Dr. Dumbleton appears to have been a very sensitive young fellow, and he feared he should be accused of pretending to be worse than he really was. After a short time the officer of his detachment returned, saying that no arrangement had been made for another surgeon to go with them, that they could not march without one, and that go he must. Dr. Dumbleton replied that he could go no further, adding, "By God, I am not shamming," and the officer again left Dr. Dumbleton in his tent. He had only gone a few yards when he heard the report of a pistol, and rushing back to Dr. Dumbleton's tent, he found the poor young fellow dead with a revolver beside him—harassed to death.

## The Harveian Society's Soiree.

The annual *conversazione* of the Harveian Society took place last Thursday evening, when Mr. Henry Power assumed the presidential office. During the evening Mr. James Samuelson exhibited and described Rhodes' audiphone, a Transatlantic instrument for the purpose of aiding the acoustic perceptions of deaf people. The result of the experiments made at the *soirée* were, however, not encouraging to the inventor, for the general impression left by them was that the audiphone gave but little assistance of the nature claimed for it. It resembles an ordinary hand fire-screen, made of thin varnished metal, and mounted on a handle. By means of a string attached to the free end of the plate, and passing through a groove in the handle, the plate can be curved any desired extent, and being fixed in the position it is to maintain, is held lightly grasped between the teeth. The vibration of the plate, consonant with the utterances of the speaker, are then communicated through the teeth and the bones of the skull to the auditory apparatus and sensorium, and thus impressions of sounds are transmitted when the natural channel of reception is closed to them. The invention will very probably yield good fruit in the future, but it cannot be said that its exhibition on Thursday was a successful demonstration of its value.

A large number of valuable works of art, instruments, curiosities, &c., were exhibited at the *soirée*, especially some microscopical slides contributed by Mr. D'Arcy Power, Mr. Malcolm Morris, and Mr. Walter Pye. Among these were sections of elephantiasic skin that were peculiarly interesting by showing the hypertrophied structures with remarkable clearness.

## Great Expectations.

Last week the new Lord Mayor of Dublin, Mr. Gray M.P., was installed with the usual ceremonies. When the investiture was completed at the City Hall, and the Lord Mayor had taken the chair, he returned thanks for the honour paid to him, and referred at some length to local affairs; amongst other things he announced that the Council had taken considerable trouble for the purpose of carrying out great public improvements in Dublin. They contemplated expending during this year a sum of no less than £200,000 in public works; about £100,000 would be spent in re-paving the city, £35,000 in the carrying out of the provisions of the Artisans' Dwellings Act, £30,000 in improving the sewers, and other sums in the erection of abattoirs and similar necessary works. He further alluded to the large powers conferred upon the local bodies by the Public Health Act and the Municipal Privileges Act, which he thought would greatly tend to the ultimate improvement of the city. Dublin citizens will, no doubt, be grateful to the Lord Mayor and Corporation for the privilege of paying £200,000 in addition to their perennial taxation of over 9s. in the £1. But why will the Lord Mayor not promise a little energy in the reconstruction of tenement houses (which would not cost a shilling)? and is he not aware that the Corporation has possessed its sanitary powers ever since 1874, but has declined to use them? We pause for his Lordship's replies.

## The Purposes of Contagious Hospitals.

There was an animated discussion at the Metropolitan Asylums Board on Saturday last, the first meeting of the year, on the important question of the right of any public body to devote a building which has been once erected and devoted to the purposes of a small-pox hospital to the reception of patients suffering from other diseases. This arose in consequence of the reception of a letter from the guardians of the Hackney Union, complaining that the Homerton Hospital had been so appro priated. The Hackney Guardians stated that they had been acquainted with the circumstances which had induced the managers to utilise the small-pox hospital at Homerton for treatment of patients suffering from enteric fever. They were, however, apprised that it was the opinion of the medical profession generally that a hospital once appropriated to the reception of persons suffering from small-pox should be retained solely for that purpose. The guardians therefore considered, notwithstanding the explanation of the managers, that steps should be at once taken to make ready the Homerton Small-pox Hospital for the reception and treatment of patients suffering from small-pox, and not delayed until the pressure for accommodation of fever patients had subsided, as suggested by the managers.

Dr. Brewer presided at this meeting, which was fully attended, and after a full consideration of the subject and its applicability at the present moment, notice of motion was ultimately given by Sir F. H. Currie, calling upon the managers to reinstate with the least possible delay the Homerton and Stockwell Hospitals for Small-pox to the purposes for which they were erected, and that it be referred to the chairman of the hospitals committee to make the necessary arrangements.

This is a most important question, and if decided, as doubtless it will be, in accordance with the opinions expressed generally by the members of the Board, its influence will be quickly felt throughout the country.

## St. Virchow's Well.

THAT the great pathologist and opponent of dogmatic belief should himself become a miracle-worker is a funny satire. Yet the *Philadelphia Reporter* says that such is the tact. When he went last spring to look at Dr. Schliemann's diggings at old Troy, the rumour soon spread that he was a renowned healer of disease. Consequently, sick and infirm people flocked in daily increasing numbers to Hissarlik, from far and wide. There are no roads and no vehicles. So people came on foot, or on horseback, or riding on asses; even women coming thus from a long distance. Very infirm people were brought in great baskets slung across a horse's back, sometimes one on each side by way of balance. The patients used to range themselves in a long row, opposite the wooden hut in which Virchow lodged, each waiting patiently until his or her turn came.

But the joke remains to be told. While there Virchow had a well dug in the old bed of a stream, now dry, to obtain good water. Since he left, Dr. Schliemann writes that the inhabitants "regard the excavation and spring with veneration, and have fenced it around with stones. The spring is called 'the doctor's well,' and magical virtue is ascribed to it. Every one comes to draw water from it."

## Hydrobromic Ether as an Anæsthetic.

THE experiments of Rabuteau on the lower animals to demonstrate the anæsthetic properties of hydrobromic ether, have, says the *Boston Medical and Surgical Journal*, led Dr. Turnbull, of Philadelphia, to employ it on the human subject. His successful results have induced others to make trial of the substance, and Dr. Levis has used it for large operations at the Pennsylvania Hospital with gratifying success. Four cases are recorded, viz., amputation of the fore-arm at the upper third; perineal section for stricture of urethra; resection of stump after former amputation of the arm; and in a case of fracture of both legs, where it was administered in order that a careful examination might be made, and tenotomy be performed. The after-effects of the inhalation are less severe than those following the use of chloroform, and the return to consciousness very much more rapid. Though its claims to be admitted into general use are said to be strong, it is admitted that it needs more careful observation to establish it firmly as a safe anæsthetic in general surgery.

THE Adult Imbecile Asylum at Darenth in Kent, is in want of a medical superintendent. Applications for the post should be sent in before the 17th inst. to the offices of the Metropolitan District Asylums Board, 37 Norfolk Street, Strand.

AT the annual meeting of the Sheffield Literary and Philosophical Society held last week, Dr. Whiteside Hime, Medical Officer to the Sheffield Sanitary Authority, was elected president for the ensuing year.

BY telegraph from Afghanistan we learn that owing to the cold and exposure there is much sickness prevalent among our troops, both native and European. There are now upwards of one hundred and eighty cases of pneumonia in hospital.

WE learn from the local papers that a Derby chemist who was in the habit of taking a mixture containing prussic acid to relieve him from spasms, on his return home from a party early on Wednesday morning last week, put too much of the poison into his mixture, and the result was his death within a few hours.

THE next meeting of the Society of Medical Officers of Health will be held on Friday, January 16, at 7.30 p.m., at 1 Adam Street, Adelphi, when a paper will be read by Dr. Tatham, Salford, "On certain Reforms which appear desirable in the Statistical Reports of Medical Officers of Health."

VERY sad accounts of the condition of the populations come from Italy, especially the Neapolitan provinces. Fever has become epidemic over large districts; in a population of sixty-one thousand six hundred and seventeen, the sick amount to thirty-two thousand five hundred and eighty-seven; the deaths of a zymotic character, from the middle of July to the middle of December, were three thousand four hundred and twenty-three.

DR. CURTIS, Professor of Natural Philosophy and Registrar in the Queen's College, Galway, has been appointed an Assistant Paid Commissioner of Intermediate Education in Ireland. Dr. Curtis has been an Examiner for Degrees in the Queen's University in Ireland for nearly twenty years, and is also a member of the Endowed

School Commission, and by his promotion the Professorship in the Galway College becomes vacant.

THE *Medical Record* says of the doctors in Memphis in 1878:—All the homœopaths ran away when the plague existed. Of the forty-six regulars, ten ran away; of the thirty-six remaining, twenty-eight were attacked by the fever and fourteen died; eight had already had the disease and were not attacked at all..

ALTHOUGH the temperature in the United Kingdom has risen considerably during the past fortnight the death rate is, nevertheless, much above the average. Last week the rates of mortality per 1,000 were—Sunderland 20, Portsmouth 21, Oldham 22, Norwich 23, Bradford 23, Newcastle-upon-Tyne 23, Sheffield 23, Glasgow 23, Wolverhampton 24, Leicester 24, Edinburgh 24, Hull 26, Birmingham 27, Bristol 28, Manchester 28, Leeds 28, Nottingham 30, Liverpool 31, Brighton 31, London 32, Salford 32, Plymouth 35, and the highest rate of all Dublin 43.

IN the principal foreign cities the rates of mortality, according to the most recent official weekly returns, were—in Calcutta 36, Bombay 35, Madras 40; Paris 33; Geneva 19; Brussels 42; Amsterdam 33, Rotterdam 33, The Hague 36; Copenhagen 24; Stockholm 19; Christiania 12; St. Petersburgh 41; Berlin 24, Hamburg 29, Dresden 21, Breslau 27, Munich 32; Vienna 28; Buda-Pesth 32; Rome 42, Naples 27, Turin 29; Alexandria 40; New York 23 per 1,000 of the population. Small-pox caused 56 deaths in Paris.

THE death-rate from the seven principal zymotic diseases ranged from 0·0 and 0·8 in Wolverhampton and Portsmouth, to 5·3 in Liverpool, 7·3 in Dublin, and 9·1 in Plymouth. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne, Leicester, Dublin, and Bristol; measles in Plymouth, Hull, Liverpool, Bristol, and Nottingham; and whooping-cough in Salford, Newcastle-upon-Tyne, and London. Of the 27 deaths from diphtheria, 16 occurred in London, 3 in Birmingham, 3 in Liverpool, and 3 in Manchester. Small-pox caused 4 more deaths in London and Dublin, but not one in any of the other large towns.

LAST week Mr. H. Trimen, a young surgeon, was the victim of a cruel robbery in London. Having obtained a colonial appointment, he sold the few bonds he possessed for £300; this he deposited in a desk in the bed-room occupied by him at his chambers in Craven Street, Strand. A day or two later, when about to leave England, he discovered that the whole sum had been abstracted. He at once gave notice to the police, and one of the notes was traced to a waiter engaged on the premises. This man, a German, was at once arrested and committed for trial on Saturday last. In the meantime Mr. Trimen will have to remain in England to prosecute, and will probably lose his appointment in consequence.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending Saturday the 3rd inst., the deaths in Edinburgh rose from 90 to 101, giving a death-rate of 24 per 1,000. No deaths were recorded from fever, diphtheria, or small-pox, and the zymotic mortality was otherwise small.

THE MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending Saturday, the 3rd inst., were at the rate of 23 per 1,000 per annum against 27 in the preceding week, and 30, 29, and 28 in the corresponding periods of 1879, 1878, and 1877. The rate for the whole year ending 31st December has been the lowest on record in Glasgow, being 22 per 1,000. The rate for 1878 was 25.

DEATH FROM POISONING BY ARSENIC IN GREENOCK.—On the evening of the 5th inst. the wife of a nurseryman died in the Greenock Infirmary from the effects of oxide of arsenic. Antidotes were given, and every effort made to relieve the unfortunate woman, but without success. How the arsenic was taken does not transpire.

THE LADIES AND THE MANAGERS OF THE EDINBURGH ROYAL INFIRMARY.—At a meeting of the contributors to the Edinburgh Royal Infirmary, held on the 5th inst., a discussion took place on the proposal to appoint two ladies to the Board of Management. For the six vacancies which the contributors are entitled to fill, six gentlemen were nominated by Mr. David Smith, W.S., and seconded by Sir James Falshaw. The two lady candidates were then proposed by Treasurer Harrison and seconded by Mr. Charles Cowan. Some argument took place as to whether one of the ladies nominated, not being a member of the corporation, was eligible for election. Mr. Hope, D.K.S., the contributors' law-agent, was of opinion that she was, in these circumstances, disqualified, but the final settlement of this question was postponed till the result of the voting should have been ascertained. After some discussion, scrutineers were appointed to receive the votes, which were taken by voting papers. The result was 240 votes were given for the return of the gentlemen alone, 169 for ladies, and 53 persons gave in voting papers for both gentlemen and ladies.

GLASGOW ROYAL INFIRMARY APPOINTMENT.—At a meeting of the directors of the Royal Infirmary of Glasgow, held on the 5th inst., Dr. Johnstone Macfie was appointed to the office of Aural Surgeon to the Hospital, and Lecturer on Aural Surgery in the Medical School, in room of Dr. Cassells resigned.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages for Scotland it appears that the death-rate for the week ending 3rd January, 1880, was 21·9 per 1,000 of estimated population. This rate is 7·7 under that for the corresponding week of last year, and 3·2 under that for the week ending 27th December. The lowest mortality was recorded in Aberdeen—viz., 15·1—and the highest in Paisley—viz., 32·9. The mortality from the seven most familiar zymotic diseases was at the rate of 3·0 per 1,000, being a slight decrease on the rate for last week. Whooping-cough continues the most prevalent of these diseases. Acute diseases of the chest caused 169 deaths, being 40 under the number recorded during the last week of 1879. The mean temperature was 42·6, being 2·9 above that of the week immediately preceding, and 8·1 above that of the corresponding week of 1879.

**Glasgow Maternity Hospital.**—Dr. Brock, formerly out-door physician-accoucheur, has been elected an Assistant-Physician to this hospital, in room of Dr. S. Sloan, who was recently made physician.

## Literature.

### THE IRISH MEDICAL DIRECTORY.

The ninth yearly issue of this work is just out. It increases in obesity by age and has received an addition of about forty pages to its size since its last issue. As to its value as a reference record of the medical men resident in Ireland some judgment may be formed by reference to the obituary pages, in which may be found the names of our brethren of whose demise few would be aware save those whose knowledge is local. The same observation applies to the migration of the members of our profession and their consequent changes of public office, which would certainly escape the notice of any compiler who was not in daily observation of their comings and goings. The beneficial effect of this intimate acquaintance with Irish medical movements which the Editors of this Directory possess is manifest on reference to its pages, where will be found, but very seldom in comparison to its frequency in other Directories, the entry, "address unknown," or the name of a deceased or emigrated doctor. The accuracy of this part of the work is the more remarkable considering the absolute impossibility of eliciting an answer from some medical men to any letter addressed to them, and. on the whole, it may be truthfully said that there is no list extant of the Irish profession which at all approaches this in reliability. As to the other contents of the book, we find an equal difficulty in saying what it does contain and what it does not—the former, because an epitome of its contents would include almost every subject in which the profession in Ireland is interested—the latter, because we should not find it easy to hit upon an item of such information which it does not contain : Poor Law, Lunacy, Registration, Army, Navy, Charitable, Educational, Constabulary, Admiralty, Factory, Prisons, and all other public medical services in Ireland are supplied with exhaustive information special to themselves and of much interest to the general reader.

The specialities of the issue for 1880, as far as we observe them, are—*a.* The New Army Warrant ; *b.* The New Prison Rules ; *c.* The Habitual Drunkards Act ; *d.* The New Vaccination Act ; *e.* The Dispensary Houses Act ; *f.* The Prisons Act ; *g.* The Factory Act ; *h.* The Sale of Poison and Drug Adulteration Acts, and the new Sanitary Orders of the L. G. B. If these items be added to the connected details of former Directories we think we are entitled to say that nothing is omitted. The book is issued with commendable punctuality and in a most satisfactory form as regards workmanship, and, we should suppose, has come to be indispensable both to the profession and the public .

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## Correspondence.

### THE MORTALITY OF ROME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—May I ask from whom you get the figures published in your excellent medical journal concerning the weekly returns of the rate of mortality in the city of Rome ?

With your permission I will quote the statistics for two months from your columns—

Weekly mortality in Rome per 1,000 inhabitants.

| | |
|---|---|
| September 10 | 29 |
| September 17 | 27 |
| October 1 | 25 |
| October 8 | 29 |
| October 15 | 30 |
| October 22 | 31 |
| October 29 | 35 |
| November 5 | 30 |
| Total | 237 |

The total of those eight weeks here quoted is 237, which would give an average mortality of 30 per 1,000 inhabitants. As these figures did not agree with my notions, I applied to our *Direction of Statistics and Stato Civile* for an authenticated note of the rate of mortality of the corresponding weeks, and here is a copy of it—

Mortality in Rome per 1,000.

| | |
|---|---|
| Week ending the 6th September | 21·3 |
| " 13th September | 20·8 |
| " 20th September | 25·3 |
| " 27th September | 22·4 |
| " 4th October | 24·7 |
| " 11th October | 28·9 |
| " 18th October | 22·8 |
| " 23rd October | 29·1 |
| " 1st November | 23·0 |
| " 8th November | 26·2 |
| Total | 239·5 |

Medium average of the 10 weeks, 23·95. The actual rate of mortality during that time was therefore 24, not 30, as stated in your paper ; or in other words, you give to the city of Rome one-fifth higher mortality than the official returns.

I would have taken no notice of the outcry against the sanitary condition of Rome raised in England and abroad generally, but curiously, all these assertions about the pestiferous state of Rome have been since the time Rome ceased to be under Papal Government, and in the hands of the Government of Italy ! It is an undeniable fact that Rome during the previous administration was kept in such a filthy condition as to be worthy the appellation of "pig-sty." Now, Rome has grown, under its municipal administration, one of the cleanest cities of Europe. If it be true, that its sanitary conditions are now so bad, the natural inference would be, that the attention given to drainage, to cleanliness, to the removal of nuisances, and to the hygienic measures recommended by medical science, are evidently injurious to the health of the population. In order to ascertain the truth of these reports, I applied again to the Statistical Office.

No regular statistical returns were published or kept in the time of the Papal Government, and I cannot, therefore, make a comparison with those years and the present returns ; but as soon as the Italian administration took Rome, the Statistical Office was founded, and the *Stato Civile* ordered to be kept by the municipality with the utmost diligence and strictness, under the control of the judicial power, as the office forms the ground upon which is based the succession to property and the recruiting of the army.

The first year of the Italian occupation, and of the introduction of the statistical returns, was 1871, and the rate of mortality was reckoned at 31·6 per 1,000 inhabitants in that year. However, some objections may be raised about the returns of that first year, and, therefore, I will not take notice of it. Here is the account of the rate of mortality of the following years—

| Years. | Per 1,000 inhabitants. |
|---|---|
| 1872 | 37·1 |
| 1873 | 29·3 |
| 1874 | 26·6 |
| 1875 | 30·3 |
| 1876 | 28·3 |
| 1877 | 23·4 |
| 1878 | 23·0 |

In order to institute a comparison between the state of health of Rome, when the new administration entered, upon its duties, and that which succeeded, I will put in comparison the rate of mortality of the three first years with the rate of mortality of the three last years. The three first years give an average of 30·6 deaths for each 1,000 inhabitants, a figure which accords with the one of the previous (31·6) and of the following year 1873, which was 30·3. The three last years give as average by the years also, and upon 1,000 inhabitants, the rate of 24·9, that is to say that the rate of yearly mortality in the city of Rome has diminished by more than one-sixth from that which existed before ; or in other words, that the state of health is improved by one-sixth. Yet this is just the moment chosen by all the medical and lay papers, and by the medical profession, to raise such loud clamours about the unhealthy condition of Rome !

Such are the facts, the official facts ; but I hasten to declare that it is not by these general figures that any conclusive inference can be drawn about what is commonly reported of the fearful predominance of fevers in Rome. I cannot, at this moment, reply to these assertions with comparative tables. But allow me to add here a few considerations upon the subject, which may, perhaps, help to give a more correct idea of the actual state of things to those who wish to know the truth of what has been called *Roman Fever*. For all the Italian physicians, *Roman fevers* are the marshy fevers, *the agues* which dominate all over the *Campagna* from July to October, and attack the poor peasants who come chiefly from other provinces to work in that season. This fever disappears in winter; it does not attack at all the central quarters of Rome, and it is almost unknown amongst foreigners, who live in these quarters. But in the winter and in spring there are fevers in Rome as well as in the other great cities of Europe, to which foreign visitors are also exposed, and to which foreign physicians have given the name of *Roman fevers*, a name entirely unknown to Italians, if applied to these fevers. But upon this subject I could not say much in a letter, as the subject would require at least a large volume to be only attempted; but I will take the liberty of quoting a few points, which seem to me demonstrated by a practice of almost fifty years, of which I passed thirty-seven in Rome.

1. Typhus and typhoid fevers are less frequent in Rome amongst natives than they are in other large cities of Europe.
2. English and foreigners settled in Rome are almost never affected by such fevers.
3. Italians coming to spend the winter in Rome are very seldom affected with it.
4. Servants of the various hotels in which foreigners have been seized with such fevers are never affected with it, although in many cases they are Germans.
5. In my first 27 years' practice at Rome I scarcely met 4 or 5 cases of real dothienenteritis. Fevers had then the type of what we should call now cerebro-spinal; very few physicians thought it infectious, and no signs existed of any attack of Peyer's glands or Fuller's follicles.
6. When the French army occupied Rome in 1849, and for many years after, all the soldiers who took fever in winter and spring got it always of a dothienenterical, pythogenic, or typhoid form, if they were seized with it during the first six months of their arrival; but after eleven months not one took it but of the other form quoted above. This observation was communicated to me by Dr. Mayer, a distinguished physician who had charge of the health of the army, and with whom I had occasion to attend many fever cases.
7. During the last seventeen years fevers have taken the common pythogenic or dothienenterical form, and it is almost exclusively this form of fever with which foreign visitors are affected. It was in the first years more frequent and violent, now has grown less frequent and very mild.
8. No doubt many of these fever cases were originated at Rome, but probably many more originated by the infectious influence of other cities through which travellers passed, like Naples, where the drainage is very bad: on arriving in Rome, it developed after the known incubationary period. In my practice I have reckoned as many as thirteen out of seventeen cases which I had reason to believe originated *out of Rome*.

If you think these remarks may have any interest for your readers, or be useful to the profession, I shall be glad if you will publish them in your widely-read columns, asking you at the same time to make due allowance for a foreigner writing in the English language.

I am, &c.,

D. Pantaleoni, M.D.

102 Ripetta, Rome.

[It gives us pleasure to accord space to Dr. Pantaleoni's letter, which will doubtless be read with interest by many of our readers. We may add that our figures given weekly on the mortality of foreign cities are likewise official, being supplied to us by the Registrar-General. We would call our correspondent's attention to the figures in another column, by which he will see, that according to the last weekly return, Rome gives a death-rate of 42 per 1,000. In our issue for Dec. 31st the statistics furnished to us by the Registrar-General gave the death-rate of Rome at 41 per 1,000, this being in each case the highest of any foreign city, which is hardly compatible with Dr. Pantaleoni's views.—Ed. M. P. & C.]

## METHODS OF MEDICAL EDUCATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some recent numbers of the *Medical Press* having by chance fallen into my hands, I read in them with great interest the articles on the "Method of Medical Education," and while heartily endorsing everything that has been said in them, I would wish, with your permission, to add a few words on the subject from the medical student's point of view.

In my humble judgment there are three things which are absolutely necessary in order to simplify the whole system of medical education. What is required in the first place is an assimilation, as much as possible, of all the different medical degrees, so as to obviate the difficulty which meets the student at the very commencement of his studies of being unable to make up his mind which is the best degree to go in for. That subject, I believe, is at present being considered by the Government, and we may therefore, I hope, soon have some effective legislation in that direction. The second point I would strongly urge, as your paper also does, is a readjustment and subdivision of the examinations, and a kind of supplemental preliminary examination which would embrace the rudiments of those branches of medical knowledge which are at present required to be thoroughly mastered before even the first half examination can be passed. I am myself in my third year, and though I have tried to be fairly industrious, I must honestly confess that I have never yet opened a book on Chemistry, Botany, or Materia Medica, and I look forward with dismay to making their acquaintance, having been so long without even a rudimentary knowledge of them. While on this point I may mention as an illustration, whether of the good or evil results of the system of "cramming"—for it may be looked on in either light—that a friend of mine who has now a good practice in a certain large city, assured me that he had never opened a medical book until the *four months* previous to his going up for his examination, and yet he passed with flying colours.

The third point I would suggest is a more compulsory method of teaching; not of course like the ordinary schools, but by a strict and inflexible system of calling the roll for lectures, and a refusal to grant the certificates of attendance to those who are absent more than a certain small percentage of times. At present there is too much tendency altogether to let the student shift for himself as best he may, and act on his own discretion. Of course you will understand that I do not want us to be treated as mere schoolboys. We are supposed to have left all that behind us when we entered the medical profession; but I think it should be impressed on us more strongly than it is at present, that the study of medicine is no child's play, and that if we do not "scorn delights and live laborious days," we should at least bring to our studies as much assiduity and industry as is employed in any other business or profession.

Another point I would strongly urge is the doing away with compulsory attendance at hospital for the first year or so until at least an elementary knowledge of anatomy and physiology is acquired. The lectures might then commence earlier in the day, and more time could thus be given in the afternoon for study, grinding, and dissections.

Should you be good enough to give me space in your journal I would gladly return to the subject at another time, and touch upon some anomalies of medical education, which, with your influence, might be eradicated, or at any rate toned down. I enclose my card, but not for publication, and am,

Yours, &c.,

Rusticus.

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## ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With reference to my letter concerning St. John's Hospital, which was published in your issue of November 12th, it has been suggested to me that I ought to explain why I was not present at the meeting of Governors of the Hospital in September last, to make any complaints. To begin, it may be unnecessary for me to repeat the remark in my letter to the board, which may probably have led to a meeting of governors at a time when most of them were out of town, but I may state that in July last the Secretary sent round letters to the subscribers containing the following:—"For unavoidable reasons the annual meeting of governors has been postponed from time to time. It will now be held definitely next month (August) when the Board of Management earnestly hope,"&c., &c. During the next six weeks I kept a sharp look-out for any notice of the meeting to be held, but seeing none, I concluded, consistently with the Secretary's letter, that the idea of holding it at such an unusual season had been given up, and on Friday, the 5th September, I landed in Holland to take part in the International Medical Congress, which lasts eight days. On the following Tuesday, the 9th of September (not August) letters were written, and cards sent to governors for a meeting to be held on the following Monday, and when I returned next day (Tuesday, 16th) the first intimation I had of the meeting was that it had been held on the previous day. That the meeting should be called and held within the eleven days during which I was out of the country will strike most people unacquainted with the manner in which business is conducted at St. John's Hospital as a curious coincidence. I may also state that, although by the printed rules of the Hospital I was a governor for the year in question, I had no notice from first to last of the meeting, and no card of admission was forwarded to me.

Had I managed to obtain admission to that meeting, I should certainly have called attention to the item of £111 14s. put down in the accounts at page 13 as the amount received from patients, and I should have stated that according to estimates I have already challenged the board to disproved that figure was less than it ought to have been by at least £1,000. As in the case of a similar item mentioned in my last letter, "the serious question is, What has become of the balance?"

I should also have called attention to the number of out-patients alleged to have been treated during 1878, and asked how many patients paying five shillings a visit were put down as five patients, so as to swell the list and increase the grant from Hospital Saturday and Sunday Funds. In fact, to remove any doubt respecting the numbers of out-patients attending the Hospital, one has only to compare the numbers alleged to have been treated during the year 1877 as they appear in the last two reports. In the 14th annual report, at page 9, they are given as 23,540, while at page 7 of the 16th annual report (when was there a 15th?) they are put down for the same year as 20,074, only a paltry 3,466 out-patients to be accounted for in a year's accounts!

I might also have asked in how many annual reports the coachmaker's labourer died of cancer, and referred as well to many matters of public importance connected with this in many ways remarkable public charity; but fearing that I have already trespassed too far on your valuable space, I shall leave them with your permission for a future occasion.

I am, &c.,

George Hoggan,
Late Physician to St. John's Hospital for
Diseases of the Skin.

7 Trevor Terrace, Rutland Gate, S.W.
31st December, 1879.

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# Novelties.

## STRUTT'S ABSORBENT COTTON-WOOL.

Absorbent cotton-wool is far superior to the ordinary wool for application in many surgical cases, as for instance, discharges from the ear. For dentist's purposes there is no comparison between the two forms. Absorbent cotton may be readily carbolised, and then forms one of the best antiseptic applications. It is already largely employed in surgery, and as it becomes better known its popularity must increase.

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## RESORBENT DRAINAGE TUBES.

The attention of the profession in this country has recently been drawn by Mr. MacCormac, of St. Thomas's Hospital, to a new tube made of decalcified bone instead of india-rubber. These tubes are made from selected bones of horses and oxen; the hard earthy salts are abstracted by chemical action, until nothing remains but beautifully pliable gelatinised tubes. Thus treated they are said to cause less irritation than existing instruments, and we hear that Dr. Granville Bantock has just used them in a breast case with excellent results. The idea is due to Dr. Neuber, of Kiel, and from what we have seen and heard of them, these tubes are likely to supersede those previously in use. Another advantage claimed for them is that having served their temporary purpose, they melt away, and the dressings do not require to be changed for their removal. Dr. Neuber finds that wounds thus treated may remain without change of dressing from two to four weeks. The sole agents in this country for these tubes are Messrs. Krohne & Sesemann, 8 Duke Street, London, W.

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## A HYGIENIC STOVE.

The "Hygienic Stove and Grate Company" have introduced a stove that is admirably adapted for use in hospital wards, combining, as it does both advantages of an open fire and almost perfect ventilation. We have inspected the stove in action in several places, and we find it really does embody the essentials of a hygienic warming apparatus. By an ingenious arrangement a constant current of pure air is passed through a heating chamber, and thence enters the room free from noxious gases, while being at the same time undeprived of the moisture necessary for the healthy maintenance of the animal functions. In all other stoves one or other objection in present—either the heated air is dried to an injurious extent, or else it is incorporated with gases hurtful to those breathing it. The novelty has been for some time in use at the Queen's Hospital, Birmingham, giving great satisfaction; and it has been most favourably noticed at the late Croydon Exhibition. We venture to think that a wide appreciation and use of the stove will lead to the removal of much of the remediable misery connected with ward management; especially would its introduction lead to the alleviation of the distress at present experienced by delicate patients from the draughts of cold air which are admitted into wards for ventilating purposes; and its simplicity, together with the bright, cheerful appearance of the stove, render it a much to be desired improvement.

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## BILIN MINERAL WATER AND DIGESTIVE PASTILS.

Although introduced to this country as novelties, they will be recognised as very old friends by travellers on the Continent, especially in Austria and Germany, where the water is very widely drank both medicinally and as a table water. The source from whence the waters are bottled is at Bilin, in Bohemia, and from their alkaline characteristics, their richness in the bicarbonates, they should be principally useful in restoring the impaired mucous membranes to their normal functions, also in gouty or rheumatic complications. Possessing a considerable quantity of natural carbonic acid gas, it is not an unpleasant table water. The pastils are prepared from the waters by evaporation, and compounded as they are with sugar, form an agreeable method of taking the remedy wherever indicated. We may add that they have found their way into the Austrian Pharmacopœia, and are now introduced like so many other foreign waters into this country through the medium of a London house.

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## MALTED CHOCOLATE.

Extract of Malt having deservedly become such a popular remedy with the profession and the public, it is not surprising that a rivalry should exist among manufacturers for the best and most attractive form of its introduction. One of the newest, and certainly one of the most palatable, is that now before us in the shape of Extract of Malt combined with Chocolate Paste. The names of the manufacturers are so well-known for the excellence of their specialities, as to render criticism superfluous. Messrs. Allen and Hanbury are responsible for the Malt Extract, and Messrs. Fry and Sons, of Bristol, for the Chocolate Paste. Thus prepared, even teetotalers can enjoy a cup which really "cheers, but not inebriates," the extract being free from alcohol; whilst invalids and those who habitually drink cocoa will be enabled to partake of their favourite beverage, in combination with that useful restorative Malt Extract, in a most agreeable and assimilable form.

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## DUTCH COCOA.

The demand for non-alcoholic drinks is undoubtedly, and perhaps fortunately, assuming larger proportions, as the public begin to take an interest in, and understand the diet question. Commercial men are not slow to take advantage in these exigencies, and the demand is immediately met by supply. We have before us a cocoa which has recently been introduced to this country by Messrs. Tulloch and Sons, under the description of "Pure Dutch Cocoa." Having prepared it according to the directions given, a cup of refreshing aromatic cocoa, freed from all superfluous fat, was obtained. We are glad to notice the increasing demand for these unadulterated articles. But a few years ago, the uninstructed public imagined that unless cocoa was of about the consistence of treacle, it could not be genuine; our Reports on the cocoas of commerce altered this, and opened their eyes to the deception practiced by the addition of potatoe starch and bad arrowroot. This Dutch cocoa will doubtless take its rank side by side with the best English manufactures.

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## NELSON'S PURE BEEF-TEA.

Whilst yielding to none in our preference for beef-tea, made fresh and fresh from the meat, there are, nevertheless, innumerable instances where this is impossible; and here such a preparation as Nelson's prepared article becomes invaluable. It is a highly concentrated gelatinous substance, cut by machinery into very fine strips, the quantity for each cup is put up into small packets, so that the nurse has simply to empty the contents of one into a cup, pour in hot-water, and the beef-tea is ready for use. Thus prepared it has the aroma of beef-tea made by the ordinary process, and if allowed to stand till cold, a substantial and nutritive jelly will be found. On the whole, it is one of the best articles of the class we have ever examined.

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## NEW HEPATIC REMEDIES.

In an abstract of his experimental researches on the physiological actions of drugs on the secretion of bile, Dr Rutherford mentions a few comparatively new cholagogues which seem worthy of the attention of practitioners, and which we introduce to their notice.

Resina Hydrastis, or Hydrastin.—The root of the hydrastis Canadensis is admitted by all to be tonic, and by some it is said to be aperient, cholagogic, diuretic, antiseptic, &c. It contains an alkaloid, hydrastia or hydrastin, which has been found to be identical with berberin. The hydrastin employed by Dr. Rutherford was not the alkaloid, but a resinous substance prepared from the root of the plant by Keith and Co. The dose for a man of this preparation is from one to two grains. His experiments proved it to be a moderately-powerful stimulant of the liver and a feeble stimulant of the intestine.

Resina Juglandis, or "Juglandin," is an impure resin prepared as above from the root of the butter-nut (*juglans cinerea*). Regarding the properties of the bark of the butter-nut, Wood and Bache state that it is a mild cathartic, operating without pain or irritation, and resembling rhubarb in the property of evacuating without debilitating the alimentary canal. It was much employed during the late American Civil War by Dr. Bush and other army physicians. It is especially useful in habitual costiveness and dysentery. Nothing is stated regarding any influence on the liver. An extract of the bark is officinal in the United States. The dose of Keith's juglandin—the substance used in our experiment—is from two to five grains. In the dog it is a moderately powerful hepatic and a mild intestinal stimulant. It seems to be worthy of the practitioner's attention.

Resina Baptisiæ, or "Baptisin," is prepared as above from the root of the wild indigo (*baptisia tinctoria*). The root of this plant is said to be a powerful emetic and cathartic in large, and a mild laxative in small doses. Stevens, of Pennsylvania, recommends a decoction of the root in epidemic dysentery. It is said to have proved useful in scarlatina, typhus fever, and in that state of the system that attends mortification.

The physiological actions of this plant have apparently not been investigated, and it is nowhere stated that it is a cholagogue. The dose of baptisin for a man is from one to five grains.

Our experiments prove this substance to be in the dog a hepatic and also an intestinal stimulant of moderate power. It may possibly be found of service as a hepatic stimulant in cases of torpid liver, with a depressed condition of the system tending to gangrene. We recommend it to the attention of the physicians.

Richardson and Co., of Leicester, supply the above drugs in the form of pills.

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# Medical News.

**Bequests to Medical Charities.**—The London hospitals, and a few in the provinces, have just received some substantial bequests under the will of Miss Harriet Hurst, late of Stamford. These are: the London Hospital, £5,000; the Middlesex Hospital, £3,500; £3,000 each to University College Hospital, St. George's Hospital, and the Stamford, Rutland, and General Infirmary; £2,000 to the Westminster Hospital; £1,000 each to the Cancer Hospital, Brompton; Charing-Cross Hospital; St. Mary's Hospital; the General Infirmary at Hertford; the Hertfordshire Seaside Convalescent Home; the Wolverhampton and Staffordshire General Hospital; the National Hospital for the Paralysed and Epileptic; the Asylum for Idiots, Earlswood; the Hospital for Sick Children, Great Ormond Street; the Hospital for Consumption, Brompton; and the City of London Truss Society; £500 each to the Huntingdon County Hospital; St. Peter's Hospital for Stone, the Royal Medical Benevolent College; the Royal Free Hospital; the London Lock Hospital; Lincoln Hospital; Kent and Canterbury Hospital; Royal London Ophthalmic Hospital; Metropolitan Convalescent Institution, Walton-on-Thames; Hospital for Women; Evelina Hospital for Sick Children; and the Hitchin Infirmary; £300 each to the Hospital for Diseases of the Skin, Samaritan Free Hospital for Women and Children, and the National Orthopædic Hospital.

## NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Indian Medical Candidates are notified that an examination for twenty-three appointments as Surgeon in H. M. Indian Medical Service will be held in London on February 9th. The announcement will be found in our advertisement columns.

Mr. T. P. T.—The gentleman named has ceased to act in that capacity.

Hunterian Society.—This (Wednesday) evening, at 7½ o'clock, Council Meeting.—8 o'clock. Dr. Herman, "On a Class of Cases in which Relief may be given by the Use of Vaginal Pessaries."—Dr. Braxton Hicks, "On Lateral Obliquity of the Pregnant Uterus."—Dr. Galabin, "On a Case of Unusual Pelvic Deformity."

**Mr. Salmon.**—We consider the last edition of Naphey's "Therapeutics" decidedly more useful to the general practitioner than Ringer's.

**Prof. Landolt** is thanked for his appreciative note. The subjects contained therein will be referred to in our next.

## ARCTIC EXPLORATION AND ALCOHOL.

*To the Editor of the* Medical Press and Circular.

Sir,—The agitation (which I trust will shortly be crowned with success) for a new Arctic Expedition being vigorously carried on, permit me to direct the attention of your readers to the propriety of exercising the utmost caution in the selection of the men. The experience of Capt. Kennedy's and of other Arctic expeditions indicates the superior health and the greater capacity for work and for endurance of a company to whom no alcohol is served out.

Bearing in mind the comparative failure of our last expedition, and the evidence given before a committee of the House of Commons thereon, would it not be wise to select a crew composed entirely of abstainers (if a sufficient number can be obtained), and to provide for an adequate supply of good lime-juice in an available form, as well as for the purity and mellowness of the very small amount of alcoholic liquor which should be allowed only in the medicine chest?

Your obedient servant,
Norman Kerr, M.D.

47 Grove Road, Regent's Park, N.W.,
Jan. 10, 1880.

**A Provincial Practitioner.**—We are not supposed to know the composition of all quack remedies, but we believe *Mrs. Winslow's Soothing Syrup* (an American nostrum) consists of ordinary sugar syrup flavoured with an alcoholic tincture of fennel, a little essential oil of carraway seed, and a solution of sulphate of morphine. The quantity of this latter drug differs, some bottles containing but the merest trace, in others as much as a grain and a-half to the fluid ounce has been discovered as evidence of its dangerous character.

**Obstetrical Society of London.**—This evening, at 8 o'clock, Specimens: Ruptured Fallopian Tube, by Dr. Godson; New Instruments, by Dr. Heywood Smith; One-headed Twin Monster, by Dr. Hilliard.—Paper: Dr. Champneys, "On the Pain in Pelvic Cancer, and its Relief by Morphia."

**Mr. F. V.**—It was noticed in our issue of December 24.

**A Guy's Man.**—We were first to lead the way about the nursing; our contemporaries have followed suit. At present the matter is in abeyance, as we understand the medical staff intend to at once appeal to the general body of governors on the action of the lay treasurer.

**Royal Institution.**—Thursday, Jan. 15, at 3 p.m., Mr. H. H. Statham, "On Modern Architecture since the Renaissance."

**Harveian Society.**—Thursday, Jan. 15, at 8½ p.m., Dr. Goodhart, "On Anæmia as a Cause of Heart Disease."—Dr. Broadbent, "On Venesection."

**Editor of "Exchange and Mart."**—Letter, on "Traffic in Charity Votes," with our views thereon, will appear in our next.

## THE METRIC SYSTEM.

As we are frequently asked for information on the metric system, we shall publish the annexed and other tables from time to time, with the view of assisting our readers in what is rapidly becoming a difficulty, in consequence of the frequent use of the metric notation by writers, both in our own and other journals:—

### METRIC MEASURES OF LENGTH.

| | | | | | | |
|---|---|---|---|---|---|---|
| Millimetre | 0·001 | of a Metre | equals | 0·03937 | inch | |
| Centimetre | 0·01 | ,, | ,, | 0·39370 | ,, | |
| Decimetre | 0·1 | ,, | ,, | 3·93707 | ,, | |
| Metre | 1 | Metre | ,, | 39·37079 | inches | |
| Decametre | 10 | Metres | ,, | 393·70790 | ,, | |
| Hectometre | 100 | ,, | ,, | 3937·07900 | ,, | |
| Kilometre | 1000 | ,, | ,, | 39370·79000 | ,, | (1 mile) |
| 5 Kilometres | .. | ... | equals 3 miles | | | |

### METRIC MEASURES OF WEIGHT.

| | | | | | |
|---|---|---|---|---|---|
| Milligramme | 0·001 | of a gramme | equals | 0·015 | grain |
| Centigramme | 0·01 | ,, | ,, | 0·154 | ,, |
| Decigramme | 0·1 | ,, | ,, | 1·543 | ,, |
| Gramme | 1 | Gramme | ,, | 15·432 | grains |
| Decagramme | 10 | Grammes | ,, | 154·328 | ,, |
| Hectogramme | 100 | ,, | ,, | 1543·234 | ,, |
| Kilogramme | 1000 | ,, | ,, | 15432·348 | ,, |

454 Grammes equal to 1 lb.

### METRIC FLUID MEASURES.

When using the metric system, fluids are preferably prescribed by weight, employing the gramme, its multiples and sub-divisions, just the same as with solids, thus avoiding the errors due to refraction, adhesion, and inaccurate measuring vessels.

For practical purposes, four grammes of water may be regarded as equivalent to a fluid drachm of that liquid. And the same may be considered true of tinctures and infusions. Syrups, on the average, are about one-third heavier than water, so that a fluid ounce of a syrup will be approximately represented by 43 grammes. Fluids may be prescribed by volume in the metric, just as in the present system, using for that purpose the cubic centimetre, that is a volume represented by a cube, all of whose sides measure one centimetre.

One cubic centimetre (C.C.) equals 16·231 minims. It is approximately regarded as one-fourth of a fluid drachm.

*Mem.*—Approximate weights of 20 drops of the following:—

| | Grammes. | | Grains. |
|---|---|---|---|
| Ether Sulphuric at 66 deg. .. .. | 0·35 | equal to | 5¼ |
| Liq. Hoffman .. .. .. .. | 0·45 | ,, | 6¾ |
| Alcohol at 80 deg. .. .. .. | 0·45 | ,, | 6¾ |
| Oil of Almonds .. .. .. .. | 0·55 | ,, | 8¼ |
| Acid Acetic at 10 deg. .. .. .. | 0·60 | ,, | 9 |
| Essential Oil of Peppermint .. .. | 0·65 | ,, | 9¾ |
| Distilled Water .. .. .. .. | 0·75 | ,, | 11¼ |
| Laudanum .. .. .. .. .. | 0·70 | ,, | 11 |
| Acid Sulphuric, 60 deg. .. .. .. | 1·20 | ,, | 17½ |
| Syrups at 35 deg. .. .. .. .. | 1·50 | ,, | 23 |

## VACANCIES.

Birmingham General Hospital.—Registrar and Pathologist. Salary, £130, with board and residence. Applications to the House Governor before Jan. 26.

City of Dublin Hospital.—House Surgeon. Salary, £100, with allowance. Election, Jan. 26. (See Advt.)

Hungerford Union.—Medical Officer for No. 3 District. Salary, £80, with the usual extras. Applications to the Clerk of the Union before Feb. 10.

Irvinestown Union, Irvinestown Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Jan. 21.

Manchester Royal Infirmary.—Resident Surgical Officer. Salary, £150, with board. Applications to the Chairman of the Board by Jan. 17.

Metropolitan Asylums District.—Medical Superintendent for the Adult Asylum at Darenth. Salary, £400, with extras. (See Advt.)

New Winchester Union.—Medical Officer. Salary, £100, with the usual extras. Applications addressed to the Guardians, St. Peter Street, Winchester, before Jan. 30.

North Dublin Union.—Medical Officer to the Workhouse. Salary, £150. Applications to the Clerk of the Union before Jan. 27. (See Advt.)

Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £100, with fees, and £12 as Medical Officer of Health, and £10 for boat hire. Election, Jan. 24.

Queen's College, Galway.—Professor of Natural Philosophy. Election, Jan. 26.

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## APPOINTMENTS.

**Armstrong**, J., M.B., L.R.C.S.Ed., a Physician to the Liverpool Infirmary for Children.

**Browne**, J. W., M.B., M.R.C.S.E., Medical Registrar to the Middlesex Hospital.

**Burnett**, R. W., M.D., M.R.C.P.L., a Physician for Out-patients to the Great Northern Hospital.

**Elliot**, G. S., M.R.C.P.Ed., F.R.C.S.Ed., Medical Superintendent of the Metropolitan Asylum District Asylum, Caterham.

**Gabbett**, H. S., M.B., L.R.C.S.I., Medical Registrar to the London Hospital.

**Lowe**, H. G., M.R.C.S.E., Resident Surgical Officer to the General Hospital, Birmingham.

**McLaren**, C., M.B., C.M., House Surgeon to the Bury Dispensary, Lancashire.

**Penny**, C. H., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer for the Wymondham District, and Medical Officer of Health for the Wymondham Sub-district of the Melton Mowbray Union.

**Reid**, W., M.B., C.M., Resident Medical Officer to the Jersey General Dispensary.

**Shann**, F., L.R.C.P.L., M.R.C.S.E., Third Honorary Surgeon to the York County Hospital.

**Army Medical Department.**—Deputy Surg.-Gen. J. E. Moffatt has been appointed Principal Medical Officer of the Dublin District in succession to Deputy Surg.-Gen. E. Gilborne.

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## Births.

**Dougan.**—On Dec. 28, at Portadown, co. Armagh, the wife of George Dougan, M.D., of a daughter.

**Walker.**—On Jan. 3, at Shrubland House, Hackney, the wife of W. Newman Walker, M.R.C.S.E., of a daughter.

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## Marriages.

**Colenso—Kerr.**—Jan. 7, at St. Giles's Church, Oxford, R. J. Colenso, M.A., M.B. Oxon., M.R.C.S.E., elder son of the Bishop of Natal, to Emily Anne, daughter of the late Thomas C. Kerr, of Hamilton, Canada.

**Palmer—Fawcett.**—On Jan. 8, at Holy Trinity Church, Weston-super-Mare, Francis C. Palmer, L.K.Q.C.P.I., M.R.C.S.E., of Brigg, Lincoln, to Laura Augusta, daughter of the late Benjamin Fawcett, of Torfels, Weston-super-Mare.

**Waddington—Young.**—On Jan. 8, at St. Peter's, Lincoln, Frank Waddington, M.R.C.S.E., Armley, Leeds, to Augusta, daughter of J. M. W. Young, Lincoln.

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## Deaths.

**Bancks.**—On Jan. 4, at Cheltenham, Thomas Bancks, M.D., F.R.C.S., late of Stourbridge, Worcestershire.

**Bookey.**—On Jan. 7, at 28 York Street, Dublin, Richard Bookey, M.B., aged 34.

**Collis.**—On Oct. 26, at Port Blair, Andaman Islands, John George Collis, M.D., aged 32.

**Colledge.**—On Jan. 6, at Cheltenham, Caroline Matilda, widow of T. Richardson Colledge, M.D., F.R.S.Edin.

**Foster.**—On Jan. 7, at Huntingdon, Michael Foster, F.R.C.S., aged 69.

**Irvine.**—On Dec. 30, at Irvinestown, co. Fermanagh, Alexander Irvine, L.R.C.S.I., aged 46.

**Leney.**—On Jan. 4, at Southampton, Alexander Wm. Henry Leney, M.B., L.R.C.S.I., eldest son of Dr. Leney, of Bray.

**Mainwaring.**—On Dec. 22, at Dudley, William Mainwaring, L.S.A.L., aged 80.

**Ponsford.**—On Dec. 30, at University College Hospital, from blood-poisoning contracted in the discharge of his duties as Physician's Assistant, L. C. Ponsford, aged 23.

**Scott.**—On Jan. 2, at Clifton House, Beeston Hill, Holbeck, Leeds, William Scott, M.R.C.S.E.

**Shirres.**—On Dec. 20, at Gateshead, David Shirres, L.R.C.P.Ed., aged 35.

**Taylor.**—On Dec. 28, at Easton, Elgin, Dr. James Taylor, formerly of the Hon. East India Company's Service, aged 76.

**Yonge.**—On Dec. 25, at Liskeard, John Francis Duke Yonge, M.D., aged 65.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 21, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

On Alcoholic Vascular Tension, and its Effects. By John C. Thorowgood, M.D., F.R.C.P., Physician to the City of London Hospital for Diseases of the Chest, &c., &c. .......... 37

### TRANSLATIONS,

Ophthalmological Notes. Translated by Archibald Hamilton Jacob, M.D. Dub., F.R.C.S.I., formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary .......... 38

### CLINICAL RECORDS.

St. Mary's Hospital—
  Double Popliteal Aneurism—Aneurism in Right Scarpa's Triangle- Double Aortic Bruit—Ligature of left Femoral Artery—Recovery—Rupture of Femoral Artery near Seat of Ligature four weeks after Operation—Amputation—Inability to arrest Hæmorrhage—Death. Under the care of Mr. Norton 39

PAGE

### TRANSACTIONS OF SOCIETIES.

Harveian Society of London .......... 41
Sheffield Medico Chirurgical Society 41
Epidemiological Society .......... 42
Society of Public Analysts .......... 43

### DEPARTMENT OF LUNACY.

The Lunacy Inquiry Commission—II .... 43

### SPECIAL.

France .......... 45

### LEADING ARTICLES.

Coroners and Medical Men .......... 46

### NOTES ON CURRENT TOPICS.

The New Director-General, *Navy* Medical Department .......... 47
Charing Cross Hospital .......... 48
Tight-Lacing .......... 48
The Irish Prisons Surgeons .......... 48
Local Temperature in Surgical Affections 48
The Anti-Vaccinators at Limerick .......... 49
Poisoning by Aniline .......... 49
The Vacant Commissionership of Irish Poor-law .......... 49

PAG

Influence of Phosphorus on the Urinary Secretion .......... 50
Lead in Butter and Confectionery .......... 50
Chloral .......... 50
The Hendon Tragedy .......... 50
Hysterectomy at the Richmond Surgical Hospital .......... 50
Internal Use of Tar .......... 50
The Frog Cure .......... 51
Decalcified Bone Drains .......... 51
Administration of Castor Oil .......... 51
Quis Custodies Custodes? .......... 51
Effect of Sugar on the Teeth .......... 51

### SCOTLAND.

The Mortality of Glasgow .......... 52
Registrar-General's Returns .......... 52
Glasgow Lock Hospital, &c., &c. .......... 52

### CORRESPONDENCE.

Trephining of the Skull .......... 53
Traffic in English Pseudo-Charity Votes .. 53

### OBITUARY.

Dr. William Budd—Dr. Pagenstecher—Dr. Hume—Mr. William Allen .......... 54
Medico-Legal Intelligence .......... 54
Literature .......... 54
Notices to Correspondents .......... 56

# Original Communications.

## ON ALCOHOLIC VASCULAR TENSION, AND ITS EFFECTS.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.,
Physician to the City of London Hospital for Diseases of the Chest, &c., &c.

Some will say, on observing this title, that it suggests the idea of an individual being what is termed "tight" from the effects of drinking too much, and this is precisely the idea on which I am desirous to enlarge, for the familiar word "tight" expresses a deeper physiological meaning than may at first sight appear.

Some months ago a young gentleman, robust in frame and of healthy aspect, came to me in much alarm on account of his having coughed up about a teaspoonful of blood. I examined his chest very carefully, and could only say that there might be a little congestion about the right lung. I saw him again in a week, and he then told me that in the interval he had seen two very distinguished physicians, one of whom had given him a written opinion that he thought there was slight congestion of the right lung, the other said he could find no sign of disease in the chest. Now, this young man had a firm quick pulse, a coated tongue, and a hot skin, and owned to habitually drinking an amount of ale and spirits that quite startled me. He evidently had a strong propensity for alcoholic liquors, and one of his physicians said plainly to him that he would rather have a tendency to consumption than have such a liking for to alcoholic beverages as had the patient. I told him he certainly got a good two guineas' worth of advice, and recommended him not to forget it.

The case seemed to me to be one of by no means an uncommon class, where a constant state of vascular tension issues in a hæmorrhage, it may be from the stomach, bowels, or lungs.

Persistent excess in the use of alcohol by a healthy person maintains a condition of extra pressure and strain on the small vessels, which at last finds relief in a hæmorrhage.

If the patient be somewhat on in years and have weak degenerative vessels, then a condition of tightness and over pressure is most dangerous. How often do we have to see a robust looking man suddenly struck down by cerebral hæmorrhage. Probably he has had a good dinner and drunk liberally, and when the doctor arrives, and finds the poor man senseless on the sofa, everyone says that he had been congratulated only the day before and told how well he was looking.

Supposing the vascular tension induced by a too free use of alcohol does not at once issue in a bleeding, it appears to maintain a constant strain on the heart and vessels which seriously impairs the nutrition of these structures, so that the weak and wasted coats of the blood vessels become very prone to laceration and rupture—a condition well expressed by the popular term "rotten from drink." Thus cirrhosis of the liver and granular disease of the kidney may be set going.

The variability in the degree of blood pressure, according as the patient is or is not under alcoholic influence, produces a singular irritability of the nervous system. Sleepless nights with palpitating heart, morning retching and coughing, and utter want of appetite for breakfast, are among a few of these effects.

Want of decision on momentous points, impatience and recklessness, tinglings, numbness, and shooting pains, are other signs of disturbed innervation.

The sudden withdrawal of all stimulus from these persons who have been living in a perpetual state of excessive tension and strain is followed by more or less collapse and sense of exhaustion and sinking, driving a few weak ones back to the drink as being their only safeguard from doing something dreadful.

The best advice to give during this very painful and trying crisis is to encourage the patient to outlive it, by assuring him that it is but temporary, and to take care that he is well supplied with the best of nourishment, and with good fresh coffee when he feels especially down and low, while at the same time he takes a bitter tonic medicine, and under this regimen, and a fair amount of resolution on his own part there comes in time a renewal of life, and a restoration of nerve that is most satisfactory to witness.

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# Translations.

## OPHTHALMOLOGICAL NOTES.

Translated by ARCHIBALD HAMILTON JACOB, M.D. DUB., F.R.C.S.I.,

Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary.

### *Contributions to the History of the Development of the Human Eye.* (a)

In the human embryo at about four weeks the crystalline was not yet separated from the *stria cornea*. Although there was at this level a depression of the ectoderm, the author does not venture to pronounce an opinion as to whether the crystalline is at first a full body, becoming at a later period an empty one, or whether it be from its first appearance empty.

The homogeneous vitreous body, without cells, was already in existence between the crystalline and the retina, although the sanguinary vessels had not yet penetrated into the interior of the ocular vesicle. It was in direct communication with the mesoderm.

The internal limiting membrane of the retina is already in existence at this early epoch of intra-uterine life.

### *The Determination of Astigmatism.* (b)

For the determination of astigmatism the author recommends the following modification of Snellen's star (*étoile de Snellen*) :—Instead of equal and equidistant rays, groups of three lines are arranged round a common centre with intervals of ten degrees ; these lines become thinner towards the centre, as in No. 12 of Snellen's ladders (*échelles de Snellen*). Their size towards the centre corresponds to No. 6 of Snellen ; therefore, if there be a difference of refraction in the meridians of the eye, on Van Haaften's figure being viewed from a distance, the groups of lines will be distinguishable in different degrees, *e.g.*, at the periphery, $V^6_{12}$ will be sufficient, whereas at the centre $V^6_6$ will be required.

Then follow statistics of 735 cases (1,273 eyes) of astigmatism, observed by Snellen since 1869, the degree and nature of the astigmatism being given. These statistics form a sequel to those already published by Snellen. (c)

### *On the Depth of the Anterior Chamber of the Eye.* (d)

The author has modified an instrument, already described by Donders ("Report of the Fourth International Ophthalmological Congress," held in London, August, 1872), for measuring the depth of the anterior chamber. According to a table of data obtained by the examination of 41 eyes, we find that the depth varied from 2.68 to 3.67 mms. (from the anterior surface of the cornea to the edges of the pupil), the mean depth being 3.19 mms. In 19 emmetropic eyes the depth was found to be 3.065 mms. ; in 13 myopic 3.266 mms. ; and in 9 hypermetropic 3.09 mms.

### *Report on the Vision of Railway Officials.* (a)

Donders has made a series of experiments, highly important, inasmuch as they clearly prove that even with the ordinary coloured signals, used on the line on which they are employed, railway officials suffering from colour-blindness frequently make mistakes which might seriously affect the railway service. Donders constantly makes use of his *quantitative method* (small pieces of coloured paper on a dark back-ground) for the discovery of chromatic anomalies, and has, on all occasions, found it eminently successful.

### *Pathological Demonstration on the Incomplete Decussation of the Optic Nerve in Man.* (b)

Nicati has proved that in the cat decussation of the optic nerve is incomplete, and Dr. Gowers has observed in man a case of lesion of the optic tract, which for precision and clearness of demonstration, is but little inferior to an experiment in the laboratory.

A man, æt. 40, who had for some months suffered from headache, came for advice ; he was suffering from left typical hemiopia, part of the field of vision of each eye being defective. During several months he was attacked by epileptic-like fits, followed by left hemiplegia, and death. On examination a small tumour was discovered in the infero-internal part of the temporal lobe, at that part where it covers the cerebral peduncle ; the tumour had traversed the optic tract, and attacked the cerebral peduncle. This optic tract was atrophied so far as the chiasma ; the left was in a normal condition, as were also both optic nerves.

### *Studies in Congenital Daltonism.* (c)

The author has examined with the greatest care, and by means of nearly all the usual processes, one hundred cases of Daltonism, which have fallen under his observation in the Schools at Breslau. He has not met with a single case in which a girl was thus affected, whereas in boys he has met with 4 per cent. A thorough examination was made in all these cases from all points of view, which could in any way be brought to bear on this anomaly : visual acuteness, colour of the hair and of the iris, refraction, hereditary transmission, consanguinity, ophthalmoscopy, &c., have all been recorded for each case in particular. The processes of Holmgren, Stilling, and Daae, the relative discs of Maxwell, perimetrical examination, letters embroidered in coloured wools, simultaneous and successive contrast, &c., have all been employed. Cohn particularises the names given by the patients to the different colours, and thus proves most emphatically that it is impossible to find even a trace of system in their answers, that is in those of patients belonging to the same category. As to the spectroscopic examination of these 100 patients, he isolates a spectral colour, and the patient is then required to point out in a collection of coloured wools all those which appear to him to be identical with the spectral colour. (d) An excellent method of verification, especially in cases in which this anomaly is simulated, consists in causing the patient to look at the wools through coloured glasses ; he is then, in most cases, able to distinguish the pseudo-iso-chromatic colours. Out of 100 cases examined, in 80 only was there blindness to green and red, and in 5 only blindness to yellow and blue (one of these consequent on detachment on the retina). These 5 cases cannot however be considered as typical, in the same degree as the 80 preceding cases; 12 cases were recorded as blind to all colours; no colour being clearly perceived. Although these 12 cases should only be qualified as completely colour-blind with great caution, still the researches of the author clearly prove that an eye deficient in red is deficient also in green, and *vice versa;* the same may be observed of yellow and blue, which are always combined. Cohn consequently pronounces in favour of Haring's theory of colour-sensation.

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(a) Dr. Ch. Van Bambeeke's *Ann. de la Société de Médecine de Gaud.*, 1879.

(b) "Net Bepalen van Astigmatism." By Wonter Van Haaften. Dissertation. Utrecht, 1879.

(c) *Archiv. fur Ophth.*, xv., ii., p. 99.

(d) Dr. Horstmann, of Berlin (in *Negentiende Jaarl Versl.*, *&c.*, in *het Nederl. Gasthnis voor Ooglijders*), Utrecht, 1879.

(a) "Rapport Aangande het Onderzock van het Gezichtwermsgen von het Personeel der Maatschappy tot Exploitatie van Staatspoorwegen." By F. G. Donders (in *Négentiende Jaarl Verslag, &c.*, in *het Nederl. Gasthnis voor Ooglijders*).

(b) Dr. Gowers, London. (*Centrabl. für d. Med. Wissensch.* 1878. No. 31.)

(c) Herman Cohn (*Studien über angeborene Farbenblindheit*). Breslau : E. Morgenstern.

(d) This modification of Holmgren's process was first recommended by Magnus. As to Cohn's rather violent vindication of his claims against Magnus, it appears to us that the difference is somewhat the same as that between the *form* and *shape* of a hat. I tis, however, difficult for us to admit that Magnus was ignorant of the fact that to patients suffering from colour-blindness, several spectral colours appear to be the same in tint, as is proved by the term "pseudo-isochromatic colours," which has now been in use during several years.

From the 100 propositions, in which the results of these researches are summed up, we cite the following:—(*a*) as a preliminary method Cohn recommends Holmgren's method, but considers it superfluous to begin with the specimen-colour green, pale rose-colour being amply sufficient in all cases of deficiency; (*b*) 6 times only there was consanguinity of parents, 3 times the father was also colour-blind, and 14 times the brother; (*c*) a few patients slip through the examination by Stilling's isochromatic sheets; (*d*) each patient was in fault with Daae's sheets; (*e*) the process of simultaneous contrast (coloured glasses) is unsatisfactory, at least, if the patient be required to name the colours; (*f*) the greater number of patients observed the greatest luminous intensity of the spectrum in [yellow, 12 only in greenish-yellow; (*g*) the few cases recorded of blindness to yellow and blue all exhibited some anomaly in the perception of red and green; (*h*) most patients in whom the eye is deficient in all colours, observed the greatest luminous intensity of the spectrum in blue or green; (*i*) no amount of practice can cure chromatic deficiency; (*j*) the spectrum in all forms of colour-blindness is generally normal in extent; (*k*) the eyes are not further apart than usual in persons affected by colour-blindness (this is contrary to the opinion of Niemetschek) Then follow descriptions of certain contrivances for detecting simulation of Daltonism.

It is much to be regretted that Cohn has not more fully described chromatopsy from a quantitative point of view, *e.g.*, by means of Donders' process. It is true, however, that according to Cohn, chromatopsy in a normal state, already varies too much from a quantitative point of view.

(*To be continued.*)

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# Clinical Records.

## ST. MARY'S HOSPITAL.

*Double PoplitealAneurism.—Aneurism in Right Scarpa's Triangle—Double Aortic Bruit—Ligature of left Femoral Artery—Recovery—Rupture of Femoral Artery near Seat of Ligature four weeks after Operation—Amputation—Inability to arrest Hæmorrhage—Death.*

Under the care of Mr. NORTON.

PATIENT, admitted April 1st, was married; had two healthy children; had no particular illness; never had rheumatic fever; had a sore ten years ago, followed by no sore throat, rash, or other symptoms. Father and mother alive; father healthy, mother suffers from hæmoptysis. Does not drink much in excess; four pints a day, no spirits; smokes an ounce of (Cavendish) tobacco a day. Was in the Army Service Corps seven years ago as a butcher; before that for three years in the cavalry. Three weeks ago was carrying a weight down a ladder, he slipped, hitting himself in the ham. Did not feel it much at the time; was stiff the day afterwards. Since then the swelling has come on; went on with his work to the 30th, though the pain was very severe. It was three days after the accident that he first noticed the swelling; his attention was called to it by the pain; experiences a numbness and tingling sensation in his left foot. Legs have never swelled at all. For some time past has felt a tightness across the chest, but never any actual pain. Has not lost flesh; has always been thin.

P. C. Patient is dark, somewhat sallow complexion; no fat. Skin natural. Tongue moist, fairly clear. Bowels always regular. Pulsation visible in neck and face. Pulse 84. Chest well expanded; intercostal spaces well marked. Resonance good. Entry of air good throughout. Apex beats in normal space; impulse diffused over both fronts; loud double aortic murmur heard in neck and under clavicles; heart's action regular; pulse regular, somewhat bounding; artery can be felt under the finger. A murmur can be traced round in the left axilla mitral. Area of cardiac dulness enlarged; some bulging of the left side of chest; abdomen normal; liver dulness normal. Veins of both thighs prominent. Cicatrix on penis; none in groins; femoral artery can be felt in left groin; in right groin at base of Scarpa's triangle it can be felt enlarged; it becomes much enlarged lower down; a distinct thrill can be felt, and a loud rasping double murmur audible; pulsation can be felt some way down the thigh. In left popliteal space there is a swelling of about the size of a large hen's egg, pulsating freely, expansile sideways. Pressure on femoral stops pulsation and empties it. Measurement round left knee 13¾ in. Pulsation is limited to the swelling. Veins of legs and feet very prominent and full; feet warm. Pulsation can be felt in both anterior and posterior tibials at ankle. In right popliteal space a swelling can be felt of the size of a Tangerine orange, pulsating as the other; measurement barely 13 inches. Bruit can be heard in both swellings, but in the left there can be felt a distinct thrill; not so in right. Has free movement of right leg; not so of left. Complains of numbness in left foot. From the right aneurism a double bruit cannot be heard, but it can from the one in the groin, and also in the left.

Treatment adopted—

℞ Potasss. iodid., gr. v.;
Ferri et am. cit., gr. viij;
Aq., ℥j., t. d. s.

Simple diet—Eggs, ii.; custard; porridge.

In his work has not been obliged to carry heavy weights, nor has he been obliged to use his chest. Right measurement 13 in. Veins of left leg very full and prominent; feet not cold. According to Dr. Jones' sphymographic tracing, aortic derangement (taken on left radial).

Rep. mist.
Potass iodid., gr. xx.;
Tr. digitalis, m. xv.
Chloral hyd., gr. xv.;
Aq. ℥i. H. u. s., si opus.

*Urine.*—Clear; sp. gr., 1015. No albumen.

April 3rd.—Pulse 86, regular, and of good force. Heart sounds remain the same. Is in no pain. Pulsation is increased in left aneurism, and the measurement is now 14½ in. There is a great deal of tension in it. At a consultation in afternoon it was resolved to try Esmarch's bandage, Mr. Norton thinking it a favourable case on account of the narrowness of the arterial opening. At 9.10 p.m. the bandage was applied in the usual way, flannel roller underneath, and then Esmarch. No circulation to be felt in sac after its application. Patient at first complained of a good deal of pain, but soon got reconciled to the bandage, and bore it well; had "pins and needles" very much, however. Knee soon became much congested and blue, and seemed somewhat cold. Was also applied for 20 mins. in evening.

On the 4th pulsation was as strong as before, and there was no improvement from the use of the bandage. Measurement rather more than on the previous day. In afternoon Mr. Norton decided to tie the artery. The operation was performed under chloroform. The patient being a bad subject for it, took it fairly well. The antiseptic spray and dressing were used. The vessel was tied with catgut ligature cut short. A thick piece of drainage tube was inserted, and the edges of the wound brought together with wire sutures. The whole leg was wrapped in cotton wool. Soon after the operation the patient was in great pain. M. xx. of tr. opii., aq. ℥i., were given. In evening pain was intense, so hypodermic injection of morphia, gr. ¼, was given. At 2 a.m. he was in pain, gr. xx. of chloral were given, after which he obtained a little rest. Temp. 97·6. ; pulse 81.

On the 5th he was in intense pain, and bathed in profuse perspiration, with a most anxious look. Tongue, rather white at sides, moist. Foot and toes warm. Unable to bear the leg in one position for any length of time.

4 p.m.—Much easier, and but little pain. Perspiration stopped. No discolouration of foot or toes. No pain over the incision. Bowels not open. Sole of foot (left) 96·4. ; sole of right foot, 97·4.

6th. Pulse 84 ; temp. 99. Had a very good night, only slight aching in foot. Tongue cleaner, moist. Bowels not open. Left foot not quite as warm as the other ; sensation perfect in it. Other symptoms the same. Wound dressed antiseptically ; no discharge, mostly healed by first intention. Drainage tube and stitches not removed. Right foot 96·8. ; left 96.

7th. Right foot 97·8 ; left 96·8. Temp. 98.

8th. Pulse 80 ; temp. normal. Tongue coated ; moist. Passed fair night, but had good deal of pain in abdomen. Right foot 97·6 ; left 96·6. Doing well. Bowels still confined. Examination of popliteal space. Aneurism completely obliterated, forming a solid mass ; commencing pulsation in the artery. Wound dressed antiseptically, and sutures removed. Pil. hyd. c. coloc. gr. x. statim. Enema simplex four hours after.

9th. Doing well. Right foot 97·2 ; left 95.

10th. Pulse 70 ; temp. 98. Right foot 97·4. ; left 96·4.

11th. Pulse 70 ; temp. 99. Sole of right foot 95·4 ; left 95.

12th. Had great pain last night in left leg from knee to ankle, which subsided towards morning. Right foot 95·4 ; left 95·2.

13th. Doing well. Wound dressed.

19th. Pulse 76 ; temp. 99·2. Complains of shooting pains in left leg from knee to foot. Does not look so well, face being much more anxious. Evening temp. 101·4.

30th. Complains of severe shooting pain in left knee extending into foot. Worse at night.

May 1. There is incessant pulsation in left popliteal space in the region of the aneurism. No thrill is felt, but there is some expansile throbbing, and it is difficult to say whether this is due to the aneurism, or whether due to the vessel above. There is a distinct thrill on the right side in the upper aneurism, with a double loud bruit. The right popliteal aneurism is somewhat diminished in size, but has distinct expansile pulsation. The cicatrix is red and has assumed the appearance of granulations.

2nd. 8.30 p.m.—Flow of arterial hæmorrhage came on from the wound in upper part of left thigh, the seat of ligature, profuse granulations having sprung up during last two days, which yesterday were cauterised with nitrate of silver, followed by pain. The hæmorrhage was produced by coughing—a copious gush of red blood—and the sister who happened to be at the bedside atonce stopped the flow by digital compression of femoral artery above the wound. A tourniquet was applied.

11.30 a.m.—Is lying quite still ; conscious. Says he is in not much pain ; wound aches a little. Pulsation about wound continues forcibly, but less so in popliteal space. Carotids and both temporal arteries pulsate strongly. There is considerable induration round wound ; has dosed occasionally. Sister says there was a slight show of blood previous to the fit of coughing. Had an injection of morphia last night owing to the pain, after which he slept soundly. Temp. last night, 100 ; this morning, 101.

2 p.m. Secondary hæmorrhage has occurred from wound in spite of tourniquet ; pulsation of all arteries and at wound very forcible. Mr. Norton decided to amputate just below hip ; he did so about 3 in. below the joint, making lateral flaps. The impulse from tied end of femoral was very great. Some twenty bleeding vessels having been secured, the flaps were brought together by wire sutures. Wound was washed out with a solution of carbolic acid (1 in 20), and the gauze dressings applied.

4 p.m.—Patient had recovered consciousness. Pulsation of arteries less forcible. No pain.

3rd. Vomited very much the early part of last evening. Hæmorrhage again set in, could not be controlled by tourniquet. Stump was much swollen. Mr. Norton was sent for, who immediately reopened wound and removed some very large clots, and pressed cotton wool upon the inenumerable small bleeding vessels, when hæmorrhage seemed to be fully controlled. After an hour blood effused through every dressing applied, notwithstanding compression, and the patient sank at 11.5 p.m. ;

*Heart.*—Much enlarged and uniformly dilated. There was advanced fatty degeneration on both sides of the organ. The external fat was increased. The coronary arteries were healthy, but their orifice was slightly constricted. Left with dark clot, partly decolourised. Right auricle dilated and slightly hypertrophied. Ventricle also dilated and hypertrophied ; shows marked fatty degeneration. The left auricle was immensely dilated and slightly hypertrophied ; the left ventricle was the same. The mitral valve was incompetent ; there was some nodulation near its free margin. The aortic valves were healthy, but the orifice was dilated. The arch of the aorta was dilated, especially at the great sinus ; there was great impairment of the elasticity of its walls. The inner surface was rough from fibroid thickening ; no calcification. Aneurisms of right popliteal and superficial femoral arteries.

*Liver.*—The surface was coarsely granular. There were fibroid and advanced fatty changes throughout the liver tissue. There were some pigmented spots. The pelvic glands were enlarged and deeply pigmented.

*Kidneys.*—Capsules were slightly adherent ; consistence increased. Substance traversed by white streaks due to fibroid overgrowth. Cortex narrower than normal.

*Testicles.*—Corpus Morgagni of left almost as large as a bean, of black colour. At the upper part of the epididymis is a spermatocele the size of a marble, containing opalescent fluid loaded with spermatozoa. On the right side there is another spermatocele double the size of the left.

*Amputation Stump.*—Flaps deeply separated at bases by extravasated blood. The region of the large vessels was infiltrated with exudation matter and broken-down clot. The ligature on the end of the femoral artery came away with the least traction. The lumen of the vessel was blocked with semi-coagulated recent clots, and its coats for about an inch were soft and pulpy. The common femoral and external iliacs were healthy. Th right superficial femoral was dilated for 1½ inch ; the dilatation commenced immediately below the profunda, and was fusiform in shape. The walls of the vessel were not thinned. The right popliteal artery was the seat of an aneurism half-an-inch long, by one inch wide at its greatest diameter. The dilatation is not general, only involving the posterior and external parts of the vessel. It is fusiform in shape, but somewhat abrupt at its commencement and termination. The interior presented a ragged appearance, and its wall is covered with thin, pale, laminated deposit, and over this a dirty-reddish clot. Both the apertures are patent. The wall of the aneurism is thickened.

*Microscopy.*—A transverse section through the femoral aneurism showed that the intima was enormously thickened, and roughened on the surface. The outline of the wavy elastic fibres was absent. Here and there fatty degeneration had so far proceeded that on making the section spaces with irregular lining walls were seen. On the inner surface there was laminated deposit of fibrine, which contrasted strongly (on being put in logwood) with the structure of the vessels, the former not taking the staining, while the latter did so readily. The three coats of the vessel looked infiltrated with a gelatinous materia so that their normal outlines and appearances were lost, and presented a wavy look, something like spun glass. Very few cells were to be seen anywhere. A section of the artery below the aneurism showed marked thickening of the intima, and commencing disease of the media. Sections of the aorta showed the same condition as the femoral. The cause of the hæmorrhage after amputation was the condition of the blood-vessels, which rendered them unable to contract. The changes in the blood-vessels were those which take place in syphilis, though the only evidence of the disease having existed was the cicatrix on the penis.

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# Transactions of Societies.

## HARVEIAN SOCIETY OF LONDON.

Jan. 15th, 1880.

W. H. Broadbent, M.D., F.R.C.P., in the Chair.

### RUPTURED FALLOPIAN TUBE.

Mr. Rayley Owen showed a fresh preparation of this rare occurrence from a woman, æt. 49, who had recently become fat. On December 8th she was exerting herself, when she felt acute pain in the right iliac region, followed by fainting and sickness. When seen the pulse could not be felt, though the heart's action was intensified. Temp. 97. The post-mortem was made twenty hours after death, when the body was found to be still warm. All the great viscera were quite healthy, but the abdomen was full of pale blood, and in the right Fallopian tube was a perforation as large as a horse-bean. The tube itself was as large as a pipe-stem. There was no peritonitis.

Dr. Broadbent pointed out that the tubal dilatation had preceded the perforation.

Mr. Sedgewick and Mr. Alderson spoke.

### ANÆMIA AS A CAUSE OF HEART DISEASE.

Dr. Goodhart read a paper on the causal relations of anæmia to organic changes in the heart. He related four cases where such heart change followed severe and repeated hæmorrhages. He preferred to term the structural changes which followed, "tabby striation" rather than fatty degeneration, as the changes seen under the microscope were not very definite. The relations of idiopathic anæmia to heart changes had been for some time recognised. The heart's impulse is diffused, and the dilatation may go on till the mitral valve leaks. This gives what is termed curable regurgitation; but if this leakage is prolonged or repeated, the actual valvulitis may be set up. He then pointed out that mitral as well as aortic valvulitis might follow from strain in the gouty heart. There is first dilatation, then friction of the valves, and the effects of the regurgitating current, and then valvulitis. The valvular changes might lead to endocardial thickening, which in its turn may set up acute endocarditis. He recognised also the effect of high arterial tension as a cause of cardiac dilatation as well as mitral valvulitis. Mitral stenosis, he pointed out, was most common in women. The practical point of all this, he showed, is that anæmia in women and children is not regarded sufficiently seriously, and is therefore not dealt with efficiently.

Dr. Pearson Irvine said he agreed with almost every word, and that acute hæmorrhage leads to acute dilatation of the heart. In chronic anæmia the main symptoms are often those of cardiac dilatation. He thought the addition of digitalis and belladonna to chalybeates often to be of much service.

Dr. James Pollock said he had long held the doctrines put forward that anæmia led to cardiac dilatation, and then to mitral insufficiency. The rheumatic diathesis he thought often exercised a malign influence.

Dr. Milner Fothergill spoke of the effects of anæmia upon the muscular walls of the heart, and of the mitral valvulitis found in the advanced stages of the gouty heart; equally with aortic valvulitis, the effect of strain from a high arterial tension and hypertrophied ventricle.

Dr. Broadbent spoke of the necessity of combining complete rest with digitalis and chalybeates in the treatment of anæmia. Hæmorrhage was often followed by rapid dilatation of the heart.

Mr. Alderson asked as to the utility of arsenic in such cases.

Dr. Goodhart replied that iron should be given in very large doses combined with other tonics.

The meeting then adjourned.

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## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

December 4th, 1879.

The President, A. Jackson, F.R.C.S., in the chair.

### ADDISON'S DISEASE OF THE SUPRA-RENAL CAPSULES.

Dr. Bartolemi exhibited the morbid specimens (kidneys and supra-renal capsules) taken from a case of this nature, and related brief notes of the case. The patient, a woman, æt. 39, was admitted into the Sheffield General Infirmary, May, 1879, under Dr. Bartolemi's care. She had previously been under Dr. Martin's care in the month of February for an attack of rheumatism and pericarditis. She presented the usual train of symptoms, as described in the text-books. The bronzing was most marked and uniform; more noticeable, however, where the texture of the skin was finest, and the moisture greatest, such as in the various flexures of the body. This fact Dr. Bartolemi noticed as a departure from what is usually stated in the text-book description of the disease, where the greatest amount of bronzing is described as being found in the extensor surfaces of the body. She continued under observation until 16th of November, when she died. The progress of the case was one of steadily increasing debility. After death, deposits of tuberculous matter were found in the apices of both lungs. The right supra-renal capsule was infiltrated with cheesy matter, easily breaking down, and purulent in parts. The left was granular, and presented scattered yellow, tuberculous-looking nodules; at one spot there was marked pigmentation.

A discussion ensued, in which Drs. Banham, Law, and Thomas took part, and Dr. Bartolemi replied.

### RENAL CALCULUS.

Mr. Claremont exhibited a specimen of renal calculus taken from a man aged 56, who died from the effects of nervous and pulmonary disease. He had been admitted to the Sheffield Public Dispensary and Hospital under Dr. Dyson's care in the spring of 1878, with all the symptoms of an apoplectic attack, and in a state of unconsciousness. From the immediate effects of that attack he made a fair recovery, but succumbed to an attack of broncho-pneumonia, July, 1879. The stone, an immensely large one, weighing 173 grains, was discovered at the post-mortem. During life there had never been any symptoms indicating its presence. At the post-mortem two abscesses were discovered, one in the right lung, the other in the portal fissure.

### CASE OF PUNCTURED HEART.

Mr. Goyder, on behalf of Mr. A. Jackson, exhibited the heart of a man who had received a punctured wound of the heart, said to have been inflicted accidentally by his falling against the point of the blade of a pocket knife, with which he was cutting tobacco, his hand being some way or another caught between the wall near which he was sitting and his body. The point of the blade was somewhat rounded, and not very sharp, and the force with which the wound was inflicted was described at the inquest as very slight. In fact one would scarcely expect penetration with such an instrument except violence was used. The wound was about one-third of an inch in breadth, and penetrated the left ventricle close to the septum ventricle. The external wound was made between the third and fourth ribs. The man lived half-an-hour after receiving the injury; walked a distance of about 100 yards, and died a few minutes after admission to the Sheffield General Infirmary.

Dr. Bartolemi briefly noticed the experience of a friend of his, a Dr. Trail, who told him of the case of an officer who was shot through the heart during the Peninsular War whilst advancing to attack a cottage, in which were stationed some French soldiers, and who continued his advance after receiving his wound, dying just as he laid his hand upon the latch of the door.

### REMARKS UPON THE ETIOLOGY OF GOUT AND RHEUMATISM.

Dr. Thomas read a long and interesting paper under the above heading, in which he passed in review the various views held and impressed by various authorities upon this subject from the days of Sydenham, Cullen, and the older writers, down to the present day, and touched at length upon the condition of the blood and urine in the two diseases, and upon the pathological appearances found after death. He emphasised the fact that urate of soda was never deposited in the joints of persons suffering from rheumatism, while it is so found in cases of gout. Regarding the retention of uric acid in the blood as the cause of gout, he believes this excess to be owing to want of action on the part of the kidneys, pointing out the fact that whereas in health as many as nine to ten grains are excreted in the twenty-four hours, only about four grains are passed where an attack of this disease is established. He also drew attention to the fact of the greater liability to this disease on the part of wine over spirit drinkers. He concluded his paper with a brief allusion to the various methods of treatment adopted.

Drs. Banham, Martin, Garrod, Law, Claremont, and Keeling took part in the discussion that ensued.

Dr. Banham expressed his belief that chronic rheumatic urethritis is not a distinct disease in itself. He thinks that the connection between it and the rheumatic dyscrasia is too close to permit of such a distinction being made.

Dr. Law does not believe that lactic acid is the exciting cause of rheumatism, and adduced in support of his opinion the success he has met with in treating such cases with lactic acid.

Dr. Keeling laid great stress upon indigestion, worry, and cold as being the three great exciting causes of both gout and rheumatism.

## EPIDEMIOLOGICAL SOCIETY.

President—Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S.

A meeting of this Society was held at University College, Gower Street, on Wednesday, January 7th, when two papers were read, the first by Dr. Norman Chevers, entitled

### NOTES ON THE RELAPSING FEVER OF INDIA,

of which the following is an abstract.

Relapsing fever, having been recognised in Europe in 1842, was first distinctly observed and described in India by Dr. Robert Lyall in 1852-53. Our knowledge of the disease, however, enables us to perceive that very extensive and destructive epidemics of Indian relapsing fever occurred in the North-Western provinces in 1816 and 1836. In giving histories of these epidemics the author remarked that it is particularly noteworthy that the first visitation of Pali plague prevailed in Western India from 1815 to 1819, and that the outbreak of relapsing fever in 1816 described, by Mr. Jameson, occurred in the Upper Provinces only a few months previous to the commencement in Lower Bengal of the great cholera epidemic of 1817. So also, when in 1836, the Pali plague, commencing in Marwar, spread rapidly and attacked thirty-two villages of Megwar, a destructive epidemic, which must have been relapsing fever, made its first appearance in the town of Bareilly, and committed serious ravages in Mynpaorie and in the districts round Delhi. The history of the outbreak of relapsing fever in 1852-53 in the Yusufzie Valley, situated about forty miles from Peshawur, was then given from Dr. Lyall's narrative. In this epidemic were displayed all the most distinctive characteristics of the relapsing fever in India, which, unlike the cognate disease of Europe, is very destructive of life—an extremely prevalent and fatal epidemic or endemic fever arising among the poor and starved, and spreading to the well-to-do inhabitants by force of its contagiousness. The tendency to relapse is very marked; convalescence is tardy; there is generally jaundice, and quinine has no specific power as an antidote to the fever poison. Dr. Joseph Ewart, who was the first person who recognised the existence of true enteric fever in India, in 1855, noticed what he considered to be some cases of relapsing fever in Upper India at about the same time. Several years, however, had still to elapse before the occurrence of relapsing fever in the jails of Upper India was generally suspected. A very destructive contagious fever appeared in the Central Jail, at Agra, in 1860, and was described by Dr. Walker. It again prevailed in a very deadly form in the Agra Jail in 1864, and in that and the following year it appeared in the jails of Umballah, Futtehghur, Allyghur, Jeypore, Malwa, &c. It was described by the several reporters as true typhus, contagious fever, typhoid fever, and, in the words of the Sanitary Report, "some again believe it to be identical with the relapsing fever of Europe." Dr. Gray, Dr. Beatson, and Dr. Dallas clearly recognised this disease as it occurred at Agra, Lahore, and Umballah, as relapsing fever. The whole question was most fully and ably reviewed by Dr. David Boyer Smith in the *Indian Medical Gazette* for 1867 and 1868, and although his verdict met with a good deal of opposition (especially from the medical side of the Indian Sanitary Commission), he brought forward very strong arguments in favour of the opinion that the contagious fever of the up-country jails was nearly identical with the relapsing fever of Ireland, Scotland, Germany, and America. Indeed, the Sanitary Commission went so far as to admit that the disease resembles the famine fever of Europe in many important particulars. The history of the outbreak of relaping fever which commenced in Bombay, in April, 1877, was then given from the reports of Drs. Hunter, and H. Vandyke Carter, and many facts were brought forward in support of the argument that, although relapsing fever has not appeared in Lower Bengal of late years, that country was subject to the ravages up to and beyond the end of the last century.

In the second paper,

### REMARKS ON EPIDEMIC DISEASES—MEN AND ANIMALS—IN THE COLONY OF NATAL,

Surgeon-General Ross, C.I.E., after describing the geographical position of the colony of Natal, pointed out that the inhabitants of the colony at the close of 1878 are believed to have numbered 22,654 whites and 302,858 natives, 12,000 being natives of India. The area in square miles is stated to be 21,150, giving 1·07 whites and 14·7 blacks to the square mile. With so recent a history of colonisation (between twenty and thirty years), and with such a sparse population, no occurrence of epidemics would be anticipated. The climate of the colony has proved exceedingly healthy for men, women, and children; it is therefore an anomaly that, with such a healthy climate for whites and blacks, the country should be so unhealthy, and so subject to disease and epidemics, among animals. Cholera has never been known; small-pox only once caused a few cases on the Zulu border of the colony. During 1878 there was a small outbreak of typhoid among the residents of Durban, due to defective conservancy arrangements and imperfect water supply, and a few scattered cases occurred during the first half of 1879. Typhoid fever was the principal, if not the only, disease which affected the troops during the recent campaign in Zululand. The disease which affected the troops shut up in Ekowe the Medical Department classifies as typho-malarial, being a fever of malarial type, with rose spots, and well-marked lesions of Peyer's glands. There are probably two forms of typhoid fever, the one, which might be called European, arising solely from sewage contamination; the other, or more Eastern type, prevalent, perhaps, in certain latitudes, where there is the same type of fever, more due to climatic than to filth causes. Horses and mules are affected by horse-sickness, which is described as "anthrax fever," resulting from the action of a poisonous agent ingested in the food, impairing vitality and inducing a morbid state of the system, with congestive inflammation of the lungs, and often external tumours. It is believed to be identical with the Loodianah disease of India, and to be due to some poison in the grass of certain lands, probably parasitic fungi. Horses are also liable to a form of diarrhœa popularly known as "squitters." The diseases of oxen are lung sickness, red water, and quarter evil. The first of these is identical with pleuro-pneumonia; it occurs all over the colony, and is worse in some parts than others, and is not affected by climate. Red water, or hæmo-albuminuria, is a blood affection attended with more or less derangement of kidney, liver, and stomach. It lasts for five or six days, and is most fatal and prevalent after the rains of early summer. It is supposed to be due (1) to feeding on grass containing an excess of water, (2) to feeding on grass containing parasites or fungi, (3) to bad drinking water. Quarter evil is a species of malignant anthrax affecting the legs and trunk. Sheep suffer from heart water, a disease in which there is fever and effusion into the serous cavities, and said to be caused by bad pasture, dry rearing, &c. More recently, internal parasites have been discovered. Scab formerly caused great destruction of flocks, but stringent measures were adopted by law with very good results. Poultry, of which the Kaffirs are great breeders, are liable to a disease known as fowl-sickness, which sometimes empties a poultry-yard in forty-eight hours.

In the discussion which followed the reading of the two papers Sir Joseph Fayrer, Surgeon-General Ewart, Inspector-General Lawson, Dr. Buchanan, Dr. Greenfield, Mr. Netten Radcliffe, and Dr. Thorne took part.

## SOCIETY OF PUBLIC ANALYSTS.

At the annual meeting of this Society, held at Burlington House, on Wednesday, 14th January, Dr. Muter was re-elected President for the current year, and in the course of his customary annual address the President, after noticing the satisfactory position of the Society, both as to the number of members and its financial condition, pointed out that owing to it being limited to a certain class the Society was not, and never could be, a large one; but still they had a distinct *raison d'être* which they carried out, and it was something to boast of that they did act up to their aspirations, which was more than could be said of certain other associations in connection with the profession, whose limited liability had apparently extended into limited usefulness. Their Society did not pretend to elevate the morals of its members, and then find itself helpless when cases arose requiring such elevation!; neither did they pretend to raise the fees for work done, and then find that they had upon the Council some most notorious offenders in that respect; neither did they get up discussions on subjects specially the province of other societies, and end them in smoke; but what they did profess they carried out, viz., to improve the processes of analysis in all matters relating to food. Germany had always been looked upon as the foster-mother of general chemical discoveries, but Great Britain was the source of special food research, and all which had been done had been mainly attained by the members of that Society. During last year no less than forty-one memoirs relating to food analysis had been read there or published in the *Analyst*, and that was carried on not by wealthy *dilettanti* and men receiving grants from research funds, but by persons daily engaged in carrying out the complex duties thrown upon them by an Act of Parliament.

# Department of Lunacy.

## THE LUNACY INQUIRY COMMISSION.—II.

The Commissioners then proceed to give the details of a case of neglect that has come under their notice. An English tourist, travelling through a county in Ireland which is not named in the Report, was attracted by "a most peculiar howling noise" issuing from a small farm-house. Proceeding to investigate the origin of this sound, he says—

"To my horror, when I came near the house, I saw a lunatic, *stark naked*, confined to a room, and looking through the wooden bars that closed the windows, for there was no glass whatever. He is about nineteen years of age, and I have heard from his mother that up to ten or eleven years he was a most intelligent boy, but at that age he suddenly lost his power of speech, and became moody and abstracted, wandering about the fields alone, and constantly uttering a low, muttering noise, and with incessant tendency to mischief. By careful watching the family prevented him injuring himself or others, until of late he has got so strong and unmanageable, and his inclination for destruction is so great, that they have been obliged to confine him in the room I have described. He breaks the window directly it is glazed, tears his bedclothes into shreds, and won't allow a stitch of clothing to remain on his body; besides, his habits are most disgusting. It is really a sad case, and the more so as there are two grown-up sisters in the house."

The tourist having written to the inspectors of lunatic asylums, they communicated with the incumbent of the parish. He, however, had little more to add. He remarks —"The case is, indeed, only suited for a lunatic asylum. The form which his lunacy has assumed is most shocking, and is detrimental to morality."

The Commissioners do not pause to waste any indignation over this case. They merely commend the fortunate accident that led to the unhappy creature's removal to the district lunatic asylum, and they appear to think such cases by no means rare. Lest, however, anyone should say that the existing state of affairs should not be judged by one, perhaps exceptional, case, they tell us of their own personal experience.

"We took occasion ourselves to visit several of these cases in different parts of the country. Some of them we found in a deplorably neglected condition; others disturbing the arrangements of a whole family. . . . . . It admits of no doubt that many a case, if taken in hand at an early stage, might have been restored to society instead of lapsing into hopeless, incurable insanity. Serious evils often result from the freedom with which idiots of both sexes are permitted to wander abroad, often teased and goaded to frenzy by thoughtless children, often the victims of ill-treatment, or the perpetrators of offences far worse."

It is scarcely necessary to point out the studied moderation of this statement. Every sentence of it indeed might be the text of a weighty and passionate discourse. "Some of them we found in a deplorably neglected condition." There are no details here, like those which horrify one in the case brought to light by the tourist, but we may be sure that "deplorably neglected," in the careful and moderate language of the Commissioners, is a literal statement of fact. "Others disturbing the arrangements of a whole family." Now, if we consider that according to the proportion of neglected lunatics to lunatics at large, as ascertained by the Commission of 1857, there must be at present almost 4,000 neglected lunatics in this island, we shall be able to see how many families must be hopelessly disorganised by the presence of a neglected lunatic in their midst, how great must be the mass of preventible misery which this state of things brings about. Again, the reference to the torture inflicted by children (and, it might be said, ill-disposed grown persons, too) on wandering idiots is merely a hint which no one would care to have amplified whose feelings have been harrowed by having witnessed the matter referred to. Finally, much might have been said as to evils resulting from idiots of both sexes being allowed to wander unprotected through the country—often a source of hideous immorality. Not unfrequently idiot females are known or suspected to be the subjects of rape, and the number of cases of this kind that come under the notice of the police is probably small compared with the total.

Very sad and very true, also, is the remark that many curable cases are by this miserable system of neglect allowed to fall into a condition of chronic and hopeless insanity. Anyone who is practically acquainted with Irish asylums knows how many cases are constantly admitted to each of these institutions, having lapsed into a state beyond the reach of medical art—cases that might have been curable had treatment been applied in the earlier stages of their disorder.

From many causes, often from a kindly, but injudicious, reluctance on the part of friends, and often because friends fear the reproaches of their neighbours, persons are kept at home during the early and curable times of the illness, and only sent to asylums when recovery is evidently hopeless, and when relatives are weary of taking care of them. Nor should it be overlooked that this is not merely a matter of regret to the profession. It interests the ratepayer too. The incurable lunatic becomes not only a misery to himself and a sorrow to his family, but also a life-long burden to the State.

To the class of the insane who are curable but neglected, the inspection of lunatics at large, as recommended by the Commissioners, would bring relief; but something further is required in the case of idiots, to whom may be added those classed in the Constabulary Returns as epileptic imbeciles, and numbering 1,243. That an ordinary lunatic asylum is not a fit place for the treatment of idiots will be generally admitted, and even if it were, how is room to be found for such cases in the already overcrowded wards of our asylums? The idiots that are at present scattered up and down in different asylums occupy space that can badly be spared from the use of curable cases, while they are themselves too few, except perhaps at the Richmond Asylum, to justify the formation of a separate department for their care.

"There are no institutions connected with lunacy administration in England that deserve higher commendation than those that are specially devoted to the care and treatment of idiots. In no respect is the lunacy administration in Ireland so defective." What, then, can be done to improve this unfortunate state of affairs?

A large number of the workhouses in Ireland, as is generally known, were built at a period when there was much more pauperism than at present. Consequently in these buildings there is much vacant space, whole blocks or divisions being empty or only partly occupied. The Commissioners recommend that portions of several workhouses in suitable localities be so altered and arranged as to meet the want of a certain class of the insane—idiots, namely, and imbeciles. By this plan accommodation would be afforded for a considerable proportion of those who are now "neglected lunatics," while all the idiots and imbeciles from the asylums would be provided for, thereby affording a very much-needed relief to the latter institutions. Considering the requirements of the case and the circumstances of the country, and having regard to the facts adduced in the Report, and the mass of evidence which has been collected on the subject, this recommendation appears to be admirable.

The Commissioners having very carefully investigated the question of workhouse accommodation throughout Ireland, inform the Government that if this measures were carried out, "nearly 5,000 additional lunatics could be provided for." About £15 per bed is the estimated cost. In one part of the Report we are informed that "the cost of adapting the portion of workhouses that might be selected (in Ulster) would not exceed £15 per bed;" but in another page we are told "the cost of adapting workhouses as auxiliaries should not be estimated at less than £15 per bed." The estimate seems to have been deliberately arrived at and it is evident there is no desire to understate the cost of the proposed alterations. On the contrary, the tendency of the evidence seems to show that the changes could be effected for a much less sum, On comparing Ev. 2,202 and 2,203 with Appendix C. No. 8, it appears that an arrangement, once on foot, but subsequently abandoned (owing to some disputes between Poor-law and Asylum boards) would have transferred 120 lunatics from Belfast Asylum to Ballymena Workhouse. The architect employed to draw up the estimates calculated that £452 would be required to make the proposed alterations. Again, comparing the table of auxiliaries (*i.e.*, adapted portions of workhouses), given at page 83 with the Report of Mr. Wilkinson, Architect to the Board of Control of Lunatic Asylums (Appendix C., No. 10) we find two workhouses mentioned in both. The Commissioners give 75 as the approximate accommodation in the Lisburn Union, 100 in the Monaghan. Mr. Wilkinson estimates the cost of adapting the former as £768, the latter as £1,045, in each case a little over £10 per bed. On the other hand, the buildings at Castletown Devlin Union, with a cubic capacity less by 12,000 feet than those at Lisburn, would cost £1,092.

Nevertheless, with all respect to the authorities that are against us, when we consider the special wants of the insane, no matter of what mental class, and see how ill-fitted in many ways the workhouses at present are for their reception, we are inclined to apprehend that the general estimate of £15 per bed is too low. Supposing that our view in this matter is correct—let us take a wide margin, and say the cost of the proposed alterations would not average more than £30 per bed—it is still very far from being as great as that involved in the construction of new asylums. For according to this calculation 5,000 additional lunatics could be provided for at a cost of £150,000 (or if the Commissioners' estimate be accepted, at a cost of only £75,000). Turning to a previous page of the Report, one finds that the asylum at Downpatrick, built in the year 1869, to accommodate 300 patients, cost over £60,000, while the six asylums of Ennis, Letterkenny, Downpatrick, Castlebar, Monaghan, and Enniscorthy, with a total of 1,769 beds, cost considerably over a quarter of a miilion of money (more exactly £292,155 1s.) A somewhat smaller sum (£261,995 10s. 3d.) was required for six asylums built some years earlier, those, namely, of Cork, Kilkenny, Killarney, Mullingar, Omagh, and Sligo, accommodating collectively 1,760 patients. Of these Cork cost more than £79,000, and contained 500 beds.

Therefore if the question were merely one of first cost, it is, we take it, abundantly proven that the plan of adapting workhouses is vastly preferable to the erection of new asylums, since by the former arrangement (if we accept the estimate of the Commissioners) 5,000 of the insane can be housed for £75,000, a lesser sum than would be required to build an asylum for 500 patients similar to one of our present district asylums! While if we double the cost calculated by the Commissioners, and rate the alterations at the comparatively large figure, £150,000, we still reach little more than half the sum spent in the year 1869 in providing accommodation for less than 1,800 lunatics.

But there is another matter, compared to which the question of initial expense, important as it is, sinks insignificance. It is well known that the current expenses of a lunatic asylum are very large, owing to the numerous staff required, the special attention so many of the patients need, &c., and it seems to be admitted on all sides that a very considerable proportion of the insane could be supported in workhouse auxiliaries at about half the cost usual in our lunatic asylums. "In his evidence before the Select Committee on Grand Jury Presentments (Ireland), Dr. Nugent says:—'There are many poor-houses unoccupied. When they are in a wholesome, healthy situation, and where there is a quantity of ground attached to them, I can see no difficulty whatever in adding to them a certain number of rooms, and putting one or two attendants to every 40 or 50 patients, and to the patients having a better dietary than is afforded to the ordinary paupers of the institution. They could be maintained perhaps in that way at £10 or £11 per head, whereas in the ordinary lunatic asylums they would cost double that amount, totally irrespective of the cost of building accommodation for them.'"

Dr. MacCabe, Local Government Inspector, is able to give more exact information on this subject. He tells the Commissioners that there are 150 lunatic patients in Cork Workhouse, and that their total cost per head has been 4s 10d. per week. Now this amounts to £12 11s. 4d. per annum, while the average in the district asylums for the year 1877 was £24 13s. 9d. per head (compare Dr. MacCabe's evidence, p. 79, with the table given at p. 65 of the Commissioners' Report). These facts are the more important because Cork Workhouse was decidedly not one of those where the lunatics have been neglected. Of the female lunatics no less than 32 per cent. were discharged recovered during the year 1877. Though we may regret that it should have been necessary to send curable lunatics to a workhouse, though we hold that a workhouse is no fit place for such cases, yet we cannot but say that this result is most creditable, and indicates that however economical the workhouse authorities have been, they have not sacrificed the interests of the patients.

It must be remembered that the additional accommodation so imperatively required can only be obtained by adopting either of these two courses—constructing new asylums, or adapting buildings already in existence. No third proposal has ever been made, nor is it easy to see what form any such proposal could take. It remains to be seen how far the latter plan corresponds with the present working arrangements of the Lunacy Department in Ireland; how far it tallies with the recommendations of the Commissioners for remedying certain other abuses that have long been crying for rectification in that department; and how far it is supported by the evidence of the specialists whom the Commissioners have examined on the question.

*(To be continued.)*

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**Mr. H. Trentham Butlin**, F.R.C.S., of St. Bartholomew's Hospital, has been elected an "Erasmus Wilson" professor at the Royal College of Surgeons of London for the present year.

## Special.

### FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Jan. 13.

M. Duplay, one of the surgeons attached to the Hôpital Lariboisiere, performed colotomy last week on a man suffering from cancerous disease of the intestines. The operator selected the right side for making his incisions, and a point usually chosen for cutting down on the external iliac artery. After detaching the peritoneum, he sought for the cæcum, which he incised, and attached the lips of the incision to the external wound. The patient succumbed forty-eight hours after the operation, and the autopsy revealed an epithelioma of the large intestine at a point corresponding to the union of the ascending and transverse portions. The symptoms during life were those generally perceived in occlusion of the gut.

Ligature of the middle meningeal artery appears to be a rash operation, impracticable in its execution, and unfaithful in its results. However, it has at least been practised three times with perfect success, of which the last was reported by Professor Huëter as being performed by him on a young lad who had the left parietal bone fractured from a fall. Called to the case, Professor Huëter, on examination, found a large open wound, from which blood flowed freely, extending from the parietal eminence forwards to the coronary suture. In exploring the wound with his finger, he felt the presence of a number of splinters that had detached themselves from the parietal. The boy was insensible. After having recognised that a considerable fragment of bone, entirely detached, was pressing on the brain Huëter hastened to extract it. Continuing the exploration, a large open fissure was discovered extending to the temporal fossa, which region was invaded by a large amount of extravasated blood. Suspecting that this hæmorrhage proceeded from a wound in the meningeal artery, Huëter decided on tying the artery by enlarging the wound. The operation was not very easy, as he had to detach from each side of the fissure several fragments with the forceps to expose the dura mater. Immediately that the artery was tied all hæmorrhage ceased. The wound was afterwards dressed according to the antiseptic method. For the three following days the patient remained insensible, but on the fourth he came to himself a little, and was able to drink. Every day afterwards saw an improvement in the symptoms, and, at the time Professor Huëter reported the case (December 1879), the cure was complete.

At the Surgical Society, M. Beauregard reported the case of a young man on whom he operated for genu valgum according to the English method (subcutaneous osteotomy). The operation over, M. Beauregard fixed the limb. The fourth day after the operation the patient could get up and walk, and on the following day he left the hospital. M. Terrillon, remarking on the case, said, that although the rapidity of the cure in this instance rendered the case interesting, he was not in favour of osteotomy; he preferred osteoclasy, that is, sudden and forcible straightening of the limb, as recommended by Delore. Osteotomy, which took its origin in England, he considered positively dangerous, as it was often followed by serious accidents, arthritis, white swellings, &c. whereas the method of Delore, which was generally adopted in France, never gave rise to such accidents.

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H.R.H. the Duke of Connaught has consented to preside at the Sixty-sixth Anniversary Dinner of the Royal Hospital for Diseases of the Chest, City Road, to be held at Willis's Rooms, on Wednesday, 21st of April.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 21, 1880.

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## CORONERS AND MEDICAL MEN.

THE importance of the relations which medical men hold towards coroners is sufficiently great to justify a much more decided show of interest on the part of the profession than was exhibited at the meetings convened to consider the question. Of these, two have been held; one on December 22nd, and a second, or adjourned meeting, on Tuesday last, January 13. The business concluded at these meetings, though of a purely tentative nature, may yet, if followed up by a sufficiently vigorous action on the part of a self-constituted committee, result in the amelioration or removal of many of the objectionable practices by which the discharge of functions connected with the registration, &c., of deaths is at the present time disfigured. In Ireland is it especially felt that the position occupied by the medical witness in the coroner's court, and the unsatisfactory provisions of the law regulating his action call loudly for radical amendment. And in England, almost equally, the need and the desire for reform, and an equitable readjustment of liabilities and responsibilities are an urgent necessity.

The grave nature of the evidence given in connection with the post-mortem examination of the subjects of the coroners' inquiries has long been felt to call for the most careful attention, and to demand that the duties of such an investigation should be discharged so as to guarantee the most accurate results, in the interest of justice. Another important bearing of the same question is that relating to the enrolment of the gentlemen who undertake the office of medical witness; and it is notorious that the provisions to this end are lamentably insufficient. We cannot, however, cordially endorse the opinion of the meeting held at St. Pancras, that the necessities of the case will be met by the appointment of a specialist in post-mortem work, to conduct the examination of the bodies, and who shall receive a fixed fee of one guinea for each examination. The idea of securing a competent witness in every case is certainly commendable, but we doubt the propriety of the mode of remuneration suggested. Were this amended to a proposal to elect in every district controlled by a coroner, a fitly qualified medical referee, whose whole time and efforts should be directed to the duties of his office, more considerable benefit would be likely to accrue. The question of expense will be a consideration, naturally, but this need be no greater under the plan we propose than when that originally suggested is followed. In those places where the occasion for inquests is only rarely seen, by the union of two or more districts, under the care of a single referee, there would be obtained a sufficient area for the complete occupation of his whole time, and the distribution of the amount paid to him as salary would fall lightly on the combined centres. Thus would there be created a class of medical specialists, whose attention, freed from the worries of practice, would be wholly given to the actual work to which they were called, and out of which would arise such opportunities for pathological investigations as we may feel sure would be largely made use of, to the manifest advantage of research and advance in medical science.

The most important discussion at these meetings of medical men took place at the later sitting, on the subject of the registration of deaths. The power at present held by the registrar, it was urged, is altogether an anomaly. In order to receive from him authority for the burial of a dead person, it is requisite only that a relation or friend of the deceased shall declare the death to have occurred in his presence, and as being due to any specific disease, when the registrar is empowered to grant the document at once. As Dr. Danford Thomas pointed out to the meeting, the possible consequences of the existing law on this point may be a disastrous miscarriage of justice; for under it a murderer can appear before the registrar and *demand* an order for the burial of the victim whose death alone he is required to certify, to obtain the certificate. What it is sought to secure is, that no registrar shall have the power to give an order for burial on his own responsibility alone, but only after he has received a *medical* certificate from a duly registered practitioner, of the cause of death of the person about to be buried. The reasonableness of this is so patent, that it will commend itself to all; and some surprise may not impossibly be felt that the law permits the loose and vicious registration which is sought to be amended. In demonstration of the extent to which uncertificated deaths are registered in this country, it was averred that deaths among the "peculiar people" are registered invariably on the affirmation of friends alone; and even in the metropolitan district, Dr. Hardwicke said, 52 deaths in every 10,000 were registered in the absence of a medical certificate. In the northern and eastern counties, however, a very much higher proportion than this exists; and in the face of such truths it becomes imperative that an alteration to prevent so mischievous a condition of things shall be introduced. In pursuance of this opinion, a resolution was passed at the meeting on January 13th, to the effect that "no registrar of deaths shall be entitled to give an order for burial of a body without first receiving a certificate from a duly registered medical practitioner, stating the death to be from natural causes; or a certificate from the coroner of the district following an inquest."

The reasonable nature of such a requirement is, as we have said, apparent, and needs no enforcing. There may be less willingness, however, to respond to the call which is contained in the second resolution adopted, providing that "in no case is it desirable to refer the friends to the registrar when the medical man called in cannot satisfactorily certify to the cause of death; but that the said medical man communicate direct with the coroner's officer on a form to be supplied for that purpose, so that the coroner can judge as to the necessity for holding an inquiry. All such communications to be held strictly private." The need for some such rule as this will be found in all those cases of sudden, or more or less unexpected death, which have been preceded by no regular medical attendance, and to the cause of which the hastily summoned practitioner feels himself at a loss to certify. In every such case at present a coroner's inquiry is absolutely required; but very many of them are of a nature to do away with all necessity for this process; and the due observance of the details suggested in the resolution would in a majority of instances obviate the need of it. It would still, however, be effectual in removing the responsibility of action from the unqualified dispenser of burial orders; first and foremost, this step is paramount ere any adequate improvement can be made in the things that be. Whether or not the influence of the meeting presided over by Dr. Hardwicke is likely to effect any beneficial alteration in the law as it now stands, remains to be seen. Certain it is that the position occupied by medical men in these respects is discreditable to the dignity of the profession, and particularly is it a disgrace that the weighty power conferred on a mere official under the Registration Act should be superior to the dictum of the only opinion competent to decide the questions the registrar legally assumes to settle.

Class prejudices occupy a considerable place in the legislation that will, or should be, the outcome of the recent deliberations. As the law is at present it very often happens that a regular inquiry is very often burked because of the influence and indisposition of the friends of a deceased to undergo the discomforts and worry of such a proceeding. With an absolute and rigidly defined course of action laid down for all and every case, the possibility of anything of the kind will in future be prevented. Bu on the other hand the vexatious and needless intermeddling of the outside world will be equally deprived of the semi-official scrutiny that has in the past been to blame very frequently for the infliction of pain and annoyance entirely uncalled for and unnecessary.

One other subject of importance was discussed, that, viz., of unqualified attendance. That this is a serious evil cannot be denied. Under the system as it at present prevails, a qualified practitioner, zealous less for the honour of his profession than for the balance in his favour at his banker's, many registered medical men put their name over several shop doors, and then paying occasional visits to these places, and very occasional ones to the patients attracted thereto, leave the practice attached to them entirely in the hands of men placed in charge, and who are almost invariably unqualified for the work. In case of death occurring to any of the patients under treatment, a certificate of its cause is made out by the unqualified man, and then signed by the qualified master, without his having often the slightest acquaintance with the subject of it. It is useless to urge that these cases are met by an Act in force now, providing that any practitioner signing the death certificate of a patient not actually attended by him renders himself liable to heavy fine. Until a stop is put to the practice of multiplying surgeries in charge of unqualified assistants the evil will not be met; and we do not see that this measure is outside the legitimate scope of labour of the medical committee that will draw up a memorial on the relations between coroners and medical men. The question is one nearly affecting their interests, and bears directly on uncertificated deaths. Being so, it is worthy of notice in connection with the subject of registration.

In a short time we shall have before us the official report of the meetings already held, Drs. Danford Thomas and Stevenson having been deputed to prepare it. We shall then be better able to discuss the proposed alterations in existing laws.

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# Notes on Current Topics.

## The New Director-General, Navy Medical Department.

The appointment of Dr. J. W. Reid to the post of Director-General of the Navy Medical Service will be productive of unmixed good to this much degenerated branch of the profession. The unenviable condition into which the post of navy surgeon has fallen reflects considerable disgrace on the administration by whose laxity and carelessness the existing state of things has been brought about. So bad that it could scarcely be worse, the least appreciable change for the better will be magnified by contrast to such an extent that a new danger arises, lest the improvements about to be inaugurated may not be unduly warped in the extent of their possible effects. Under the spirited and determined lead of Dr. Reid, however, no doubt need be entertained that the reforms instituted will be of the most thorough character; and so far as his influences is able to effect desirable changes in the department, it will be exerted persistently and unfalteringly. It is to be regretted that the new Warrant has not been issued as a guide to men who contemplate embracing the opportunity of entering the naval service ; but it is only generous to anticipate that the Admiralty will not be backward in following the good example so lately set by the allied service.

## Charing Cross Hospital.

We are glad to note that the students with the cooperation of certain members of the staff, of Charing Cross Hospital, gave a musical and dramatic entertainment, on Tuesday last, in the Board room. The performances were got up to afford an evening's amusement to a number of the patients ; but invitations were also issued to many friends interested in the institution, the result being the assembly of "a brilliant gathering." The entertainment was a signal success, and we trust it will be an encouragement to the initiators of it to repeat the experiment on future occasions. These *réunions* producc undoubted benefit to the hospital in which they take place, by exciting the interest of friends, who are thus brought into direct association with it, and the work going on within it ; and by extending the circle of those who become personally acquainted with the active organisation of our great charities, it stimulates a healthy public feeling in their behalf. The example set by Charing Cross and the London Hospitals may be followed with advantage in other places.

## Tight-Lacing.

There can be small doubt that the great majority of women submit themselves to a waist-compression that exerts a very injurious influence on their health ; and it is by no means improbable that the greatly increasing numbers of sufferers from the heterogeneous class of ailments termed "diseases of women" are augmented chiefly in consequence of the unnatural distortion to which women submit themselves in pursuit of the phantom "fashion." The importance of giving due consideration to this practice, and the evil effects following from it, are insisted on by Dr. Dyce Duckworth, in the January number of the *Practitioner*. Dr. Duckworth does not incline to think that the ill-consequences of the practice are likely to be so severe in the future as they have been in the past, but in this he may be possibly mistaken. The changes which have been made in the shape of the corset within the last ten or twelve years, by the introduction of a form of stay termed the "spoon-busk," and which exerts pressure directly on the lower portions of the abdomen, have, we venture to believe, been largely to blame for the great prevalence of uterine displacements, the frequency of which among young people of the better classes has been more than once commented on by practitioners. It will be well if the profession take the advice given by Dr. Duckworth, and give increased heed to the possible consequences of a "fashionable attire."

## The Irish Prison Surgeons.

We understand that the "Departmental Committee" to which was relegated the dispute between the Irish Prison surgeons and the General Prisons Board, has agreed to its report, and forwarded it to the Government.

We may, therefore, assume that the question whether the prison medical officers are to receive the justice which the law has given to them or, on the other hand, are to be the victims of bureaucracy, is in course of settlement. The decision of the Government will, without doubt, be greatly influenced by the feeling of their parliamentary supporters, and by the prospect of having to answer, in the House of Commons, for the conduct of the Irish Prisons Board, and we therefore consider that the present is the critical time in which the best influence of prison surgeons over their parliamentary representatives ought to be exercised. If the surgeons do not think it worth their while to put out their energies in this way they must be content to be sacrificed without mercy to departmental despotism. If they do, they will find, we think, no difficulty in persuading their city and county members that it is a substantial grievance that they have remained from the 30th of November, 1877, to the present hour without a shilling of pay, and without any definite arrangement for the performance of their duties.

## Local Temperature in Surgical Affections.

At a recent meeting of the French Academy of Medicine M. Broca read an interesting communication on local temperatures. He had been struck by the contradictory opinions expressed by various authors respecting the local temperature of limbs after ligature or obliteration of the main artery, but these diversities of opinion he considered were due to the observations on which they were founded not having been all made under similar conditions. In an experiment which he had made in which the femoral artery was digitally compressed in the fold of the groin, there was a fall of temperature of 4° during the first 44 minutes. The temperature then remained stationary for about 10 minutes, and then rose 2°, up to the end of the experiment, which lasted 84 minutes.

Investigation of local temperature enables us to say whether an interference with the circulation of an artery is due to embolism or an arteritis. Supposing there is an embolism of the femoral in the middle of the thigh, by applying 3 or 4 thermometers in the length of the leg, and the same number on the other limb for comparison, we should find equal temperature at the upper part of the thigh of both limbs, increase at the level of the embolism, equality again a little lower, and diminution still further from the obliterated spot. If there were endarteritis there would be uniform diminution. In taking local temperature in cerebral cases M. Broca employs a kind of thermometric crown. In acute softening he has found increase of temperature of 3°. Chronic softening from atheroma on the other hand caused a lowering of temperature. One result of M. Broca's is curious—he has found that an elevation of temperature on the frontal region is caused by intellectual work. In torticollis he found a difference of ·4 of a degree on the side to which the head inclined. In cases of embolism of the Sylvian artery there was lowering of temperature in the temporal region, increase in the frontal, and slight increase in the occipital.

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At the annual meeting of the Society of Public Analysts held last week at the University of London, Dr. Muter was unanimously re-elected president of the society.

## The Anti-Vaccinators at Limerick.

The Guardians of the Limerick Union have been obliged to order a sixth prosecution of a Mr. Jacob, a refreshment-house keeper in the town, for refusal to have his child vaccinated. Much as the necessity for repeated prosecution is to be regretted, we must commend the determination of the Guardians to do their duty by carrying into effect the law entrusted to them. It is not for them to decide upon the arguments of the anti-vaccinators, nor would they be even justified in refraining from prosecution if they believed that the effect of the enforcement of the law would be to increase the number of those who refuse to obey it. These considerations are for Parliament, not for Guardians, and they have been decided upon more than once by Parliament, the decision being always—as it must be when the facts are investigated—dead against the anti-vaccinators. The case against compulsory vaccination is to be found in any one of a multitude of pamphlets issued by the Anti-Vaccination Society, and consists in the endless repetition of assertions which are quite untrue, interpretations of facts so distorted as to be wholly fallacious, unutterable bosh of a pseudo-religious nature, and attempts at logic which prove nothing. No one who knows anything about the subject, who reads anything about it in reliable books, or who thinks about it without prejudice, could be persuaded by anything these pamphlets contain; but then Mr. Jacob and his cogeners are not of the class who either think or read anything except what satisfies their prejudices, and who would not for worlds accept enlightenment, lest they might learn how ignorant and how foolish they have shown themselves. Such people must not be permitted to turn the current of the law or of scientific inquiry, and, however much some good-natured people may pity them and respect them for the apparent disinterestedness of their stupid self-immolation, they must be forced to conform to the law as all the world does. We have no such pity or respect for vaccino-martyrs, for we believe that all their ostentatious self-sacrifice is only the price which they pay for notoriety and for the admiration of *gobe-mouches*.

In politics we have ample experience that, for agitators of the martyr class a grievance is a necessity to their comfort, yea, often even to their daily bread, and that if you satisfy their clamour by giving what they ask, they must fly to new grievances or starve.

Vaccination is a handy grievance for Mr. Jacob, but if Parliament yielded to his fire and fury oratory and to-morrow abolished vaccination, he could not exist for a month without some other means of obtaining notoriety. If small people crave greatness and have not the brains or industry to achieve it, they must get it by putting on singularity. But if Mr. Jacob must be singular, we have a right to ask him to choose some method which will not propagate disease or endanger the lives of his family—that's all.

## Poisoning by Aniline.

Three cases of poisoning having taken place in M. Lailler's practice, as a result of the application of a solution of hydrochlorate of aniline to patches of psoriasis, M. Leloir has made some experiments on the effects of aniline on the economy. The patients showed various symptoms of asphyxia, dyspnœa, cyanosis, fall of temperature, cramp, &c. The urine was scanty, red, contained fuchsine, and nothing but fuchsine.

The animals experimented on showed epileptic phenomena, as well as those of asphyxia. Injection of two grammes of hydrochlorate of aniline into the saphena vein of a dog weighing eighteen pounds, produced at first two or three strong inspirations, then opisthotonos, and lastly, a period of clonic convulsions, accompanied by salivation and dilatation of the pupil, and followed by almost absolute loss of voluntary movement.

Each injection of two grammes produced the same phenomena. Small doses produced only symptoms of asphyxia. A few hours in the first case were enough to cause death, which occurred during an increased asphyxia. M. Leloir believes that in aniline poisoning the animal does not die either by the lungs, by the heart, or by lesion of the nervous system, but by a primary action on the blood. The blood, indeed, shows some time after the injection a violet-brown colour.

## The Vacant Commissionership of Irish Poor-law.

Mr. R. M. Bellew, the second Local Government Commissioner for Ireland, whose serious illness we recently announced, is dead, and his office, with the attached £1,200 a-year, is vacant. We have good reason to know that the alarm which we then raised as to an impending job which would introduce to the department another sinecure office-holder, was not a moment too soon. There is imminent danger, we understand, that Mr. George Morris, M.P., may be appointed in Mr. Bellew's place, he being a gentleman who has done a good deal of message running for the Irish government, and who knows or cares as much about the Irish Poor-law as he does about Bulgaria. After the audacious job recently perpetrated in London of putting into the office of Registrar-General for England an ex-captain of the Horse Guards over the head of the greatest vital statistician in the empire, we cannot doubt that the present Government is capable of any transaction of the sort, and will not be deterred from jobbing the Irish Poor-law commissionership by any consideration of what is good for the public service, or honest towards the country.

We protest in the name of the medical profession against the nomination of any mere place-hunter to so important an office.

We do not speak on behalf of any candidate (though we know that a gentleman, who is thoroughly conversant with Irish local government, and who has shown great ability in its administration, has been named for the vacant office), but we have a right to ask, and we do ask, that the successor to Mr. Bellew shall resemble that gentleman as little as possible, shall have some knowledge of the service which he is to administer, and be disposed to give to the public some valuable service for his salary. The Irish Local Government Board needs reinforcement and not depletion, and it would be a grievance and a calamity if it be sacrificed to the necessity for providing for a mere political jackal. For Heaven's sake let Mr. George Morris have some neat little legal sinecure where his inertia will do no one (except the taxpayer) any harm, and let the

Irish Local Government Board have the aid of some man who has a little knowledge of its work, and some desire to do his duty actively and honestly.

### The Influence of Phosphorus on the Urinary Secretion.

M. P. Cazeneuve in a note read before a recent meeting of the Academie des Sciences, says that after a series of experiments on the dog and cat, he has come to the conclusion that phosphorus in toxic doses causes increase of urea, phosphoric acid, sulphuric acid, nitrogen, and iron. The destruction of blood corpuscles supposed to take place in phosphorus poisoning may be explained by the increase of excreted material. These experiments are important with respect to the function of the liver, as some physiologists regard this organ as the principal agent in the formation of urea.

### Lead in Butter and Confectionery.

The employment of chromate of lead to give an attractive yellow colour to butter has long been known, says *Le Praticien*, but recently Dr. Galippe has shown that the same substance is used in some confectionery to give the yellow colour which should be supplied by the yolk of eggs. A sample of this confectionery was brought before the Academy. Analysis showed that in a brioche weighing about 100 grammes there were 7½ centigrammes of oxide of lead.

### A Grain of Oats Passing through the Eustachian Tube.

The *Berlin Klinik* relates a case of a woman holding an ear of oats in her mouth who swallowed a grain. She soon felt a pricking, scratching pain on the right side near the base of the tongue, which gradually rose higher and higher. The pain increased, and there ensued suppurative inflammation of the middle ear with perforation of the membrana tympani. The grain appeared in the opening, and could be seen from the meatus; its removal was followed by immediate recovery.

### Chloral.

As confirming the views we have frequently expressed that the evil effects of free trade in chloral are under-estimated, we are glad to be able to quote the following from the *Cincinnati Medical Journal*:—

> "Not a week passes but we read of a death from the action of chloral, which has been taken as an anodyne, or for other medicinal effects. A peculiarity of the destructive action is that a person accustomed to the use of the agent is as liable to ill effects as an individual who has never employed the chemical previously; and it is also a fact that a moderate-sized dose will kill a patient who has tolerated large doses on previous occasions. In other words, experience in the use of the drug furnishes no safe rules for its administration. Probably a peculiar chemical state of the contents of the stomach has much to do with the action of the remedy. Chloral being now sold by the apothecaries to the non-professional *ad libitum*, and 'nervous people' being in the habit of swallowing the drug for the temporary relief of their multiple disorders, we may reasonably expect an increase of sudden deaths in every community until legal enactments place the use and sale of the dangerous agent under restraint."

We may not perhaps accept entire the dictum of our American contemporary, especially in the rather "mixed" theorising it indulges in to explain the toxic effects of the drug; but the note is an evidence that the uneasiness felt in respect to the injuriousness of chloral is not confined to this country. We can add that another instance of chloral poisoning has just come under our notice, the victim being a medical man.

### The Hendon Tragedy.

The conspicuous character attaching to the discovery of a mutilated man's body at Hendon has excited a good deal of animated discussion in medical circles. The verdict, "suicide while temporarily insane," does not seem an improper one in the face of a complete absence of evidence tending to criminate a second person; and more, the peculiar nature of the wound proving that the cutting must have been a somewhat long operation, together with the appearances that the unfortunate man had dragged himself some distance after the act, and then precipitated himself from a bridge, tend together to force conviction that the case was not one of murder. Self-immolation is by no means an unknown occurrence, and it is not difficult to imagine a morbid condition of mind resulting in an act like that of Sibley's, and dictated by phantom fears of premature senility. The removal of all the external genital organs need not necessarily prove fatal, for we remember a case to the contrary. A youth, while swimming in Falmouth Harbour, was suddenly attacked by a large fish—possibly a young shark—which, rushing between his legs, bit away the penis and scrotum with its contents. This person recovered, being possibly aided thereto by the styptic action of the sea water. On certain minds the deadly horror experienced at the thought of emasculation is, in itself, enough to nerve the heart for the commission of any deed, and it is not at all opposed to the teachings of experience to conclude that the mystery of the late Hendon tragedy is resolvable on this explanation.

### Hysterectomy at the Richmond Surgical Hospital.

On Wednesday, the 14th inst., Mr. William Stokes performed the operation of hysterectomy on a patient æt. 48, and removed a uterine tumour of enormous dimensions, weighing over 20 lbs., together with both ovaries. The tumour first appeared about eleven years ago, shortly after the birth of the patient's last child. The diagnosis made previous to the operation was fibro-cystic tumour of the uterus, with probably ovarian disease. The patient rallied well after the operation, which owing to the unusually large size of the tumour was attended with extreme difficulty; but on the evening of the second day the patient exhibited signs of failing, and early on the morning of the third day after the operation she sank, apparently from shock and exhaustion. Mr. Stokes detailed the history of the case, and exhibited the tumour to the Pathological Society, at the meeting held last Saturday, and the specimen was referred to the morbid tumour committee for further examination.

### Internal Use of Tar.

In a recent number of the Berlin *Klin. Wochenschrift*, Prof. Reclam, of Leipzic, reports some therapeutic experiments with tar. He used it in pills or capsules, and says that tar water is not so efficient. One curious and constant effect noted was that the urine of a patient taking tar does not decompose for five or six days, instead of in twenty-four hours, as usual. The general indication for tar, he says, is a chronic catarrhal inflammation of the mucous passages of the respiratory or urinary tract, as bronchitis, vesical catarrh, gleet, &c.

### The Frog Cure.

In *De Tydschrift*, a Dutch journal published at the Cape, an old lady recapitulates a list of remedies with which she tried to cure some affection of the lungs. "I began," writes she, "with ordinary plasters, then thorn plasters, then tar plasters, then Holloway's ointment, then Poor Man's Friend, pipe oil, Haarlem oil, and the 'lights of a young kid.' Failing to receive the least benefit, I next tried in succession wild dagga, blue gum, buchu, peaches, wild aloes, kruidje-roer-mij-niet, and they failed. Then I tried one-half of everything in a big Huis Apotheek, and still failed to get cured. An old woman advised me to boil the entrails of a sheep and drink the water. I did so but received no benefit. A 'Kanny Schot,' who said he was a doctor, tried carbolic acid and linseed meal, but it was the eight frogs in a muslin handkerchief that cured *me*."

### Statistics of Foreign Bodies in the Brain.

Dr. Wharton, in the *Philadelphia Medical Times*, gives statistics of 316 cases of foreign bodies in the brain gathered from different journals. Of these 316, 156 were fatal; 160 survived, 111 of whom were completely cured, and 49 remained affected with epilepsy, vertigo, blindness, deafness, paralysis, &c. The foreign bodies were extracted by surgical means in 106 cases (34 deaths, 72 recoveries), operation was not attempted in 210 cases (122 deaths, 88 recoveries). Of the 111 cases entirely cured, 56 were operated on, 45 not. In 7 cases there was hernia cerebri, 3 fatal, 4 cured. The lesion was in the anterior part of the cranium in 132 cases (58 deaths, 74 recoveries); in the posterior part in 23 cases (16 deaths, 7 recoveries); in the temporal region in 31 cases (12 deaths, 19 cures). The foreign body had penetrated by the orbit in 18 cases (17 deaths, 1 recovery); the sphenoidal region was lacerated in 5 cases (4 deaths, 1 recovery). Forty-nine times the part in which the lesion occurred was not clearly specified: of these there were 22 deaths and 27 recoveries. In 53 of the cases where necropsy was performed, death had taken place from the formation of an abscess in the brain. The other causes of death were inflammation of the brain and its membranes, pressure of the foreign body on the vessels or nerves, apoplexy and convulsions. The cases of coma all terminated fatally.

### Decalcified Bone Drains.

We are informed that Mr. Wheeler, of Dublin, employed Dr. Neuber's decalcified tubes in a case of amputation of the arm on Tuesday, the 13th, and states that it has acted to his satisfaction. We believe this is the first time they have been used in Dublin since their recent introduction into surgery.

### Injection of Chloral in an Erectile Tumour.

Dr. A. Pupi, in *Lo Sperimentale*, narrates a case of erectile tumour treated by parenchymatous injection of chloral. The tumour was in the naso-palpebral region, and had extended rapidly. After considering the various methods possible for its removal, Dr. Pupi decided to adopt injection of chloral, remembering that it coagulates the blood, is a hæmostatic and cicatrisant. Three injections were made at intervals of a fortnight, into the substance of the tumour. The proportion of chloral was 10 per cent. in distilled water. Each injection was immediately followed by swelling, which however was not painful, and disappeared in four or five days. The cure was complete, and scarcely any traces of the tumour can now be seen.

### Administration of Castor Oil.

The following method of administering castor oil is recommended by M. Potain, and described in a recent number of *Le Praticien*. An orange is cut in halves, and after removing the pips, the juice of one half is pressed out into a tea-cup. The oil is poured carefully on the top of this juice, and on this again the juice of the other half of the orange is squeezed out. The oil remains between the two layers of juice in the shape of a meniscus, and may be swallowed without any unpleasant taste.

### Quis Custodiet Custodes?

The *Chemist and Druggist* very cogently asks what have the College of Preceptors to say to this?

Mr. Thomas Marshall, of Charlotte Street, Fitzroy Square, writing to the *Times*, says: A few days since I received a midwife's certificate with the letters "M.R.C.P." written after the signature. Not being aware that women are admitted as members of the Royal College of Physicians, I wrote for an explanation, and received the enclosed reply to-day. I copy it *verbatim et literatim* for the information of your readers:—

"Dear Sir,—I simply signed my Educational tital. I am a meber of the Royal Colledge of Preceptors.—Yours respectfully, ——."

### Effect of Sugar on the Teeth.

If we are to believe M. Lerez, whose views are published in the *Charleston Medical Journal*, the ancient prejudice against sugar is not without good ground. The conclusions of M. Lerez are as follows:—"1. Refined sugar injures teeth—either by immediate contact, or by gas developed in the stomach. 2. That a tooth soaked in sugar-water becomes jelly-like, from the sugar combining with the lime of the tooth."

Sir Joseph Fayrer, K.C.S.I., is the newly appointed Examiner for the Army Medical Service in Anatomy and Physiology, *vice* Mr. George Busk, F.R.C.S.

Dr. Curnow, of King's College Hospital, has been elected to the post of Visiting Physician to the Seamen's Hospital, Greenwich, vacant by the death of Mr. Harry Leach.

Another sad instance of the danger to which the public expose themselves by familiarity in the use of drugs occurred last week at Doncaster, where a young woman was poisoned by taking an overdose of morphia. She was subject to fits, and took this drug to procure sleep. On the last occasion the first dose did not act, and a second was taken, producing sleep from which she never woke.

Last week the rates of mortality per 1,000 in the principal large towns of the United Kingdom, were—Oldham 16, Norwich 18, Leicester 18, Leeds 20, Brighton 20, Bradford 20, Portsmouth 20, Sheffield 21, Sunderland 21, Newcastle-upon-Tyne 21, Salford 22, Edinburgh 22, Nottingham 23, Glasgow 23, Birmingham 23, Wolverhampton 23, London 25, Manchester 25, Hull 25, Bristol 26, Liverpool 28, Plymouth 35, and again the highest rate Dublin 41.

Last week the death-rate from the seven principal zymotic diseases ranged from 0·0 and 0·9 in Brighton and Oldham, to 6·3 in Hull, 8·1 in Dublin, and 12·5 in Plymouth. Measles showed exceptional fatality in Plymouth, Hull, Liverpool, and Nottingham. Diphtheria and whooping-cough also contributed to the high zymotic rate in Plymouth. Scarlet fever and whooping-cough were very prevalent in London. Small-pox caused 8 more deaths in London, 5 in Dublin, and 1 in Bristol.

In the principal foreign cities the rates of mortality, according to the most recent official weekly returns, were—in Calcutta 31, Bombay 39, Madras 34; Paris 28; Geneva 23; Brussels 39; Amsterdam 33, Rotterdam 34, The Hague 23; Copenhagen 36; Stockholm 19; Christiania 23; St. Petersburgh 42; Berlin 25, Hamburg 29, Dresden 28, Breslau 22, Munich 29; Vienna 28; Buda-Pesth 39; Rome 41, Venice 49; Alexandria 39; New York 23 per 1,000 of the population. Small-pox caused 64 deaths in Paris, against 27 and 56 in the two preceding weeks.

By the will of the late Dr. H. H. Stewart, of Dublin, founder of the Stewart Institution for Imbeciles, he willed and bequeathed a sum of £2,000 "to be paid to the Treasurer for the time being of the Stewart Institution for Imbecile Children, as an endowment in addition to the sums already given to the said Institution by him; and out of the surplus fund (whenever such there shall be) he authorised and empowered his said trustees, aided and assisted in their judgment by his said wife, in whose sound and liberal views he had every confidence, and as she knew his wishes, to allocate the same to such charitable purposes (educational or religious, and without regard to sect or party) as they shall think proper from time to time."

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Mortality of Glasgow.—The deaths in Glasgow for the week ending Saturday the 10th inst. were at the rate of 23 per 1,000 per annum against the same figure in the preceding week, and 28, 24, and 24 in the corresponding periods of 1879, 1878, and 1877.

Rutherglen Death-Rate.—According to the report of the medical officer, Dr. Mackechnie, there had been, during the month of December, 18 deaths and 37 births in this burgh. The death-rate was 21·6 per 1,000, which was a great increase over that for the previous month, which was 12 per 1,000. This was attributed to the low temperature which prevailed, and foggy weather, which had greatly increased the deaths from diseases of the chest. There had been four cases of scarlet fever in one family, two of which proved fatal. There had also been five cases of typhoid fever, four of which had recovered, only one proving fatal. At the date of the report there was one case of scarlet fever in the burgh.

Registrar-General's Returns.—According to the Registrar-General's returns for the week ending Jan. 10th., the death-rate in the eight principal towns during that period was 22·1 per 1,000 of estimated population. This rate is 6·2 under that for the corresponding period of last year, and nearly the same as that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 13·3; and the highest, as usual, in Paisley, viz., 28·7. The mortality from the seven most familiar zymotic diseases was at the rate of 2·9 per 1,000. Whooping-cough, though still the most prevalent of these diseases, was less fatal than during the previous week. The death of a gamekeeper, aged forty-three years, who died in the Glasgow Royal Infirmary, was certified as due to hydrophobia.

Glasgow Lock Hospital.—The annual general meeting of the qualified subscribers to the funds of the Glasgow Lock Hospital was held in the Religious Institution Rooms on the 13th inst., Mr. Mathew Fairley in the chair. Mr. Robert Young read the 74th annual report of the directors, in which the sustained efficiency and utility of the institution were referred to. At the commencement of the year there were in the hospital 21 patients, and there had been admitted since 343, making in all 364. During the year 335 had been dismissed as cured, leaving 29 under treatment on the 31st ult. These figures showed a decided decrease in the numbers seeking the benefits of the institution. The average age of the patients did not exceed 22 years. The annual subscriptions had this year fallen short of the preceding year by £37, these amounting to £447 6s. 6d. The disbursements were much the same as last year. The directors urgently appealed to the citizens for increased contributions, and they also respectfully called attention to those who might have charge of suggesting and distributing legacies to the claims of the institution. New directors were appointed, and a vote of thanks to the medical officers terminated the proceedings.

Public Analyst for Perth.—Dr. Wallace, Glasgow, was appointed analyst for Perth, at a meeting of the Perth Police Commissioners, held on the 12th inst., at a salary of £40 per annum, and two guineas per day when his attendance is required at prosecutions.

Edinburgh Royal Maternity and Simpson Memorial Hospital.—The directors of this hospital have appointed J. Milner Helme, M.B.C.M., and Stanley M. Rendal, M.B.C.M., as house-surgeons for the quarter from 1st prox., in place of Andrew Murray Oram, M.B.C.M., and Charles A. Maclean, M.B.C.M., whose term of office then expires. Professor Simpson, who has been on duty since 1st November last, will be succeeded on 1st February by Dr. Angus Macdonald, as medical officer on duty.

The Action against a Leith Galvanist.—In this action, formerly referred to against D. (not Dr., as erroneously printed in former notice) Rintoul, Sheriff Hallard found for the pursuer, and in consideration that the hand and arm were previously in a damaged condition, thought £10 and expenses sufficient compensation. In a note his lordship says:—The two distinguished surgeons who saw the pursuer's hand practically concur in their opinion as to the result of the defender's treatment of it. Mr. Bell says that "the limb had been boiled and was dead." Dr. Littlejohn says, "I am not prepared to say that that would be an exaggerated phrase," and adds, "I am familiar with cases of death through scalding, and the pursuer's hand presented similar appearances." Now it is thought to be clear that in this case the maxim *spondet peritiam artis* applied to the extent of making the defender liable for the consequences of so gross a blunder as he committed in this instance. The question is not how far the hot water into which he so recklessly plunged the pursuer's arm and hand rose towards or fell short of 212 deg. Fahr., but whether, from want of care on his part, the diseased limb was put into water so excessively hot as to produce consequences which made amputation necessary. On that question it is thought that the evidence of practitioners, however eminent, who did not see the limb, cannot outweigh the evidence of practitioners, equally eminent, who did. And after going over the numerous authorities cited by counsel in the course of the discussion, the Sheriff thinks they are well summed up by this *dictum* in Bell's Com.:—"Under this rule (*spondet peritia artis*) all professional men are comprehended. Their contract is *locatio operarum*, not mandate; and they, as well as smiths, farriers, bleachers, and ordinary artists of all kinds, whenever they engage their services for hire, are responsible for the skill and art necessary to accomplish safely what they undertake, in so far as ordinary skill and art can accomplish it."

Glasgow Royal Asylum for Lunatics.—The annual general meeting of the qualified contributors to this Asylum was held in the Religious Institution Rooms on the 15th inst., the Lord Provost presiding. The secretary (Mr. J. Roxburgh Strong) submitted the sixty-sixth annual report for 1879, which stated that the asylum contained 532 patients of all classes at the commencement of the year. There have been 180 admissions, 136 discharges, of which 57 were recoveries, and 47 deaths, so that the number at the end of the year is 529. Of this total 226 are private patients, and 363 are chargeable to parishes, as against 189 private and 343 pauper patients at the beginning of the year. The decrease of 40 in pauper patients has been caused solely by want of room, which compelled the directors to restrict the admission of this class. The increase of 37 in private patients is partly due to the transference of 14 patients from the private asylum at Bothwell when that institution was closed. The directors have great satisfaction in reporting that the heritable debt which has so long burdened and hampered the institution is now extinguished. They congratulate the contributors and the public that this result, so long hoped for, has at length been obtained. Among the additions and improvements effected during the past year there may be mentioned two shoe-rooms properly heated for the out-door workers, and the erection of a covered passage from the west house to the large hall, which is thus easily accessible now from all parts of the house. The directors regret to record the death, in October last, of Dr. John Gibson Fleming, who has held the office of surgeon to the asylum since the year 1839. Dr. Fleming succeeded his kinsman the late Dr. Balmanno. He never ceased to take the warmest and kindliest intere stin the asylum. His best skill was always promply at its service, and the directors desire to place on record their sense of the loss which the institution has sustained. New directors were appointed, and a vote of thanks to the chairman concluded the business.

# Correspondence.

## TREPHINING OF THE SKULL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On looking over the *Medical Press and Circular* of the 17th of December last, I observe that part of my remarks at the first meeting of the Surgical Society, and a case which I quoted that bore directly on the subject under discussion, omitted. I relate the case:—

Some years ago the servant of a general officer came under my care, who, when stooping to pick up something near a baggage mule, received a kick below the superior angle of the left parietal bone. The man was stunned, but there was no scalp wound, inasmuch as he was partially protected by a forage cap. He was treated by cold applications and purgatives. On the fourth or fifth day after the injury he had an epileptiform fit; he then came under my care, and was examined by myself and Surgeon-Major Chartees. We felt a slight depression, but there was scarcely any entravasation beneath the scalp, probably on account of being attended to so quickly after the injury; another fit occurred the day after, and we decided to trephine him; the lot fell on me. The inner table of the skull was found pressing on the dura mater, as also small separate quantities or points of blood. The patient made an excellent recovery and had no return of the fits.

In the *Medical Press* of January 7th, important points are left out in my descriptions (at the Surgical Society) of the diseased clavicle excised by me, and the "scirrhus mammary tumour."

The curtailed description of the former would give the idea that the bone lay comparatively loose, whereas I distinctly stated that the sterno-cleido-mastoid, trapezius, pectoralis major, deltoid, subclavius, and sterno-hyoid muscles were attached as well as the ligaments.

I stated the encapsuled scirrhus mammary tumour was examined by the College curator, Mr. Abraham, that there were no glands enlarged, that it had been growing for more than five years, that the lady I removed it from was sixty-eight years of age, that it was shown because it was encapsuled, and had a distinct connective tissue investing it, which on the high authority of Sir James Paget, was said not to exist in scirrhous cancer of the present.

Faithfully yours,

Jan. 17th, 1880. W. J. Wheeler, F.R.C.S.

## TRAFFIC IN ENGLISH PSEUDO-CHARITY VOTES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your comments on the above you have, unintentionally, I am sure, made a serious mis-statement regarding our proposed department (it is not in actual being) for the exchange of charity votes. We do *not* observe or even so much as suggest, that we might "as well make a little profit" out of an abuse which we admit. On the contrary, our object is to lessen the abuse, and at the same time to assist those of our readers who are interested in any of the various charities to which elections are made by the votes of subscribers. The quotatiom from our paper is misleading, for it is not taken from the full statement of our views, but is made up from the editorial notes to the letters of two correspondents, and should therefore be read with the letters themselves and with the editorial article which elicited them. I enclose the article, which appeared in our issue of Dec. 12, and I venture to think that if you will read it, you will admit that it places our action in a very different light to the one in which you have viewed it. As a matter of £ s. d. it makes no difference to us whether our columns are filled with one class of advertisement or another, and already each of our three issues weekly is filled to overflowing; but we do aim at being helpful and useful in every legitimate manner, and, for the reasons advanced in the article, we consider that we should be doing good service to the public by rendering the transfer of charity votes more easy and cheap than it has been hitherto.—I am, &c.,

LEONARD M. GILL.

## Obituary.

### DR. WILLIAM BUDD.

DR. WILLIAM BUDD died at his residence, Clevedon, Somersetshire, on Friday, the 9th inst. Dr. Budd was the son of a surgeon of North Tawton, Devonshire, and after a careful preparation under his father he went to Paris and continued his studies at the Ecole de Médicine and the Collége de France. He afterwards graduated at the University of Edinburgh, taking his degree in 1838, and in 1844 he obtained an appointment in Bristol as one of the physicians of St. Peter's Hospital. He was afterwards elected one of the physicians of the Bristol Royal Infirmary, and he materially helped forward the pathological museum which Mr. Richaad Smith had started. In consequence of ill-health he had to resign the chair of Practice of Medicine at the British Medical School, and in 1862 he gave up his appointment of physician at the infirmary. In 1870 he was elected a Fellow of the Royal Society. His principal work was his elaborate and exhaustive treatise on "Typhoid Fever, its Nature, Mode of Spreading, and Prevention."

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### DR. PAGENSTECHER.

THE death is announced of the well-known Wiesbaden ophthalmist, Dr. Alexander Pagenstecher. He was returning from a shooting excursion, when his breechloader, which was lying behind him in his sledge, went off, the ball passing through his head and mortally wounding him. He died a few hours after the accident. Dr. Pagenstecher, who was only 55 years of age, had long been director of the Ophthalmic Hospital in Wiesbaden.

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### DR. HUME.

THIS gentleman died on the 9th inst., at his residence in Crumlin, county Antrim, aged 60 years. Dr. Hume, whose health had been impaired for about a year, was a graduate in medicine of the University of Glasgow, and held the post of coroner for the Belfast district of the county Antrim for the past fifteen years, the duties of that important office being performed with ability. His practice was of an extensive kind, and he was a most popular and esteemed member of the community among whom he resided. Dr. Mussen of Glenavy is a candidate for the vacant coronership, and it is most probable that he will be returned without opposition.

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### MR. WILLIAM ALLEN.

ON Friday, the 9th inst., the grave closed over the remains of the late Wm. Allen, one of the most respected of the pharmaceutical chemists of Dublin. Mr. Allen's is the first name on the list of the twenty-one gentlemen selected by Government as the first Council of the Irish Pharmaceutical Society, and he is also the first of that body removed by death. Mr. Allen was 65 years of age. The funeral was very largely attended by members of the Masonic Order, of which Mr. Allen was a prominent member, having attained what is termed the 32nd degree, a position reached by few. The last monthly meeting of the Council of the Irish Pharmaceutical Society, after reading correspondence, was adjourned out of respect for the late member.

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## Medico-legal Intelligence.

### FALSE CERTIFICATES.

ON Saturday last, at the Lambeth Police Court, Mr. James Bilham, M.R.C.S., of Brixton, was charged, "that he did unlawfully make a false certificate or declaration under the Births and Deaths Registration Act, 1874, concerning the death of Mary Anne Bowtell."—Mr. C. J. C. Pridham said he appeared to prosecute for the Medical Defence Association, acting under the authority of the Registrar-General. The defendant was a surgeon, whose address in the Medical Register was given as in the Harrow Road. At the address in Milkwood Road his name was up as well as in Saltoun Road, Brixton. In the last-named house a gentleman named Ransdon resided, who would be called in connection with the case. Mr. Ransdon, who saw the deceased woman, was an unqualified medical man. The certificate given by the defendant stated that the deceased, Mary Anne Bowtell, aged 75, died on the 9th December, and that he last saw her on the 8th December. This was signed by the defendant, who gave his address 12 Saltoun Road, Brixton.—Mary Renshaw, daughter of the deceased, stated that her mother was ill, and she sent for Mr. Bilham. The gentleman she saw in court, and whom she was told now was Mr. Ransdon, came and attended her mother. She always thought he was Mr. Bilham. He had frequently attended her and her children, and she believed him fully qualified. She had seen the defendant in company with Mr. Ransdon before her mother's death, and he had expressed an opinion that she would not last the winter through, as she was suffering from disease of the heart. He also said it was a case of senile decay.—Mr. Ransdon was called for the defendant, to whom he said he was an assistant. The defendant saw the deceased before her death. The witness added that his name was up at Saltoun Road. The defendant lived at Paddington, and during the two years he had been his assistant the surgery in Saltoun Road had been carried on. He saw the defendant sign the certificate of death.—After some further evidence, Mr. Ellison said, in deciding the case, it was no doubt one in which a false certificate had been given, but it was not one of those extreme cases in which a certificate was given and a false cause of death entered. There was no doubt the defendant had, on one or two occasions, attended the deceased, and had a certain knowledge of the case. He would not convict the defendant to the full extent the Act gave him power to do—viz., £10—but ordered him to pay a penalty of £5 and £5 5s. costs.

### A RETAINING FEE.

AT the Redruth County Court last week, a somewhat novel case was decided, in which Mr. C. H. Butlin, M.R.C.S., of Camborne, claimed 5s. from John Sims for bespeaking attendance on his wife in her confinement.—His Honour asked if medical men could recover on retainers?—Mr. Butlin said they could; it was a custom of the profession.—Defendant said Mr. Butlin told him to go to someone else as he could not pay the booking fee of 5s. He did not get someone else, but an old woman attended his wife out of kindness.—Mr. Butlin said never in his life did he refuse to come because the money was not paid.—His Honour: It's not very likely. Judgment for plaintiff, payable in 1s. a month.

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## Literature.

### ESSAYS ON OPHTHALMOLOGY. (a)

MR. G. E. WALKER, whose name is well and favourably known in connection with ophthalmic surgery, opens his interesting "Essays on Ophthalmology" with the following quotation from a recently published work on "Diseases of the Eye":—"Against glaucoma in all its forms, and from their commencement to their termination, the resources of the Pharmacopœia are utterly useless. They are worse than useless, for their employment wastes time and loses opportunity. The only remedy for the disease is the operation of iridectomy." Such dogmatic teaching is, we are bound to say, in no way justified by experience. It is not surprising, therefore, that Mr. Walker should demur to it, although it has become the fashion to resort to iridectomy in almost every conceivable form of disease of the eye, pigmentary retinitis not excepted, and if in any given case the eye is lost it is, of course, rather the fault of the eye than of the operation.

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(a) "Essays on Ophthalmology." By George Ed. Walker, F.R.C.S., &c. London: Churchill. 1879.

Mr. Walker, like some other of his brethren, has put iridectomy to the test of experience, and found it wanting; indeed, he goes so far as to say that, in his opinion, "the removal of a large piece of impeccant membrane without explicable cause is repulsive, if not often destructive to vision. When we consider what an important part the iris plays in health, and what a potent agent of mischief it is in disease, we cannot but be lost in amazement that such a free mutilation of it should be advised and practised, and considered harmless. Future generations of physiologists and ophthalmologists will surely stand aghast at the way in which the iris has been cut about in the last quarter of a century." This is strong language, and may be looked upon as the vapourings of a disappointed man, and which is probably not very far from the truth. Nevertheless much can be fairly urged against the resort to iridectomy for many and very opposite diseases of the eye; and as to its physiological or curative action, who can satisfactorily explain it. Its originator could not, and the last solution offered is that, by tearing or cutting away a portion of the iris, we relieve tension by producing a "cicatrix of filtration," whatever this may mean, for it is scarcely intelligible to see how "filtration" by either permeable cicatrix or actual fistula can afford relief to a glaucomatous eye. In fact, neither Von Graefe nor his disciples have been able to offer a sound, much less a scientific, explanation of the action of iridectomy. They, therefore, speak of their master as one to whom the twofold credit is due of having perfected a system of eye diseases (the common bond of which is increased tension or hardness of the eyeball) and as having originated a simple and certain cure in iridectomy.

On looking a little more closely into Graefe's writings, it is at once seen that this is far more than he himself claimed. He was cautious, and certainly did not look upon "the resources of the Pharmacopœia as utterly useless." He rather inculcated "waiting, in certain cases, so that, if the inflammation tended to abate, and the sight to improve somewhat *under the treatment*," no operation need be performed. He further added that "the urgency (for an operation) does not depend on the intensity of redness, or chemosis, nor the *amount of tension*, or pain, but rather on the degree of impairment of vision." This sensible advice is now apparently quite disregarded, and the upshot of it is that patients are frequently subjected to operation without hesitation in the consulting room.

Mr. Walker's experiences of iridectomy are not of a favourable nature, and he has thus been led to look about him for a simpler and more rational method of treating glaucomatous affections, and at length he found one in a modified form of "section of the ciliary muscle"—an operation which is regarded by iridectomists with as little favour "as the resources of the Pharmacopœia." Mr. Walker calls his operation "hyposcleral cyclotomy;" his method of performing it is as follows:—The patient being fully etherised, and the lids separated by the speculum, he pinches up a fold of conjunctiva with the toothed forceps slightly to the inner side of the vertical diameter below, and then thrusts perpendicularly through the cornea well within transparent tissue, a very narrow knife, edge upwards, exactly opposite to the point held by the forceps. Then depressing the handle, so as to bring the knife-edge parallel to the curve of the tunics, it is made to cut through the iris, and is slowly withdrawn, and made to cut its way out up to the sclerotic. As the return incision is made a distinct sensation is felt as of cutting a gristly body. The pupil, which, up to this time, is of a medium size, is at once dilated towards the wound, and then all round. The eye is bound up, but little or no after treatment is needed. The operation itself is, Mr. Walker believes, facilitated by the previous use of a half-grain solution of eserine, which in his hands has proved most successful. This success, he thinks, is due to "the immediate relief of tension and infiltration, and for a time, the compulsory rest of the ciliary muscle." It must not be supposed, however, that cyclotomy can be likened to iridectomy; the two operations, which at first sight appear somewhat alike, are really very different. Mr. Walker satisfactorily, we think, proves this in his discussion of the "causation of glaucoma." He looks upon a half or one-sixteenth of a grain solution of eserine as a valuable remedy in the treatment of the chronic stage of the disease, and furnishes particulars of a number of interesting cases.

We must add that his volume is by no means entirely devoted to the consideration of glaucomatous affections of the eye. On the contrary, he offers practical observations on the treatment of exophthalmos, gonorrhœal ophthalmia, neuro-retinal atrophy, and sympathetic ophthalmia. There cannot be a doubt that he has acted wisely in yielding to the advice of friends to give to his professional brethren the benefit of an extended and valuable experience in eye surgery.

## TRAFFIC IN PSEUDO-CHARITY VOTES.

We have read the letter which our correspondent has kindly forwarded (*vide* correspondence column), and are obliged to say that it seems to us greatly to strengthen our protest against the proposed systematic traffic in charity votes. The editor of the *Exchange* opens his proposition by saying] that he contemplates establishing a column for the "exchange and *purchase* of charity votes." There is no mincing the matter. But he has waited in expectation of "such changes as would remove some of the undoubted evils of the present system." This latter phrase might be read to indicate changes which would put a stop to the most deplorable and corrupt traffic already existing; but, continuing our perusal, we find that the editor's idea is that the buying and selling of charity votes is not sufficiently open, and as the distillers would remedy the abuse of liquor by freeing it of all tax, and allowing all the world to sell it, so the editor would remedy the illicit sale of votes by vending them openly to the highest bidder for anything they will bring.

We fear we shall not agree with our editorial *confrère* in this matter, for we hold the old-fashioned idea that any person who has a voice in the distribution of public charity is bound in common honesty to apply the benefits of that charity to the most deserving person. He who imposes upon a charitable fund a person whom he knows to be undeserving, simply, in our view, steals a certain yearly sum from its coffers, and he who aids another person by his vote in doing this, in consideration of the other person helping him to repeat the imposition upon some other charity, is doubly guilty. While we live in the existing atmosphere of charity corruption, in which the money of the benevolent is hourly misappropriated by selfish persons, we suppose our views will be considered as high-flown and uncommercial. While we hold them we are certainly bound to protest against any journal making its columns attractive (if the word "profit" be objected to) by aiding selfish and unprincipled people to prostitute the objects of charity to their own uses.

## THE HEALTH OF IRELAND.

The mortality, last week, in 20 large English towns, inclusive of London (in which the rate was 25·0), was equal to an average annual death-rate of 24·0 per 1,000 persons living; in Glasgow the rate was 23·6; and in Edinburgh, 22·3.

The average in the sixteen principal Town Districts of Ireland was 34·1, the respective rates being—Sligo, 15·0; Galway, 15·8; Waterford, 17·0; Drogheda, 20·9; Dundalk, 25·6; Belfast, 28·0; Cork, 28·8; Newry, 30·1; Clonmel, 31·5; Limerick, 31·8; Queenstown, 32·5; Wexford, 34·4; Dublin, 41·0; Kilkenny, 42·1; Londonderry, 60·6; and Lurgan, 77·4. With reference to the high death-rate for the two last-named districts it should be stated that 10 of the 36 deaths registered in Londonderry, and 17 of the 23 deaths in Lurgan occurred in public institutions, and that the returns do not afford information as to whether any of these deaths were of persons admitted from localities outside the registration areas adopted. No case of small-pox is reported from any of the provincial towns. Eight deaths from scarlatina and 6 from measles were registered in Cork; in the preceding week there were 14 deaths from the former, and 8 from the latter disease recorded in that district.

In the Dublin district the deaths represent an annual rate of mortality of 41·0.

There were 56 deaths from zymotic diseases registered, being 3 more than in the preceding week, and 16 over the average number for the first week of the last ten years: they comprise 5 from small pox, 11 from measles, and 10 from scarlatina.

The registered deaths from small-pox (5) are one over the number of the preceding week, but the new cases of the disease admitted into the Dublin hospitals, which in that week amounted to 36, fell to 24 last week.

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## NOTICES TO CORRESPONDENTS.

**Reading Cases.**—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

**Dr. Flinn, Lichfield.**—1. The appointment is no doubt most unjust, but we fear it would be useless on your part to protest, as the parties concerned do not appear to have overstepped legal bounds. 2. We entirely agree with you that the sale of practices to unqualified practitioners, or the purchase of practices from such men, is most reprehensible, and not calculated to uphold the dignity of the profession in the eyes of the public.

**Ethnologist.**—We know of no good modern work on the subject.

**A Lady Superintendent.**—We understand that the whole of the staff at Guy's are against the innovations of the lay treasurer and his nominee.

**Clinical Society of London.**—On Friday, January 23: Mr. Pick, "A Case of Sub-astragaloid Dislocation." Dr. Hewan (for Mr. Adams), "A Case of Bullet-wound of the Lung."—Dr. Habershon and Mr. Davies-Colley, "Pyelitis: Discharge of Pus: Incision in the Loins: Recovery."—Dr. Habershon, "Chylous Urine after Ague in India: Albuminuria: Cessation of Chylous Urine with the Development of Glycosuria and Polyuria."—Dr. Pavy will exhibit a Modified Form of the Copper Test for Sugar, specially adapted for clinical use.—Dr. Sturge will show Two Cases of Trade-Neurosis.

**Dr. Smythe, Greencastle, Indiana.**—Many thanks.

**Dr. Yandell, Louisville, Kentucky.**—We will make inquiries.

**Dr. Byrd, Quincy, Illinois.**—Our publisher has been instructed to send you the back numbers.

**Mr. J. W. H.**—The communication is such a palpable advertisement that it can only be admitted into the columns devoted to announcements of the kind.

**Army Medical Service.**—We are asked to mention that the list will be closed to intending candidates on the 31st inst.

**Pharmacist.**—The recipe of Holloway's Pills, published in a chemical paper some time since, was not quite correct. We believe each 100 parts by weight of the pill mass is composed of 40 parts aloes, 20 rhubarb, 18 ginger, 5 cinnamon, 2 saffron, 5 sulphate of soda, and 10 parts of sulphate of potassa.

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## VACANCIES.

Birmingham General Hospital.—Registrar and Pathologist. Salar £130, with board and residence. Applications to the Hon Governor before Jan. 26.

City of Dublin Hospital.—House Surgeon. Salary, £100, with allowance. Election, Jan. 26. (See Advt.)

Glamorgan Infirmary, Cardiff.—Assistant House Surgeon and Dispenser. Salary, £50, with board. Immediate application to the Secretary.

Hungerford Union.—Medical Officer for No. 3 District. Salary, £80, with the usual extras. Applications to the Clerk of the Union before Feb. 10.

Kenmare Union, Sneem Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Feb. 3.

London Fever Hospital.—Physician and Assistant Physician. Applications, with testimonials, to the Secretary, Liverpool Road, Islington, by Feb. 7.

Middlesex County Lunatic Asylum.—Assistant Medical Officer in the Female Department. Salary commencing at £150, with board, &c. Applications to the Medical Superintendent before Jan. 27.

New Winchester Union.—Medical Officer. Salary, £100, with the usual extras. Applications addressed to the Guardians, St. Peter Street, Winchester, before Jan. 30.

North Dublin Union.—Medical Officer to the Workhouse. Salary, £150. Applications to the Clerk of the Union before Jan. 27. (See Advt.)

Portsmouth Hospital.—House Surgeon. Salary, £100, with board. Applications to the Chairman of Committee, The Vicarage, Portsmouth.

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## APPOINTMENTS.

**Brock, W. J.**, M.B., C.M., Assistant Physician-Accoucheur to the Glasgow Maternity or Lying-in Hospital.

**Brown, W.**, M.B., House Surgeon to the Gloucester General Infirmary and Gloucestershire Eye Institution.

**Coutts, J.**, L.F.P.S.G., Medical Officer and Public Vaccinator for the Parish of Kirkcowan, Wigtonshire.

**Dobson, A.**, L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the West District of the Holbeck Union.

**Forsyth, R.**, M.D., C.M., Medical Officer and Public Vaccinator for the Tong District of the North Bierley Union, Yorkshire.

**Morrissy, E.**, L.R.C.S.I., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary, Kingscourt, co. Cavan.

**Ormerod, J. A.**, M.B., M.R.C.P.L., a Physician for Out-patients to the Great Northern Hospital.

**Percival, G. H.**, M.B., M.R.C.S.E., Medical Officer for the St. Andrew District of the Northampton Union.

**Phillips, S. P.**, M.B., M.R.C.S.E., Surgical Registrar to the Middlesex Hospital.

**Prosser, T. G.**, M.R.C.S.E., Medical Officer for the Monmouth District and the Workhouse of the Monmouth Union.

**Pyle, T. T.**, M.D., M.R.C.S.E., Visiting Physician to the Dinsdale Park Retreat Lunatic Asylum.

**Ransom, F. P. F.**, M.D., Medical Officer to the Workhouse and to No. 6 District of the Chesterton Union, Cambridgeshire.

**Rigden, B.**, M.R.C.S.E., Assistant Surgeon to the Canterbury Dispensary.

**Robinson, C. H.**, L.K.Q.C.P.I., F.R.C.S.I., Lecturer on Botany at the Ledwich School of Medicine and Surgery, Dublin.

**Moullin, C. W. M.**, M.B., M.A., M.R.C.S.E., Surgical Registrar to the London Hospital.

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## Births.

**Davson.**—On Jan. 15, at Mount Galpine, Dartmouth, the wife of F. Adams Davson, M.D., of a son.

**Ryan.**—At Castleconnell, co. Limerick, the wife of J. Ryan, L.R.C.S.I., of a daughter.

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## Marriages.

**Love—Rogers.**—On Jan. 7, by special license, at the residence of the bride's father, Andrew Thomas Love, M.D., Castlederg, co. Tyrone, to Sarah Elizabeth, daughter of John Rogers, Esq., Belfast.

**Peyton—Troup.**—On Dec. 16, at St. John's Church, Meerut, Bengal, Jones Lloyd Peyton, A.B., M.B., T.C.D., A.M.D., second surviving son of Reynold Peyton, A.B., M.D., Surgeon County Infirmary, Roscommon, to Annie Harriette, eldest daughter of the late General Colin Troup, C.B., Bengal Army.

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## Deaths.

**Beecroft.**—On Jan. 12, Samuel Beecroft, F.R.C.S.E., of Hyde, Cheshire, aged 59.

**Bradshaw.**—On Jan. 6, at Weston-super-Mare, William Hanna De la Maine Bradshaw, M.D., aged 33.

**Budd.**—On Jan. 9, at Clevedon, William Budd, M.D., aged 68.

**Daunt.**—On Jan. 15, at Bath, Mary Elizabeth, widow of Dr. Daunt late of Her Majesty's Army Medical Service, aged 81.

**Hume.**—On Jan. 9, at Crumlin, co. Antrim, George Alexander Hume, M.D., aged 60.

**Hurlstone.**—On Jan. 11, at Summertown Villa, near Oxford, Michael Oscar Hurlstone, M.R.C.S.E., Staff-Surgeon R.N., aged 39.

**Porter.**—On Jan. 9, at Sherpur, Joshua Henry Porter, L.R.C.S.I., Officiating Deputy Surgeon-General.

**Rankin.**—On Jan. 2, at Holles Street, London, Geo. Campbell Rankin, Surgeon, Bengal Service, Retired List, aged 79.

**Sherwood.**—On Jan. 3, at Manchester, William Dresser Sherwood, M.R.C.S.E., aged 65.

**Taylor.**—On Jan. 16, at Liverpool, Anne Elizabeth, wife of William Taylor, M.D., aged 56.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 28, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Case of Dislocation of the Head of the Right Femur on the Pubis of Thirty-nine Days' Duration reduced by Manipulation. By Henry Gray Croly, F.R.C S., Senior Surgeon City of Dublin Hospital, &c. ........ 57
Successful Removal of the Uterus and One Ovary for the Relief of a Sub-Peritoneal Uterine Tumour. By William Thornley Stoker, M.D., Fellow, Member of Council, and Professor of Anatomy of the Royal College of Surgeons in Ireland, &c. ........ 59

### CLINICAL RECORDS.

Royal Infirmary, Manchester—Two Cases of Penetrating Wound of Knee joint. Under the care of Mr. Heath. Reported by Mr. John Sutcliffe, M.R.C.S. ........ 61

### DEPARTMENT OF LUNACY.

Private Lunatic Asylums ........ 62

### TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Case of Sub-Astragaloid Dislocation, in which Reduction had been Effected in a Novel Method—Satisfactory Result 63
Gunshot Wound ........ 63
Case of Pyelitis—Discharge of Pus—Recovery ........ 64
Chylous Urine after Ague in India—Albuminuria, &c. ........ 65
Cupric Test Pellets for Sugar ........ 65

SURGICAL SOCIETY OF IRELAND—

Dislocation of Femur—Discussion ........ 66
Removal of Uterus and One Ovary—Discussion ........ 66

### SPECIAL.

France ........ 68

### LEADING ARTICLES.

DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION? 68
ARSENICAL WALL-PAPERS ........ 71

### NOTES ON CURRENT TOPICS.

The Irish Prison Surgeons ........ 71
A New University ........ 72
Health of Kensington ........ 72
The Gilbert Blane Medal ........ 73
Habitual Drunkards ........ 73
An Improved Form of Sugar Test ........ 73
Death through Chloroform ........ 73
The New Registrar-General ........ 73

### SCOTLAND.

Death from Chloroform ........ 74
Edinburgh Eye Infirmary ........ 74
Health of Edinburgh ........ 74
Glasgow—A Sick Children's Hospital ........ 74
Glasgow Royal Asylum ........ 74
The Mortality of Glasgow ........ 75
Registrar-General's Returns ........ 75

### CORRESPONDENCE.

Poison-Vending ........ 75
LITERARY NOTES AND GOSSIP ........ 75

### OBITUARY.

Deputy Surgeon-General Joshua Henry Porter—Dr. H. Moloney—Dr. Charles Benson—Dr. F. C. Seaton ........ 76
MEDICAL NEWS ........ 77
Notices to Correspondents ........ 78

## Original Communications.

### A CASE OF DISLOCATION OF THE HEAD OF THE RIGHT FEMUR ON THE PUBIS OF THIRTY-NINE DAYS' DURATION REDUCED BY MANIPULATION. (a)

By HENRY GRAY CROLY, F.R.C.S.,

Senior Surgeon City of Dublin Hospital; Member of the Court of Surgical Examiners, Royal College of Surgeons.

A CASE of luxation of the head of the femur on the pubis having come under my care in the City of Dublin Hospital lately, I feel that the subject is of so much practical interest and importance that I consider it worthy of record and of being submitted to the meeting of this society. The following is a brief narrative :—

Darby O'Connor, æt. 40, a labourer, and native of the county of Clare, met with an accident in the following way on the 22nd of September of last year : he was leading a horse under a cart behind another cart ; that in front turned suddenly to the left, the heel of the cart striking the man with considerable violence on the upper and inner part of the right thigh, knocking him down. He suffered intense pain, and was carried home. The result of the injury proved to have been a dislocation of the head of the right femur on the pubis—an accident of much rarity. My friend and former pupil, Dr. Cullinan, Surgeon to the County Infirmary at Ennis, assisted by two local practitioners, endeavoured to reduce the luxation by means of the pulleys, the patient being under chloroform for three-quarters of an hour. It is right to mention that the poor man (who was evidently not aware of the serious nature of the accident he had met with) lay in bed, and did not seek admission to the infirmary for two weeks ; therefore Dr. Cullinan, so much time having been lost, laboured under great disadvantages, and did not feel justified in making further efforts at reduction, and wrote to me requesting me to admit the patient into the City of Dublin Hospital. The following was the appearance which this case presented on admission into the Hospital :—

The right thigh was *abducted*, slightly flexed, everted, *shortened half-an-inch*, and immovable ; the head of the femur was seen to be resting on the pubis, completely obliterating the natural fold of the groin ; the pulsations of the artery were felt at the inner side of the head of the bone ; the great trochanter was less prominent than on the sound side, and seemed to partly occupy the acetabulum.

Mr. Croly exhibited to the Society excellent photographs of the patient before and after reduction, showing the position of the affected limb and posture of the patient *resembling fracture of neck of femur.*

Owing to the rarity of the accident, and the length of time (nearly six weeks) which elapsed before the patient came to Dublin, the case excited much interest in the profession, and was seen by several hospital surgeons besides my colleagues Mr. Tufnell and Mr. Fitzgibbon, viz., Messrs. Porter, S. W. Wharton, Professor Hughes, Dr. Swan, Dr. Baxter, and others. It was the general opinion that much difficulty would be encountered in the effort to replace the head of the bone into the acetabulum, owing to the fixed position in which it remained for so many weeks. I determined in the first instance to break up adhesions, and then by manipulation to attempt reduction. Accordingly on the 11th of November, thirty-nine days after the occurrence of the accident, the patient was placed upon a mattress upon the floor of the operation theatre, in the presence of the hospital staff, visitors, and pupils, and brought under the influence of ether by Mr. Patton, the house-surgeon. The pelvis was firmly held by Messrs. Tufnell and Fitzgibbon, who assisted me. I flexed the leg on the thigh and the thigh as much on the abdomen as the rigid position would admit of. I grasped the ankle and knee, and rotated the limb perseveringly for more than half-an-hour. I felt and heard the crackling sounds produced by the yielding of the adhesions, occasionally abducting the thigh. When nearly an hour had elapsed the head of the bone slipped into the thyroid foramen, and on flexing the thigh again the head returned rapidly on the pubis. Having accomplished so much as to free the bone from the pubis and its surrounding adhesions, I was more hopeful of a successful result. I next rocked and rotated the thigh abducted, and brought the limb down, when I found that the deformity had disappeared, and with the satisfaction of finding that reduction was effected. The limb was then examined, at my request, by the several surgeons present, who were satisfied with the result. The legs were then bandaged firmly together, and the patient kept lying on his back, a catheter being passed as often as required. Considerable effusion into the joint followed the reduction. At the end of the third week the bandages were removed, and the man was allowed out of bed, and was soon able to walk about the ward.

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(a) Read before the Surgical Society of Ireland. The discussion will be found at page 66.

This form of dislocation according to Sir A. Cooper's experience, occurs once in twenty cases of hip-joint dislocation, and may be confounded with fracture of the neck of the femur, in consequence of the posture of the limb. It may be useful and interesting to read the history of the dissection of an unreduced case of pubis luxation, from Sir A. Cooper's work, to further elucidate this most interesting case.

"The original acetabulum was partly filled by bone, *partly by the trochanter major*, and both were much altered in their form. The capsular ligament was extensively lacerated, and the ligamentum teres was torn through. The head of the thigh-bone had torn up Poupart's ligament so as to penetrate between it and the pubis. The head and neck of the bone were thrown into a position under the iliacus and psoasus muscles, the tendons of which, in passing to their insertion over the neck of the bone, were elevated by it and put on the stretch. *The crural nerve passed on the fore part of the neck of the bone upon the iliacus and psoas muscles.* The head and neck of the thigh-bone were much flattened and changed in form. Upon the pubis a new acetabulum had been formed for the neck of the thigh-bone; the head of the bone being above the level of the pubes, Poupart's ligament stretched across it on the fore part, whilst the femoral artery and vein were placed on its inner side, so that the head of the bone rested between the crural sheath and the anterior inferior spine of the ilium.

Malgaigne says neither shortening nor lengthening are real, but that the appearances depend partly upon the degree of abduction of thigh, but chiefly upon the oblique position of the pelvis, which in some cases is inclined upwards, and in some downwards, while in others it preserves its normal position without any obvious reason. *Retention of urine has been noted occasionally to accompany this dislocation.*

This dislocation forwards and upwards on the pubis (is called ilio-pubic by Nélaton and Malgaigne) is usually the result of forced extension of the thigh backwards upon the trunk, or of the trunk backwards upon the thigh. Thus, says Sir A. Cooper, it happens that a person, while walking, puts his foot into some unexpected hollow in the ground, and his body, being at the moment bent backwards, the head of the bone is thrown forwards upon the os pubis. The same effect may be also produced by a blow, or by violent pressure applied posteriorly, as when the wheel of a carriage passes over the posterior and upper part of the thigh. Forcible rotation outwards, combined with abduction of the limb is another, though less frequent, cause of this dislocation, and was evidently the cause in the case which I have just related.

The dangers of attempting the reduction of old cases are inflammetion of the hip-joint, fracture of neck of thigh-bone, and injuries to the knee (in pulley cases). *Fergusson never saw a successful case of hip-joint luxation reduced after three weeks*, and Sir A. Cooper limits the time for attempting reduction to eight weeks. Bryant says:—"When reduction by manipulation has failed, or is inapplicable, that by extension should be employed; and in the pubic form of dislocation *no other should be used* pulleys)."

Erichsen, at page 398, says:—"The attempt to reduce old dislocations of the hip-joint is necessarily attended with danger. In some cases the soft parts have been extensively lacerated; in others fatal inflammation of the joint has ensued; and in eleven cases with which I am acquainted the thigh-bone has been fractured. This accident has happened to surgeons of such eminence as Travers, Vincent, Malgaigne, Physic (of Philadelphia), Gwynn (of Brighton), Blackman (of Cincinnati), Harris, and Rodolph (of Pennsylvania Hosp.), to the surgeons of the North Hospital, in Liverpool, and to a practitioner in London now living. There is no proof that undue violence was used in any of these cases.

In my case the force was cautiously used, and I should say manipulation is much less dangerous than the pulley method. I find that M. Desprez, a French surgeon, in 1835, recommended manipulation; and in 1849 Fischer, of Cologne, published an account of a mode of reducing hip luxation by flexing the femur to an acute angle with the trunk, and impressing upon it gentle rotatory movement; and 1851 Dr. Reids paper on the subject was published in the *Buffalo Medical Journal*, also recommending manipulation by relaxing the abductor rotator muscles.

I consider reduction by manipulation the safest and best in all luxations, and this case which I have now brought under the Society's notice is a strong encouragement to adopt it.

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## SUCCESSFUL REMOVAL OF THE UTERUS AND ONE OVARY FOR THE RELIEF OF A SUB-PERITONEAL UTERINE TUMOUR. (a)

By WILLIAM THORNLEY STOKER, M.D.,
Fellow, Member of Council, and Professor of Anatomy of the Royal College of Surgeons in Ireland.
Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals; Surgeon to Swift's Hospital for Lunatics; formerly Surgeon to the City of Dublin Hospital.

THE surgery of the abdominal and pelvic cavities has made such huge strides within the last few years, and engages the attention of our profession so closely, that I am glad to be able to offer the details of a case in which I have with complete success removed the uterus and one ovary, by means of an abdominal section, for the relief of a large uterine sub-peritoneal tumour.

It will be conceded that the treatment by surgical means of no other part of the human frame has undergone such a complete improvement and revolution of late as has that of the uterus and its appendages. It is but a few years since a host of diseases of these parts which were imperfectly understood—if understood at all—have been explored, explained, and illuminated; have had their pathology made clear, their causation defined, and their symptoms and treatment correctly laid down; have been, in fact, removed from the regions of obscurity and uncertainty, and placed in the realms of reasonable observation and intelligent treatment.

The class of cases in which the opening of the peritoneal cavity becomes a necessary step of surgical interference, has at this moment a surpassing interest, not merely because of the great issues involved on account of the importance of the organs we seek to remove or repair, but also because of the special bearing on intra-peritoneal operations which the great surgical problem of the day—that of antiseptic surgery, has. Even the momentous question of opening joints wanes in significance beside that of laying open the abdomen, for while one in many cases involves but the repair of deformity, or the salvation of the patient from a wasting and dangerous process, the other in all cases is an issue of life or death.

Although ovariotomy has become such a successful procedure, the operation of removing the uterus through the abdominal wall has not yet showed a large proportion of successful results, and has not, indeed, as yet been done with sufficient frequency to justify any statements as to what may in future be expected from it. The subject is one of such interest, that every operation, whatever its result may be, has a statistical value, even if it has no higher claim to attention ; and therefore it is without apology that I introduce the case of E. H., who is, as far as I could ascertain, the first person on whom hysterectomy through the abdominal wall has been successfully performed in Ireland.

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(a) Read before the Surgical Society of Ireland.

She was a slender, sallow, dark-haired, but active looking person, above the middle height, æt. 26, and of rather a better class than the majority of hospital patients. She was admitted into the Richmond Hospital on the 31st of January, 1878.

She had borne one healthy, surviving child, six years before, but had not since been pregnant.

Two years previous to her admission, she noticed a tumour on the left side of her abdomen, which at that time gave her no inconvenience, but which two months later on began to increase in size and to produce some pain in the lower part of the abdomen when she walked. It did not, however, cause her any great inconvenience, or interfere with her general health to any marked extent. She menstruated regularly, but during the early stages of her disease each catamenial period had lasted from four to seven days.

She had sought advice at another hospital during the year previous to that in which I first saw her. I believe she was there examined by a surgeon of eminence, who having explored the tumour with an aspirator, came to the conclusion that it was solid, was probably a uterine fibroid, and not considering her at the time in a suitable condition, postponed operative treatment.

At the time she came under my notice her general health was fairly good, her menstruation was regular both as regards interval and duration, and was free from pain. The tumour caused her little inconvenience, and permitted her to take moderate exercise. The growth was easily perceived, causing considerable protrusion of the anterior abdominal wall, and lying chiefly to the left side. It was tolerably firm to the touch, giving a doubtful sensation of fluctuation, both to the finger and when percussed—so doubtful as to be of little or no value in guiding me as to whether I had a solid mass to deal with, or fluid contained in a tense thick-walled cyst. How deceptive this feeling was may be judged by the fact that during the operation subsequently undertaken, and even when the division of the abdominal wall had been completed and the surface of the growth laid bare to the finger, it was still difficult, nay impossible, to say whether it was solid or fluid, and it was only when an attempt was made to push a trochar into it that its solidity was demonstrated. An examination of the disease later on, showed that its extreme sponginess and elasticity conspired to produce this deceptive condition.

It seemed to be a smooth rounded mass, with a small protuberance attached to its upper and anterior surface, which could be readily felt and rolled from side to side by pressure, and which from its freedom of movement had apparently a narrow connection with the rest of the tumour. The introduction of a sound showed the uterine cavity to be of a normal size ; and it was peculiar that when the sound was *in situ*, with its handle projecting from the vagina, the point of the instrument was turned to the right when the large posterior mass was pushed to that side, and to the left when the small anterior offset was pushed to the right. This was explained after removal, by finding that the attachment of the small secondary tumour to the great one was such that it produced a revolution of the larger one towards the side opposite to that to which itself was pushed.

This feature of the antagonistic mobility of the two parts of the growth, is one of which I can find no record of a similar condition in any reported case of uterine tumour.

When the left index finger was introduced into the rectum, and the sound placed in the uterus with its point turned backwards, the posterior wall of the womb could be explored, and appeared to be of normal development and character. This has since been explained by finding that the cervix and the posterior part of the uterus adjoining it, were about as large as in the healthy state ; the fundus and front of the meridional zone being the seat of the tumour, and the cervix with its zone forming a sort of pedicle. The vagina was not elongated. The circumference of the abdomen at its greatest girth, a little above the cristæ ilii, was 27 inches. The pelvic cavity when examined by the finger through the rectum and vagina was free from any unusual presence, and of normal capacity. There was no interference with either urination or defæcation.

During her residence in hospital the tumour continued at first slowly, but afterwards rapidly, to increase in size, the globular effect, of which I have made mention, being especially active in its growth, and having at the time of operation a bulk almost as great as the head of a nine months' fœtus. When last measured, on June 5th, the girth of the abdomen had increased 9 inches, since her admission, and measured 36 inches. At this time a very small amount of ascitic fluid had found its way into the peritoneum.

It will be seen that the case was one presenting many difficulties of diagnosis. It was plain that we had to deal with either a uterine or ovarian tumour, but the numerous contradictory evidences which were present caused great doubt as to the exact state of affairs. On the side of ovarian disease was the freedom of the pelvic cavity, the ability to pass urine, the rapid increase in the volume of the mass, the normal size of the uterine cavity, the commencement of the tumour on one side, the youth of the patient, the apparent ability to discover a normal uterus by a rectal examination, and the doubt as to fluctuation being present. On the other hand, arguing for the uterine origin of the disease, we had this very doubt as to fluctuation—which cut both ways—the regular menstruation, the little alteration in the consistence of the growth, the comparative good health of the patient, and the rotation of the sound when the tumour was moved.

My final conclusion was that the origin of the disease was probably uterine, and was somewhat uncertain, but that be it a tumour of the womb, or an ovarian cyst, be it either solid or fluid, its removal had better be attempted, because the rapid growth it had lately undertaken threatened a speedy breakdown in the patient' health, and an ultimate sacrifice of her life. She had now been four months in hospital, and during the last of these the tumour had taken on very rapid increase, the ascitic fluid I have spoken of had made its appearance, and the woman was visibly commencing to decline in health. She now presented the appearance, when dressed, of a person in advanced and large pregnancy, and had got the sunken hectic look that one sees in a consumptive mother about to bear the child whose birth is to be the presage of her own death.

I fully explained the risk of the operation, and the uncertainty as to the nature of her disease to her, and got her permission to operate,—nay more, she was most anxious for an operation, and this in spite of extreme pressure which her friends put on her to decline it. I think she was the best patient I ever saw : from the time she entered the hospital until she left it, during six weary months, at least two of them passed in great suffering, her high courage never failed, her hope never wavered, her trust never shook. No one ever heard her utter a complaint. She came to hospital to be operated on ; she was determined to be operated on, and having been operated on, she was determined to live if she could. I cannot pay too high a tribute to her disposition, and to it in some measure I think her ultimate recovery was due.

The operation, which proved one of the most extreme difficulty, was undertaken on June 6th, 1878, three days after menstruation, and lasted nearly two hours, ether being the anæsthetic used. A thymol spray was produced by Professor Bennett, but the result was not an antiseptic one, for although the dressings were subsequently removed under spray, pus soon showed itself, and the procedure was discontinued.

I first made an incision several inches long in the linea alba below the umbilicus, and exposed the front of the tumour in the usual way, finding much difficulty in peeling off the omentum, which was very adherent. This was a long and troublesome process, necessitating the application of three catgut ligatures to various parts of the torn epiplöon. Having freed the tumour as far as the introduction of the finger into the wound would allow, I endeavoured, as its fluidity was still a matter of doubt, to pass the trochar into it, but found that it was solid and very elastic and resisting. It was now clearly ascertained to be of uterine origin. It was then necessary to enlarge the external wound, which I had to do to such an extent before there was room to extract the tumour, that it reached from near the ensiform cartilage to the neighbourhood of the pubis. After a good deal of manipulation and tearing through of extensive adhesions which existed on all sides, but particularly in front, where the omentum gave great trouble, the growth was drawn out, and a pedicle which the cervix uteri formed for it was ligatured with stout plaited silk. The ligature was applied by passing it twice round the pedicle and tying it tightly, the ends being cut short, and the tumour then removed by an incision through the substance of the uterus, half an inch beyond the point of deligation. It was now found that owing to its elasticity and vascularity the pedicle could not be tied with sufficient tightness to prevent the risk of subsequent hæmorrhage, so I transfixed it with a strong pin, which was placed externally athwart the wound, so as to secure the stump in view in case bleeding occurred, and another ligature was placed around the pedicle at the point of transfixion, and its ends twisted round the pin. The right ovary was removed with the tumour, but the left not presenting itself, was left behind, as it was deemed inexpedient to prolong the operation, the patient being apparently at the point of death from exhaustion, much blood having been lost. Two tags of bleeding omentum were ligatured and cut short, the peritoneum was rapidly sponged out, a glass drainage tube, 4 inches long, was secured in the lower angle of the incision so as to reach into the pelvis, and the abdominal opening was closed by points of interrupted catgut suture. The usual dressing of Lister was applied, the woman placed in bed, and a reaction from her collapsed condition brought about by the use of warmth and diffusible stimulants. It will be seen that five ligatures of strong carbolised catgut which had been applied to various bleeding points were enclosed in the cavity of the abdomen, while one of strong silk surrounded the portion of the pedicle concealed in the wound deeper than the transfixing pin.

Being loyal to antiseptic surgery, and as this case did not yield an antiseptic result, I should state that I do not claim to have successfully carried out Lister's method, first, because I used thymol, in which I have now no faith, instead of carbolic acid; secondly, because during a brief period of the operation the spray was discontinued, owing to some derangement of the engine; and lastly, because means were not taken to antisepticise the vagina, a proceeding which reflection will show is necessary in cases where the uterine cavity has been divided, as otherwise it may form a ready channel for the admission of septic matter to the wound.

I need not detail the daily history of the case subsequent to the period of operation, its progress was gradual, critical, and for the first ten or twelve days interrupted by many untoward symptoms. No sooner had reaction from collapse taken place than vomiting set in, and continued obstinately for eight days, after which time it subsided. It was combated by the use of various sedatives, and obliged us to have recourse to nutritive enemata to support the patient's strength.

A very troublesome and painful aphthous ulceration of the mouth and fauces appeared on the third day and per[illegible] until the eighth, when it also mended.

On the sixth day, great irritability of the vagina was experienced, accompanied by a fœtid discharge from that passage. This lasted for eight or nine days, and was much relieved by injections of diluted Condy's fluid.

Both pain and want of sleep demanded the frequent use of hypodermic injections of morphia for the first fortnight following the operation.

Her dietary was a matter of much difficulty owing to the intense gastric irritability which was present, and exercised our culinary knowledge to the fullest extent; indeed, I think that she would have died but for the support afforded by nutritive enemata. The stimulant which agreed best with her was champagne.

A catheter was introduced at regular intervals during the first five days, after which time she passed water easily without assistance.

The bowels acted naturally on the 10th of June, four days after the operation, and continued to do so up to the time of her convalescence, requiring to be occasionally checked by the use of an enema of starch and opium. This was due to the irritability of the lower bowel produced by the frequent use of nutritious injections.

The dressings were removed on the second day, being saturated by an abundant and very offensive discharge. The upper portion of the wound was now found to be almost healed, while through the drainage tube in the lower angle and from the neighbouring corner of the incision, flowed a dark and fœtid pus. The dressings were renewed every second day from this until the termination of the treatment. The tube was withdrawn five days subsequent to the operation, and the channel where it had been, gradually closed as the quantity of discharge diminished.

On the eleventh day the pin with the slough of the pedicle separated, and the deeper portion of the uterine stump with the more remote and earlier applied ligature receded gradually, leaving a thimble-shaped cavity which was plugged with lint daily, and which contracted by degrees, being, at the time she left hospital, barely large enough to admit a small probe. I may despatch all further mention of this sinus by stating that it remained open, and gave exit to a very slight discharge, for about twelve months, when the deep ligature which had surrounded the pedicle was extruded through it, after which the opening completely healed.

The temperatures of the case present no feature of note. They were low, averaging from 99° to 101°, the highest point attained being on the fifth day, when the thermometers in the axilla registered 102·2°. On the twentieth day the normal temperature was regained, and the convalescence which may then be looked upon as having commenced, went rapidly and favourably on.

The woman left hospital on August 1st, about seven weeks after operation, in excellent health, and gaining quickly in condition.

An examination of the diseased part after removal, showed it to be a large myoma, occupying the upper and anterior wall of the uterus, and leaving the cavity of that organ, the posterior wall, the cervix and cervical zone in their normal condition. The small tumour which had been felt during previous examinations, was a secondary growth from the left and upper portion of the anterior surface of the main tumour, and its freedom of movement was now accounted for by the tenuity its attachment was found to have. The tumour was encapsuled in the usual way by the muscular substance of the uterus, and could, in many places, be separated by a little tearing from its attachments, but over most of its surface the connections were so strong as to show that in this case, at all events, the procedure which has been proposed of disencapsuling uterine sub-peritoneal fibroids through an abdominal incision, would have been impossible. Although very tough, and resisting violence to a marked degree, it was spongy and elastic, conditions which accounted for the deceptive feeling of fluctuation it had possessed when *in situ*.

The entire mass measured—

Vertically, 11 inches; transversely, 10½ inches; antero-posteriorly, 5½ inches; in horizontal circumference 26¼ inches; in vertical circumference, 26 inches; and weighed 14 pounds.

I saw and examined the subject of this memoir in consultation with my colleague, Mr. Thomson, on the 3rd of December just gone by. She has remained in excellent and vigorous health, her spirits are good, she has grown plump and ruddy, and can discharge her household work as well as at any time of her life. Having one ovary remaining she is conscious of a slight monthly sensation of menstruation, and from June to September inclusive, of 1879, she menstruated slightly, the discharge being scanty, lasting for one day on the first occasion, and for three days on the subsequent ones. Since September it has not appeared. It came evidently from the cervical canal and whatever remains of the neighbouring cavity.

Her bowels and bladder act naturally and without trouble. The vagina is as pliant, healthy, and free from contraction or adhesion as it would be in a woman who had not undergone operation. To both the finger and speculum the os uteri and cervix present the characters you would expect in a healthy woman who had borne one or two children. The sound could be passed for about three-quarters of an inch into the cervical canal, and in the normal direction.

Apart from the interest this case possesses in having a successful issue out of a disease which but a few years back was regarded as beyond the powers of the surgeon, and of which a skilful and enterprising gynæcologist, when writing on uterine fibroids nine years ago, said—"Of these the extra-uterine or sub-peritoneal being entirely beyond the reach of treatment, must be dismissed after a brief notice"—apart from this, I say, and independent of some other points of interest which will have suggested themselves to those conversant with uterine diseases, this case offers one or two matters for reflection.

I think it affords very substantial testimony to the value of the drainage tube, for with every knowledge of the accommodating power of the peritoneal surface, and its capacity for ready absorption, I cannot believe that the large amount of offensive discharge which was voided could have been absorbed, or even that a considerable part of it could have been taken up, without doing fatal mischief. In my opinion the patient would have died but for the ready exit afforded by the tube to poisonous matters. In speaking of the drainage tube I would call attention to the fact that it is not necessary to leave it *in situ* for a very long time, because after its removal a sinus remains, which only closes as the discharge diminishes. It is then, I think, only necessary or advisable to leave it in for sufficient time to establish this channel, for it will be readily conceded that while it serves an excellent purpose, the tube itself may be a cause of irritation, and should be dispensed with as soon as possible. In this instance I removed it on the fifth day, and in future I am disposed to do so at an earlier moment.

The question of the propriety of leaving one or both ovaries behind when the uterus has been removed, is one about which much difference of opinion may arise. It may be argued that the monthly discharge of the contents of one or more Graafian vesicles into the peritoneal cavity is an undesirable circumstance, and might be the cause of subsequent mischief. For my own part I do not see how this could be the case. The rupture of the peritoneal covering of the ovary at the point of discharge is not more likely to cause irritation than it would be in the case of a healthy woman who had never been the subject of operation, and in whom the peritoneum is infinitely more tender and susceptible than in a person in whom its cavity has been laid open for disease; besides, the size of the discharged ovum—1-120th of an inch—and the minute quantity of fluid which accompanies it, forbids serious apprehension from its presence in the peritoneal sac.

On the other hand I consider that, provided the ovaries be healthy, a distinct advantage must obtain from their being left *in situ*. A female possessed of these organs would, accidental circumstances being set aside, enjoy better health and spirits than one in whom they were wanting, just as a male possessed of testicles is more active, vigorous, and intellectual than one who has lost these appendages, or in whom they are diseased, or wanting from arrest of development.

In the case I have recorded the ovary was left behind more from accident, from the haste demanded in the completion of the operation, than from deliberate design; but in any future case in which I may have to remove the uterus it is my present intention to leave one or both ovaries behind, provided I find them healthy.

Bearing on this question I may mention a case of M. Schwartz, recorded in the *Archiv. für Gynäkologie*, and referred to in the *Brit. Med. Journal* of the 10th of Jan., 1880, in which a midwife violently tore away during labour the whole of the uterus under the impression that it was the after-birth. The ovaries and Fallopian tubes remained in the abdomen. The woman recovered in fifteen days, and has since enjoyed good health. Venereal disease continued to exist, although less pronounced than formerly.

I cannot finish my memoir without recording my thanks to my colleagues for the assistance they afforded me in this very difficult case, and particularly I would express my gratitude to Dr. Kidd for the advantage accorded to me by his experience and help. Of Mr. Butt also, the pupil who took charge of the case, and to whose devotion the woman in a large measure owes her life, I cannot speak too highly. With a full knowledge of the generous attention often accorded by students to the cases under their care, I have never seen such untiring attention, and so complete a sacrifice of self, as was offered by this gentleman in this instance.

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# Clinical Records.

## ROYAL INFIRMARY, MANCHESTER.

### *Two Cases of Penetrating Wound of Knee-joint.*

Under the care of Mr. HEATH.

Reported by Mr. JOHN SUTCLIFFE, M.R.C.S.,
House Surgeon.

JAMES M., æt. 24, a strong healthy-looking young man, was admitted into this hospital on September 11, 1879, having sustained an injury to his knee by a bar of iron falling upon it. On examination, it was found he had a compound fracture of the left patella. The bone was broken transversely across its middle; the external wound was two inches and a half long, the outer end being a little to the inner side of the middle line. There was escape of synovial fluid. The finger could be passed between the fragments of the patella into the interior of the joint. Under the spray the joint was syringed out with a solution of carbolic acid, 1 in 20, and dressed according to Lister's method. The limb was put up in a back splint, with a foot-piece, and two side splints. No sutures were applied, nor was any drainage used. An ice-bag was placed over the dressings, and kept there for fifteen days. The wound was dressed next day, and every alternate day afterwards, until Oct. 5th, from which date it was considered to be only necessary to dress it twice in each week. The temperature during the first week on two occasions, in the evenings, reached 100·4° F., after which it fell to, and remained about, normal.

On Oct. 17th, the wound was completely healed. A starch-bandage was applied, and he was sent to the Convalescent Hospital at Cheadle, on Nov. 8th.

He returned to the hospital on Dec. 16th, "to show himself," when the patella was found to be firmly united and the knee-joint pretty freely movable. He was ordered to wear a back splint. During the progress of the case the organisation of the blood clot was beautifully seen; there was a slight discharge of sero-sanguineous fluid, but no pus.

John M., æt. 40, a joiner, came to the accident room at this hospital, on Sept. 12th, at 6 p.m., having accidentally wounded his knee with the sharp point of an axe. On examination, the wound was found to be about one inch in length, and situated above and somewhat to the inner side of the right patella. There was escape of synovia, and the finger could be passed above the upper margin of the patella into the knee-joint. He refused to be made an in-patient, so the wound was dressed with glycerine and carbolic, and he was taken home.

At 10 p.m. he returned, desiring to be admitted.

Shortly afterwards the joint was syringed out with the carbolic solution, 1 in 20, under the spray; the mode of dressing was Lister's, and the whole limb was put up in a back splint, with foot-piece and two side splints. An ice-bag was kept over the knee until the 26th.

Until the 30th, the wound was dressed every other day, but afterwards only twice in each week. The temperature gradually rose to 101·4° F. on the evening of the 15th, after which it fell to slightly below normal, about which point it remained.

On Oct. 14th the wound was perfectly healed, and on the 21st he was discharged, with all the movements of the joint as perfect as they were before the accident.

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# Department of Lunacy.

## PRIVATE LUNATIC ASYLUMS.

We draw attention to Dr. Bucknill's paper on Private Lunatic Asylums read at a recent meeting of the South London District Metropolitan Counties Branch of the British Medical Association, because it bears hardly, and in many respects unfairly, on the privileges and character of the keepers of the establishments condemned with a wholesale censure it is impossible to endorse. The principle on which Dr. Bucknill proceeded was an evident antagonism to private asylums; and in his objections he showed himself animated by a spirit of hostility that permitted no recognition of anything save the most evil consequences as following from the existence of those institutions. Declaring that he was unwilling to attack any individual, he sought to argue the point from a broad basis of inexpediency, urging that the retention of diseased and helpless persons in private houses is calculated to favour abuses which have for their end the pecuniary gain of the proprietors. The question thus proposed is a fair one for discussion: but the method of considering it should be rather unbiassed and argumentative, than heated by the incorporation of animus, however well-founded it may be. And we venture to think that, unconsciously, perhaps, Dr. Bucknill has, in this instance, been led away by apparent facts, which a little further reflection and investigation would have convinced him, are unfounded and fallacious. He places so little reliance on the provisions made for preventing the improper incarceration of sane people, and has been so far sympathetically led away by the popular cry of injustice, that he somewhat ungenerously hints at practices which we have every assurance are as rare as they would be, were there nothing but public asylums in the land. As Dr. Bodington very temperately observed in the discussion on Dr. Bucknill's paper, that gentleman had been unduly lavish in his ascription of the worst character to the keepers of private asylums. That there are *some* dishonourable medical men is unfortunately true; but that the number is more than a very small part of the whole profession, is as true; the injustice, therefore, of characterising the class from the evidence of wrong-doing in a very minute section of it, is both misleading and disingenuous.

We unhesitatingly condemn such ill-considered remarks as those to which Dr. Bucknill committed himself. Either he is ignorant of the provisions made to secure the safety and well-being of private insane patients; or he is unwilling to admit their adequacy to meet the peculiar conditions under which they are retained. In either case he should put himself in a better position to act as judge in the matter, ere he descends to the sweeping denunciations he has been guilty of. At the present time the inspection of private houses and the stringent rules by which the Government regulations require them to be conducted, are sufficient protection to those within them; while, moreover, they effectually guard against any miscarriage of justice, such as that familiarised to the readers of sensational novels of the present day, or those older romances of the type exemplified in "Hard Cash."

Those who, like Dr. Bucknill, are anxious for improvement in the lunacy laws, will not attain the end they have in view by declamatory outcry against private asylums. The imagined evils they depict, in connection with these, are day by day refuted by the experiences of the Visitors who are appointed to report on their condition, and on the condition of the patients therein. So long as the Government officials are enabled to satisfy themselves that the gross misusage attributed to the proprietors of private asylums have no real existence, but that the institutions they control are—as they undoubtedly prove to be—exerting a beneficial influence and a healthy curative action on their inmates; then so long the outcry raised against them will be productive of nothing beyond a temporary excitement, of possible use, it may be, in drawing attention to the real excellence of the system at present in use.

Into the question of administration of the Lunacy Laws we do not now propose to follow Dr. Bucknill. His schemes are illusory and ill-considered, and can hardly be treated with the gravity that would be accorded to a well-matured plan. We have been anxious, in this place, to protest against the ill-advised course he has pursued in his strong outcry against a useful and well-conducted institution. We would advise his making himself actually acquainted with the working of some private asylums ere he ventures again to denounce them in the manner he did last week. He will find much to interest, much to instruct; and, as a rule, he will find their owners courteous gentlemen, and not the dishonourable exponents of the *auri sacra fames* his fancy has portrayed.

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In the principal large towns of the United Kingdom the annual rates of mortality per 1,000 last week were—Brighton 16, Bristol 17, Leeds 17, Leicester 18, Edinburgh 18, Portsmouth 19, Bradford 20, Oldham 23, Norwich 23, Salford 24, Wolverhampton 24, Glasgow 24, London 25, Nottingham 25, Birmingham 25, Sunderland 26, Newcastle-upon-Tyne 27, Plymouth 27, Hull 27, Manchester 28, Liverpool 28, and Dublin 38.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

The last meeting of the Clinical Society of London was held on Friday evening, Jan. 23rd, when the President, Dr. E. H. Greenhow, delivered a short address.

Mr. Pick on

### A CASE OF SUB-ASTRAGALOID DISLOCATION, IN WHICH REDUCTION HAD BEEN EFFECTED BY A SOMEWHAT NOVEL METHOD, AND A SATISFACTORY RESULT OBTAINED.

The case was one of ordinary sub-astragaloid dislocation, where the whole of the tarsal bones, with the exception of the astragalus, were displaced outwards from this bone, which remained *in situ*, in contact with the tibia and fibula. All the ordinary methods, by manipulation pressure, extension and rotation, were tried, after division of the tendo Achillis, without success, and in consultation it was determined to make one more attempt at reduction, and failing this, to perform excision of the astragalus, as the foot would clearly be of no use to the patient as it was, and the skin over the prominent head of the bone threatened shortly to give way. At Mr. Henry Lee's suggestion, the following plan was adopted. The middle of a bandage was twisted in a clove-hitch and passed round the foot just behind the heads of the metatarsal bones: the two ends of the bandage were then tied and passed over the operator's shoulders, the knee of the surgeon, at the same time, being placed in front of the lower extremity of the tibia. Considerable extension in a direction forwards was then made, and the foot, at the same time, moved from side to side, as far as the amount of tension would allow. After about a quarter of a minute's extension in this way, the bones quietly slipped into their places. The patient made an uninterrupted recovery. Mr. Pick stated that he believed the difficulty in reduction in this case was due to the posterior inferior margin of the astragalus being wedged in the interosseous groove, between the articular facets, on the upper surface of the os calcis, and at the same time the constricted neck of the astragalus locked by the sharp posterior margin of the scaphoid bone. It was taking this view of the case which induced Mr. Henry Lee to propose the plan of attempting reduction by making extension directly *forwards*, so as to unlock the bones and cause the head of the astragalus to recede into the cup-shaped posterior surface of the scaphoid.

Mr. Bryant said that some time ago he had a case under his care which he considered one of sub-astragaloid dislocation. He carefully studied the foot, in connection with it, and was led to the same conclusions as had occurred to Mr. Pick. He thought, too little attention was paid as a rule to the possibility of such cases being called dislocations of the astragalus. The method of reduction employed he considered sufficiently ingenious, and to be worthy of imitation. He regretted that no drawing had been made of the everted foot, the degree of outward displacement having been apparently extreme.

Mr. Henry Lee could not add much to Mr. Pick's description. Some points, however, might be dwelt on somewhat more fully; and the importance of careful consideration of it in connection with any similar case, could not be too much insisted on, since amputation is often too readily assumed to be the only available means at hand, of treating this injury. Mr. Lee referred to a case under the care of the late Mr. Hancock, in which only parallel extension had been resorted to, and pointed out the necessity of *forward* extension at the same time, the bandage being applied along the inner side of the scaphoid bone.

Mr. Jas. E. Adams said the museum of the London Hospital contained a typical dried specimen, in which the foot being turned in the astragalus was dislocated outwards.

Dr. Hewan read a paper on

### A CASE OF GUNSHOT WOUND,

for Mr. E. Adams.

In 1862 A. B., ship's carpenter, aged about 37 years, a tall, stout man, of temperate habits, was shot by a ship's captain in a row on board a palm-oil trading ship, at anchor in a river on the west coast of Africa. The bullet was fired from a large Colt's revolver at a distance of about five yards, at 10 p.m. Immediately the report was heard the carpenter gave a loud shriek, clasped his hands over his breast, and rushed across the deck into the forecastle, exclaiming, "I'm shot; fetch the doctor."

I was standing close to the captain at the moment of the occurrence, and instantly followed the wounded man. He was lying on the floor of the forecastle deck, and as soon as he saw me said he was done for, and felt in a dying state. Collapse came on rapidly, although there was little or almost no external hæmorrhage. I made an examination of the chest, and found the entrance wound of bullet above the left nipple, between the third and fourth ribs.

A bed was prepared on the main deck, and to this he was removed as soon as he had taken a dose of brandy and laudanum. The surgeon of a neighbouring vessel had meantime been sent for, and on his arrival I made a careful search for the bullet. It was found on the inner edge of the scapula, at a point opposite to, but on a somewhat lower level than the point of entrance, projecting under the skin of the back, which was extremely thick. There was a large patch of emphysema all round it extending up to the level of the shoulder-joint, and towards the spine. As we turned the patient over, he began to cough, and brought up a large quantity of blood, clear and frothy, evidently from a pulmonary vessel.

It was decided to remove the bullet, and this was done by means of a tolerably long incision, sufficient to admit two fingers. The operation was performed rapidly and with little difficulty. A conical ball of lead, *grooved* at the tip, as if it had struck a hard substance in its passage, was extracted.

The operation wound was treated as a simple incised one, with one suture and adhesive strapping. The wound of entrance was covered with cold water dressing. There was grave collapse, but the patient was well watched, and *encouraged by the constant presence of the doctor*.

During the first twenty-four hours brandy (with laudanum) was given pretty freely, but after this time very sparingly. The laudanum was continued for a week or ten days. It appeared to answer admirably, soothing the patient into a state of happy indifference and freedom from pain and anxiety. The blood from the lungs gradually diminished; there was scarcely any direct pain after the first day or two, and at the end of a fortnight the patient was in a condition of absolute safety. It should be noted that he was well fed with soup and mutton tea, and was allowed to drink lots of cold water. At the end of about six weeks he was transferred to a homeward-bound ship, and arrived safe and well in Liverpool. I heard of him three years later as being alive, well, and able to make long sea voyages as well as any man.

I offer no comment on this case further than to say that the treatment was the best that could be adopted under the circumstances. It was very rough, very unscientific, *very successful*.

Dr. C. T. Williams was surprised that no injury was done to the heart, &c., in wounds of this kind; and he considered the case read by Dr. Hewan to be even more remarkable than that related by himself a short time since to the Society.

Dr. F. Robinson said that many similar cases to this occurred during the progress of the Crimean War. He remembered one, that of a lieutenant, who was shot through the lung, and who with rest and dietetic precautions, recovered and returned to England, where he ultimately died from diarrhœa, contracted by unduly indulging in fruit.

Mr. Henry Lee considered that the treatment denominated rough in the paper, was mild compared with the usage of former days. He thought it not impossible to employ antiseptic precautions in treating this class of wounds.

Mr. R. W. Parker remarked that there were several cases during the Franco-German war of this kind of injury, and several recovered. He believed the rapidity with which the bullet entered the body, producing an incised rather than a contused wound, was one chief reason why the cases often terminated favourably.

Dr. Mahomed related the history of a case in St. Mary's Hospital. It was that of a man with a bullet wound in the lung, complicated by pleuritic mischief, the membrane being seemingly filled out with blood. The patient being subject to rigors, tapping the chest was discussed. The man, however, ultimately recovered; and he (Dr. Mahomed) thought rest, without operative interference, in similar cases, will effect cure.

Dr. Robinson did not remember any instance of tapping in these cases.

Dr. Hewan, in reply, corrected the impression under which several speakers laboured, that the injury occurred on the open sea. The ship was at anchor in a malarious district off the coast of Africa. He ascribed the successful result to the good treatment the case received.

DR. S. O. HABERSHON on

### A CASE OF PYELITIS—DISCHARGE OF PUS—INCISION IN THE LOINS—RECOVERY.

A. P., æt. 28, was admitted into Guy's Hospital under Dr. Habershon's care January 29, 1879. He was a delicate looking man, by trade a carman; his mother and four brothers were stated to have died from phthisis. Four months before admission he first noticed blood in his urine, and he then experienced pain at the end of the penis during micturition. For some time previously he had had pain in the left arm, left side, and thigh, extending down the inner part of the limb to the knee. The blood passed was mixed with the urine, and gave to it the appearance of light red port wine. He did not pass any clots. About a month after passing blood he noticed a swelling in his left loin, which increased in size till it reached the size of a goose's egg. The severity of the pain compelled him to remain in bed; he stated that one night the swelling burst, it suddenly disappeared, and that he then passed about half-a-pint of pus with his urine, and continued passing a little pus at the end of micturition for three or four weeks. The urine was of a yellowish colour. During the formation of the swelling the bowels were confined for a fortnight, but afterwards diarrhœa came on. On admission the patient appeared ill and distressed, his sleep was disturbed, he rested on his back, but movement gave pain; there was occasional nausea, the tongue was red and dry, the bowels regular, the abdomen was rigid, especially on the left side, and he complained of pain when the slightest pressure was made on the left loin. There was dulness on percussion in the left lumbar region from the eighth rib to the crest of the ilium, but the dulness did not reach to the middle line. There was also fulness at the part, but no defined tumour could be made out. The voice was weak, respiration harsh at the right apex, no dulness at the apices of the lungs, but there was dulness at the left base, and there was absence there of breath sounds; respiration thirty-six per minute, the pulse was increased in frequency and feeble, the urine was clear, sp. gr. 1022, and free from pus, blood, albumen, sugar, phosphates; it contained a few squamous epithelial casts. The evening temperature was 102 deg. Morphia was given to relieve the pain. It was thought desirable from the distressed and feverish state of the patient to relieve the lumbar swelling; it was believed to be disease of the pelvis of the left kidney, and was thought to be strumous disease setting up suppuration, but it was doubtful whether there had been tubercular disease at the commencement, and the symptoms did not indicate calculus. On February 8th a fine trochar and canula were introduced into the swelling through the left loin, about midway between the ribs and the crest of the ilium, six ounces of a clear light green fluid were drawn off, and these were followed by about two ounces of pus. There was a fœtid smell; the fluid was of sp. gr. 1025, when boiled it became nearly solid, but it contained no urea nor uric acid, no hydatid, but pus cells and fibrin. On the 10th there was a good deal of perspiration. The dulness was less extensive, and there was less febrile excitement. On the 14th February the temperature was high, the abdomen flaccid, the tumour was distinctly felt. Mr. Davies-Colley made an incision under carbolic acid spray in the left loin, about three inches in length, just beyond the edge of the quadratus lumborum muscle; a firm, thick-walled, fluctuating tumour was found; and pus having escaped when a grooved needle was introduced, Mr. Colley made a larger opening, and nearly two pints of pus, mixed with a little blood, were discharged. The abscess extended beneath the ribs to about the eighth rib, and downwards about two inches below the crest of the ilium, forward to the edge of the rectus muscle; the walls of the sac were lined with calcareous material, but no calculus was felt. A tube eight inches in length was introduced, and the wound dressed with gauze in the antiseptic manner. The fluid gave a slight effervescence with the hypobromide solution, but no crystals of nitrate of urea could be obtained by nitric acid. Quinine medicine was continued. The improvement of the patient was uniform, the pain and perspirations ceased, and the discharge lessened. On the 27th three inches of the drainage tube were removed. At the base of the left lung there was still slight bronchophony, and prolonged expiratory murmur. On March 21st the patient was feverish, temperature 102°. The drainage tube had been removed, and the wound had healed. Mr. Colley again opened the wound and evacuated ℥ss. of pus. From that time he continued to improve. The discharge gradually lessened, but he remained in the hospital till May 15th. The sinus was still kept open, and he was directed to come to the hospital every third day to have the side dressed. The family history and the appearance of this patient suggested the probability of tubercular disease or caseous degeneration, and the discharge of blood directed attention to the kidneys. It was less easy to give a decided opinion as to the cause of the hæmorrhage. The absence of thoracic disease removed passive congestion from the causes of the complaint. There was no history of any blow or fall, and no proof of cancerous disease. The pain at the end of the penis and during micturition was indicative of vesical irritation as from a calculus, but these symptoms were only transient, and it was thought probable that if any portion of gravel had passed into the bladder, it had been quickly discharged. Two other modes of explanation suggested themselves to explain the hæmaturia and subsequent discharge of pus and enlargement of the kidney, for the swelling in the left loin was regarded (and correctly so) as a distended pelvis of the kidney; the one was that a calculus had blocked up the ureter, and had led to distension and suppuration in the pelvis of the kidney; and the other was that tubercular disease, or caseous inflammation of the gland, had been followed by chronic suppurative pyelitis.] The roughened semi-calcareous state of the diseased pelvis of the kidney when the finger was passed in through the incision showed that this latter supposition was probably correct, and no calculus could be felt. The patient was very ill on admission; he was feverish, and in constant pain and distress; there was hectic, and his strength was rapidly failing, and nothing could be more marked than the relief and almost daily improvement after the pre-evacuation had been made by Mr. Davies-Colley. If the operation had been postponed I have no doubt the man would soon have become exhausted, and the operation might, I believe, be more frequently resorted to in these case with benefit, and with the saving of life. It would be well if the whole gland could be safely removed, for it had become the mere cyst of a chronic abscess, and it formed a persistent source of irritation. From the large size of the abscess it may be doubted whether the suppuration was external to the gland; but it is well known that the pelvis of the kidney may attain to enormous proportions. Some years ago a man was under my care in the hospital who, from the age of sixteen or seventeen, suffered from periodic discharges of pus from the bladder, the discharge of pus being preceded by the formation of a large projecting sac extending from the ribs to the iliac fossa on the right side. It was found after death that a calculus blocked up the ureter on the right side, and that pus collected in the distended pelvis of the kidney, so as to reach several pints in quantity; when the distension became excessive there was a sudden discharge, and the swelling subsided. The distension of the ureter had become greater than the obstructing calculus, and the passage was then free. These attacks recurred, sometimes with intervals of several years, and the patient attained the age of sixty-four years. He died in Guy's from cancerous disease at the upper part of the remains of the kidney on that side.

DR. N. DAVIES-COLLEY.—I have but little to add to Dr. Habershon's report. The character of the abscess cavity seemed to me to indicate that it was formed by the dilated pelvis of the kidney. It consisted of a number of smooth-walled compartments freely communicating with each other, and partially separated by ridges, which were most of them encrusted with a calcareous deposit. With the exception of a short period during which pyrexia returned from the too early removal of the tube, the patient's progress to recovery was steady. He wore the tube for a month after he left the hospital, on May 15th. The discharge at first increased, probably from the discontinuance of the antiseptic treatment. It then gradually diminished, and finally ceased altogether at the end of October. His general health was good, but he had to be careful about his diet. Meat made him sick, so that he lived chiefly upon bread and milk. On November 5th, when I last saw him, the wound had been quite healed for two weeks, and there were no signs of any abdominal tumour, although I examined him carefully in the recumbent posture.

Mr. Golding Bird endorsed the opinion that the man's safety in this case was consequent on the action taken about it. The necessity for surgical interference was illustrated by a case he had seen for Mr. Durham, being that of a man with a swelling in the loin, but having also a bladder affection. It was a matter of uncertainty at first which indication to treat primarily. He decided, however, to cut down on the kidney, and when he explored it he found no stone, but some small concretions. The case did well after, and he felt that, the danger being so small, and an incision on to the kidneys involving no serious evil, in confirmation of diagnosis simply, it ought to be incurred.

Mr. Walsham drew attention to another means of diagnosing in these cases, viz., by introducing the whole hand into the rectum and exploring the ureter and pelvis of the kidney through the intestinal wall. This method, he said, was productive of no inconvenience to the patient, nor did it involve tearing the sphincter, or the occurrence of any injury.

Dr. Habershon had had no experience of this mode of diagnosis. The late Mr. Maunder had told him the sphincter is often torn in attempting to introduce the hand into the rectum. In the case he had read, however, no necessity for trying this method existed, since there was no doubt felt as to its nature. He thought it might be useful when, at an early stage of disease, difficulty of diagnosis was experienced.

### Dr. S. O. Habershon on

### A CASE OF CHYLOUS URINE AFTER AGUE IN INDIA—ALBUMINURIA—CESSATION OF CHYLOUS URINE, WITH THE DEVELOPMENT OF GLYCOSURIA AND POLYURIA.

Eliza M. C., æt. 59, was in India from the age of 2 years till she was 40, then after a stay of two years in England returned to India for ten years more; she had had twelve children, being married when she was about 15 years of age, and at 16 years of age she had her first attack of ague, and afterwards had repeated attacks before she left India. For three years she had noticed her urine to be white, like milk, and very thick. This condition continued till admission into Guy's Hospital on July 12th, 1876; her ankles and legs became swollen during the day. For three months her sight had failed and objects appeared misty. The patient appeared healthy, there was no evidence of disease of the lungs or heart, nor in the abdomen could anything abnormal be detected, except that the liver could be felt two inches below the ribs. The tongue was red and dry, the appetitite good; there was great thirst. The urine had sp. gr. of 1025, it was milky in appearance, and it contained both albumen and sugar; opium and quinine were given. On July 18th it was found that the urine which was passed before breakfast was lighter in colour, but that passed afterwards was opaque and milky; the quantity was nearly 5 pints. She was placed on the restricted diet for diabetic patients and gluten bread given. The urine remained milky, but the sugar lessened, and on July 28th and 31st was absent. On August 2nd the urine was still milky, and was described as in "lumps like jelly."

On August 7th the quantity of urine passed was 4 pints 12 ounces, but it was free from sugar. Various specimens of urine and of her blood were examined for filariæ, but none were found; when allowed ordinary diet the sugar returned. On August 23rd the urine passed before breakfast was quite clear and free from sugar, but it contained a small quantity of albumen, but that during the rest of the day was milky and became gelatinous on standing. On September 20th there was no sugar in the urine, its sp. gr. 1020, but the sugar returned after the allowance of ordinary bread. On October 10th Mr. Higgins found opacity of the lenses, and on the 17th performed iridectomy on the left eye. November 11th, the urine passed after breakfast became clear; 15th, it was clear, of sp. gr. 1012, free from albumen, but it contained sugar; about 4½ pints of urine were passed during the day. When the ordinary bread was allowed the sugar increased; and on November 23rd the sp. gr. was only 1010, but the urine still contained sugar. On December 2nd she passed 9 pints of urine in the twenty-four hours, clear and pale, sp. gr. 1010, free of albumen, but containing sugar. On the 19th 8½ pints of urine, sp. gr. 1014, contained 242 grains of sugar. On January 6th 10 pints of urine were passed of sp. gr. 1008, and a small quantity of sugar was present. The tincture of iron was prescribed, and afterwards ammonia with laudanum. During the whole of January the urine was about the same, clear, 8 to 10 pints in quantity, sp. gr. 1010 to 1012, and it contained sugar, and on January 27th there were 1800 grains of sugar found. On February 5th she passed 9 pints, sp. gr. 1010, and after fermentation the sp. gr. was 1006, and about 730 grains of sugar. She remained in the hospital till February 21st; her general health had improved, the chylous urine had ceased, the albumen had also disappeared, but the urine continued of low sp. gr., and it contained sugar. On February 17th it was 9 pints, of sp. gr. 1014. This case was one of chylous or of lymphous urine, for there was spontaneous coagulation, but it was associated with glycosuria. Albumen soon disappeared, but the sugar remained. At first the sugar ceased when the diet was restricted, but it afterwards became more decided and permanent. Search was made many times for filariæ, but none could be detected in the blood after careful microscopical examinations. In recorded cases of chylous urine, the condition has been referred to change in some of the lymphatic vessels connected with the kidney, but its association in this instance with glycosuria, suggested the idea that both conditions, the presence of chyle, and of sugar in the urine, might be referred to change in the liver. Of the hepatic disease there was no positive proof, and the connection with the liver must be regarded as conjectural, at any rate as regards the chylous state.

Dr. Pavy said that this same patient was subsequently under his care. During the time, however, no chyluria was observed, and he considered it a case of mild saccharine diabetes. The peculiarity of it arose from the association of diabetes mellitus with diabetes insipidus. He had once a similar case, that of a boy, under treatment, and in him he found that on non-restricted diet the large quantity of sugar excreted when the diet was checked, ceased to be passed with the urine. He was convinced the two conditions were a result of vaso-motor paralysis affecting the chylopoietic viscera, and interfering with the due transformations to which the blood within their vessels is submitted. He related a case, under his observation in 1875, of a lady, concerning whom he was consulted by a country practitioner. She showed chylurous symptoms, but becoming pregnant, she lost them when advanced into the third month of gestatien. After delivery, however, the chyluria returned. He concluded that this was due to some abnormal connection set up between the lacteals of the chylopoietic viscera, on the one hand, and those of the renal, on the other. The great inequality of the blood pressure on the two systems precluded the possibility of any natural connection.

### CUPRIC TEST PELLETS FOR SUGAR.

Dr. Pavy said that he desired to introduce to the notice of the Clinical Society a new form of test for sugar, which he thought would prove of no inconsiderable service to the medical practitioner. Of the various reagents that have been recommended for the detection of sugar, his experience led him to consider the cupric test by far the most reliable, and this view stood in accord with that which was generally entertained by analytical chemists. It had been hitherto the practice, certainly where delicacy and precision were in question, to employ the test in the form of a solution prepared by mixing an alkaline tartrate with sulphate of copper and either potash or soda. Such a solution contains the oxide of copper in a state ready to be reduced to the condition of the suboxide when in contact at a boiling temperature with glucose. When freshly prepared this solution fulfils all that can be desired, but there is the disadvantage belonging to it that, after being kept for some time, especially if exposed to light and air, it is liable without the presence of sugar to throw down a certain amount of reduced oxide on boiling, and thus possibly to mislead unless precautions are taken to provide against it. Besides this objection the liquid, unless frequently used, is very apt to cause the stopper of the bottle in which it is kept to become fixed. In fact it must be spoken of as an inconvenient liquid to keep for only occasional use. He had long felt that it would be very desirable if the ingredients of the test could be incorporated and kept in a solid form; and some years ago he had made a fruitless attempt to attain this object. Latterly he had given his attention afresh to the subject, and the test pellets before the Society were the result of the task undertaken. He need not enter into details regarding the ideas which failed on application to yield a satisfactory result. It would suffice for him to say that the test pellets contained the solid ingredients of the cupric test solution in a dry state, and that they were brought into the condition of a coherent mass by compression. The preparation had been placed in the hands of Mr. Cooper, of 26 Oxford Street, who, it was but justice to say, most successfully met the difficulties that were unexpectedly encountered. An article had been produced which met with Dr. Pavy's entire satisfaction, and which he felt was adapted hereafter to render good service in relation to diabetes. There appeared no reason why the pellets should not keep for an indefinite time without undergoing change if preserved in a closed bottle away from moisture. In using them all that was necessary was to place one in a test tube with about 3c.c., or rather under a drachm, of water, and to apply heat until complete solution had occurred, with the accomplishment of which a clear deep blue liquid would be formed which actually constituted the cupric test solution. At present it was only as a qualitative test that the pellets were introduced, but there was no reason that hereafter the preparation should not be conducted with sufficient attention to accuracy of weighing to render them applicable for quantitative analysis. Dr. Pavy furthered mentioned that the test pellets exhibited were ready to be sold by Mr. Cooper, chemist, of Oxford Street, in bottles containing twenty-four, at a cost of one shilling.

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## SURGICAL SOCIETY OF IRELAND.

### SESSION OF 1879-80.

THE third meeting of the session was held on Friday evening, January 2, in the Albert Hall, Royal College of Surgeons, Dr. **Mapother**, President of the College, in the chair.

Mr. **Tufnell**, hon. sec., read the minutes of the previous meeting, which were signed.

### MULTILOCULAR OVARIAN CYST.

Dr. **Atthill**.—This is an ovarian cyst which I removed four days ago from a lady, æt. 42. The operation was insisted upon by herself, for the size of the tumour not being large, it was suggested that it might be postponed. However, at her urgent desire I operated. I was willing to do so mainly on the ground that she had had two attacks of peritonitis, and rapid emaciation was also manifest. The operation was easily performed, the tumour being exposed without difficulty. There were considerable anterior adhesions, but being of recent origin they were ruptured without much difficulty. From first to last she did not lose an ounce of blood. A remarkable point connected with the cyst is the extremely small pedicle, which seems to me to be the Fallopian tube only. The cyst is multilocular and purely ovarian, as distinguished from par-ovarian, which unilocular generally are. On this, the fourth day after the operation, her temperature was 99 deg., and her pulse only 90. In a clinical point of view the case is interesting, as showing the advantage of early operation.

Mr. **Henry Gray Croly** read a communication on a case of

### DISLOCATION OF FEMUR ON PUBIS,

which will be found on page 57.

Mr. **Tufnell** said the deformity was extremely well represented in the photograph, which he had recommended to be taken. One foot was turned perfectly at right angles to the other.

Dr. **Swan** saw the case under several conditions—before it was reduced, during the reduction, and immediately afterwards, and again about three weeks afterwards, when the man was walking about. It was rather a surgical curiosity—so are that Sir Astley Cooper had not given the details which he himself had seen of such a case, but had got them from a friend. Manipulation he regarded as the best method of operation in a case like the present, because, in the first place, the number of adhesions which are broken up in the manipulation must have seriously interfered with the application of pulleys, and, secondly, the method by which reduction occurred into the thyroid foramen and acetabulum would be borne out by the application of leverage to the bones. Thus, first, by the flexion of the femur on the abdomen, the head was tilted over the brim of the pelvis into the thyroid foramen; and then, it hit against the lower edge of the thyroid foramen, and tilted first into its unnatural position, and secondly into its natural bed, or the acetabulum.

Professor **Bennett** thought Mr. Croly's communication was of very great importance, because it demonstrated the fact that manipulation carried to its full extent will certainly succeed where the pulleys fail. Just before the case in question occurred he had had under observation a case of dislocation upon the pubis, but a recent one. The man whom it befell was admitted to hospital four hours after the injury; he had fallen off the gangway in the dark. In this case the attitude of the limb and the details otherwise were such that the pupils had made the diagnosis before he himself arrived. The patient having been put under ether to the full extent, the extension process was applied with two sheets, three strong men being placed to the counter-extension, and three to the extension, but although the man was slight, and seemed extremely weak, they produced no effect whatsoever upon the bone. He then resolved to abandon the extension method and try that which, doubtless through oversight, Mr. Croly omitted to name, viz., Bigelow's mode of reduction, carrying it out in detail. Flexing and carrying the limb to the opposite shoulder and sweeping it to the position of abduction, rotated outwards, the bone went in as if creating a fracture rather than the setting of a dislocation—with a grind rather than the snap ensuing on ordinary reduction. However, that was the only dislocation on the pubis he ever saw. He could not, therefore, speak with authority on the matter; but, so far as his particular case went, the manipulation conducted single-handed by himself had succeeded with ease, whereas the strain of six men first attempted had proved ineffectual. Mr. Croly was to be congratulated on his success, having regard to the date at which he operated, for had a week more elapsed he might have declined such interference.

Mr. **Wharton** said through the courtesy of Mr. Croly he had seen the case under discussion. Having arrived late last evening he did not know whether a case he had himself brought before the Society many years ago had been mentioned, namely, one illustrating his failure in the management of a dislocation of the femur. In that particular case he converted the dislocation of the bone on the dorsum ilii into a dislocation into the thyroid foramen. He concluded the mistake he had made was that he had not abducted the limb. Had he done so when the edge of the femur arrived at the outer part of the acetabulum, he would have reduced the dislocation at once. Although his object was not to put himself forward as the first to introduce into Dublin this particular method in the treatment of dislocation of the femur, yet after reading his communication here he received from Dr. Darby a letter that he had reduced a dislocation of the femur on the dorsum, the result of a fall from a tree, by manipulation in five months, and without chloroform. In fact, manipulation does away with the necessity for anæsthetics. Dr. Stapleton had also reduced a dislocation on the dorsum ilii in the same way.

Mr. **Croly**, replying, said he was familiar with Bigelow's drawings and his ligament; but though Bigelow had worked at it, the credit of the method was ascribed by most surgical authorities to Reid. It was satisfactory to find that manipulation had succeeded with Prof. Bennett when stronger force had failed, and he therefore thought manipulation ought to be adopted. He had not referred in his communication to Mr. Wharton's case, the subject being confined to pubic dislocation. All the dislocations of the hip, except the very unusual ones, he had now seen. He saw Dr. Stapleton reduce a dislocation into the thyroid foramen by manipulation. He had himself put in the hip-joint by Colombat's method, of which he approved, that of leaning across a table. A great comfort of manipulation was that they could not do so much mischief with it as with pulleys, and every man had not a set of pulleys, or if he had he might not have posts to put them on. Besides, dislocations might have to be dealt with on board ship or on the field of battle.

### REMOVAL OF UTERUS AND ONE OVARY.

Mr. **W. Thornley Stoker** read a communication on a successful operation he had performed of hysterotomy through the abdominal wall.

Dr. **Atthill** was glad the operation had turned out so successful, and believed it was fully justified. The woman had been twice under his own care in the Rotunda Hospital. She was anxious that the operation should be performed. Twice had he refused to operate, though not from any doubt that the case was uterine. On careful examination in the first instance he had arrived at that conclusion. Having inserted the trocar of an aspirator, he satisfied himself that the tumour was solid or very nearly so, and told her that the operation would be hazardous. She had no obstruction of the bowels or difficulty in passing urine, and hence he did not consider the operation would be justifiable. Subsequently she came under the care of Mr. Stoker. But in the interval that elapsed her condition had not improved, so that he thought the operation was perfectly justified. The question of drainage tubes was one of great importance; he had found them productive of great benefit. At the same time he was not satisfied that it would not be better to dispense with them. A still more important point was that of nutritive enemata. He believed it was a means of feeding patients which was not sufficiently adopted. He fed a patient with nutritive enemata for nearly 21 days. The patient whom he operated on last Tuesday had not tasted any food since, but had been fed with nutritive enemata. Her digestive functions were easily disarranged, and he thought it advisable to give her nothing except a little champagne and ice. The less given the digestive functions to do in an operation like the present, which was the same as ovariotomy, the better; and he believed the patient could be kept nourished sufficiently without being given anything by the mouth. His patient for four or five days did not even take ice. She had had black vomit for many days. Perhaps the most important means of checking the vomiting after the operation was a hypodermic injection of morphia. He did not believe that medicines had produced any effect. He had obtained better results from pepsine wine. Keith gave carbolic acid in solution of acetic acid, but he had not found it beneficial.

Dr. **Kidd** said the first two or three times he examined Dr. Stoker's patient—he examined her a dozen times or more—he thought the tumour was ovarian, but long before the operation was decided upon he doubted the accuracy of the diagnosis, and balancing the evidence as carefully as they could, Mr. Stoker was correct in stating that they could not pretend to say exactly whether it was ovarian or uterine. However, Mr. Stoker approached the operation with all the preparations made for removing a uterine tumour, and the result showed that it was uterine. He believed the tumour had undergone a considerable change from the time Dr. Atthill saw the patient until she was admitted into Richmond Hospital. The outgrowth which lay at the umbilicus, described by Mr. Stoker as about the size of the fœtal head, had not appeared when Dr. Atthill saw the case. That outgrowth was the cause of the greatest part of the difficulty in the diagnosis. It could be moved from side to side through the abdomen without apparently moving the larger tumour. The first impression was that it was a separate tumour from the larger one. After repeated examinations, however, they found it was not a distinct tumour, but that it was part of the large tumour; and that was the first step gained in the examination. They had then a large tumour, filling the greater portion of the abdomen, and an outgrowth from that tumour, and the outgrowth could be pushed from side to side, causing the larger tumour to rotate. That was a condition he had frequently observed with an ovarian tumour, but never with a uterine tumour before, nor did he know that such an observation was on record with regard to a uterine tumour. There was a woman in Dublin some years ago, that perhaps every hospital surgeon present knew and saw; for he believed she had been in every hospital in Dublin. She was in the Coombe a considerable time. She had a large tumour filling the abdomen; she had an outgrowth not quite so large as the present instance, attached to the upper portion of the tumour, and which could be played from side to side in the abdomen. She had been in the City of Dublin Hospital, where through the courtesy of Mr. Tufnell, he first made her acquaintance. In showing the case, Mr. Tufnell described it in expressive words, that he would never forget—"you can shoot the small tumour like a weaver's shuttle from side to side through the abdomen." That was exactly the fact. They were all of opinion that it was a separate and distinct tumour; he did not think anyone who saw the case was aware that it was merely an outgrowth from a large tumour. After many months she came in a dying state to Coombe Hospital. He took her in, and was glad to get her, and keep her till she died, when they had an opportunity of making an examination, which resulted in the discovery of a large ovarian tumour, with an outgrowth from one side of it, and it was that outgrowth they observed like a weaver's shuttle shoot from side to side. The large tumour was so smooth, and the two layers of serous membrane played so freely on one another, that when the hand was placed over the abdomen they could not recognise the movement. The woman had been killed by the mobility of the tumour—whether by herself or others, the whole mass had been turned round, the pedicle got twisted, strangling the tumour, so that she was suffering from fever, produced by the putrefaction of the large mass. That case was fresh in his mind, when he got into the Coombe another case of large tumour with an outgrowth upon it, that he could shoot freely through the abdomen. On operation it proved to be an ovarian tumour, with an outgrowth upon it, and perfectly smooth walls, that allowed the movement to go on, without being distinguished by the hand. He saw a third case of ovarian tumour, with precisely similar characteristics. When this case first came before them it seemed that the only condition that would account for the mobility of the small outgrowth was that it was a separate tumour with a long thin pedicle. They then ascertained that it was not a separate tumour, but an outgrowth of the parent tumour, and they proved that the large parent tumour moved with it. So they had a large tumour that could be caused to revolve in the abdomen, and it seemed to him the only thing that could account for this was that it had a long, thin pedicle, such as an ovarian tumour frequently presents. That gave rise to a great doubt as to the nature of the tumour. In many other respects it corresponded to a uterine tumour; but he never knew a uterine tumour with those characteristics. Having examined it carefully with the sound, they found the uterus was of the normal length, that they could trace the whole posterior wall of the uterus, and a great part of the fundus through the rectum utterly free from the tumour, and of the natural contour and size. That was another difficulty. They next found when they rotated the small tumour the handle of the sound moved in the opposite direction to that in which the small tumour moved. That was another fact that he believed had never been observed before in the history of uterine or ovarian tumours. So far as his experience went, such a fact had not been put upon record until this case, and to account for it gave a good deal of anxious consideration. They had a movable tumour with, they believed, a long narrow pedicle, but disobeying all the laws of uterine tumours hitherto observed, namely, when moved the handle of the sound rotated in an opposite direction to that in which the tumour moved. Many suggestions were made. For a time the most feasible explanation was that, before the tumour, supposing it to be ovarian, had risen out of the pelvis into the abdomen, it had formed some adhesions to the opposite side of the uterus which caused it when the tumour was revolved to move in the opposite direction. The evidence was still in favour of its being an ovarian tumour. On a subsequent examination however, they found that with the sound in the uterus, and with the fingers of one hand in the vagina and the other hand over the abdomen, they could move the large tumour. Hitherto they had had no means of moving the large tumour. But now they found that the handle of the sound rotated in the same direction in which the large tumour moved. This at once changed their view; they had the movement of the sound in accordance with the laws of uterine tumours. So whatever opinion be entertained before he expressed a tolerably decided opinion to Mr. Stoker and the surgeons of the Richmond Hospital that the tumour was in all probability uterine, though he could not undertake to say with absolute certainty whether it might not be an ovarian tumour with a uterine complication. But he distinctly withdrew his opinion that it was an ovarian tumour. It was then decided to operate. Mr. Stoker had already given the details of the operation. One of his colleagues exclaimed as soon as the tumour was exposed, "it is an ovarian tumour;" because he could feel the fluctuation of it. The operation was completed. The result they had all heard. When the tumour was removed they at once saw the reason of the peculiar rotatory movements it presented. About the centre of the posterior wall there was a long conical prominence, which had formed a socket for itself in the left lumbar region, beside the kidney, and on this, as on a pivot, the tumour rotated, so that when the outgrowth at the upper part moved to the right the uterus at the lower part moved to the left, carrying the sound with it. As to diagnosis, it was one of the most instructive cases he had ever seen. Dr. Atthill did not obtain fluid; but he had seen several ovarian tumours tapped without obtaining fluid.

Professor **Bennett** pointed out that in a uterine tumour, if the vagina or uterus were not tied as a pedicle, and antisepticised and disinfected immediately before the operation, it would be a failure.

Mr. W. **Thornley Stoker** replied. Dr. Kidd's recollection was surprisingly accurate—towards the time when the operation was to be performed, they had made up their minds that it was probably a uterine tumour, but that possibly it might be ovarian. The instruments to remove the uterus were all on the tray during the operation. He fully endorsed Dr. Atthill's remarks on the importance of nutritive enemata. The value of pepsine wine he could not speak of from his own experience; but during the summer months he had had extensive opportunities of treating sea sickness, and there was no remedy he found of greater value than frequent small doses of pepsine wine. He endorsed what Prof. Bennett said on antiseptic treatment; but he did not go into the question as foreign to the scope of his communication.

The Society adjourned to the 16th inst.

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## Special.

### FRANCE.

(FROM OUR OWN CORRESPONDENT).

Paris, Jan. 23.

*The Stigmata of Maize,* of which there was a short notice in the *Medical Press,* Jan. 14th, seems to gain partisans in this country. Its diuretic properties are being much experimented upon, giving, as usual, contradictory results. This new remedy was brought under the notice of the profession about six months ago, by Dr. Bafaud, who, practising in the Landes, observed that peasants freely used an infusion of the stigmata for attacks of gravel. But it appears that in Mexico the colonists used it in vesical catarrh from time immemorial. Recently the French medical press have received numerous communications upon the stigmata of maize, and many articles have been published, the last of which is one from Dr. Landrieux, who cites two cases in proof of its diuretic properties—the first, that of an individual attacked with ascites consequent on cirrhosis. Under the influence of the drug, given in the form of syrup, the quantity of the urine arose progressively and rapidly from 500 grammes to 1,200 and 1,500 grammes. On continuing this treatment for about three weeks, all ascites disappeared. The other case was that of a woman, aged sixty-eight, the subject of heart disease. There was considerable œdema of the lower extremities, enormous ascites, pulmonary congestion, renal congestion, causing a considerable diminution of the urinary excretion. The stigmata of maize was administered with the result of increasing the quantity of urine from 200 to 800 grammes in twenty-four hours. The œdema and the ascites disappeared in a short time. Dr. Landrieux terminates his article with the following conclusions:—1st. Not only the different preparations of the stigmata of maize are useful as a modifying agent of the urine, but these same preparations can be equally considered as an incontestible diuretic agent. 2nd. Diuresis is rapidly produced. 3rd. The pulse becomes regular under its influence, the arterial tension increases, while that of the veins diminishes. 4th. Complete tolerance of the drug, and in chronic cases the treatment might be continued during a month or six weeks without the slightest inconvenience.

A discussion on the effects of the drug took place lately at Montpellier. M. Caston, Professor at the Faculty of Montpellier, believed that it acted less as a diuretic than an *anesthésique local,* while M. Deuncé, of Bordeaux, thought it had an action *élective* on the mucus membrane of the bladder, but all agreed that it eased the pain in renal colic. At all events, it is worth a trial, being cheap and easily procured. The dose would be eight grammes for a pint in infusion to be taken *ad libitum.*

*Oxalic Acid in the Treatment of Diphtheria.*—Dr. Corilleau, writing to the *Revue Medical,* strongly recommends this drug. The mode in which he employs it as follows: oxalic acid, a gramme and a-half; syrup of oranges, 30 grammes; infusion of green tea, 120 grammes. A dessert-spoonful every three hours. Upon eighteen cases in which he adopted this treatment he lost but one.

A young resident physician has just succumbed from diphtheria contracted in attending a child affected with this disease in the *Hopital des Enfants Malades.* Only an hour before his decease the President of the Republic sent him the Cross of the Legion of Honour.

*A Case of Chronic Poisoning by Hydrate of Chloral* is reported by the *Journal de Pharmacie.* A man, æt. 47, took regularly every day for six years two grammes of bromide of potassium and two grammes of chloral for spasmodic retention of urine. He increased the dose of chloral gradually to twelve grammes a day. His intelligence and memory became weakened; he could no longer walk, being seized with trembling in the lower extremities; speech was difficult, and insomnolency deprived him of all rest. On entering hospital he was put under a treatment consisting of tonics containing strychnine, out-door exercise, and a strong diet. At the end of three months the cure was complete.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 28, 1880.

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## DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION?

### AN ANALYSIS OF ITS CONSTITUTION.

As the General Medical Council is about to be entrusted with new and most important functions in connection with medical education—the forming and revision of conjoint examination schemes, and the administration of an untried and altogether original system—the constitution of that conclave has come to be a burning question. To speak briefly, the General Medical Council has, throughout its twenty years of life, proved itself a dead failure, a discouraging disappointment to those who constituted it, a discredit to those who were members of it, and a source of apprehension to those who look forward to its place in medical affairs. While everyone respects the *personnel* of the Council, and feels that each member of it has been selected for his capacity, for the representation of the interests reposed in him, and for his true loyalty to those interests, everyone, nevertheless, is conscious that in the aggregate the Medical Council is completely inefficient. Being obliged to criticise unfavourably the constitution of the Council as a whole, we feel it but just to express our feeling not only that its members are individually irresponsible for its inefficiency, but that they are men of integrity, anxious to do their representative duty to the best of their ability, and, speaking generally, creditable representatives of the Bodies whose delegates they are.

The failure of the Medical Council was the failure of the mind which constructed it, and not of the members who formed it; and if a remedy for its unsatisfactory performance of its functions be found, it will be by a reform of its constitution, not by a change of its constituent members.

About this time last year, in anticipation of the meeting of the General Medical Council and the Select Committee of the House of Commons, we laid before our readers an incomplete analysis of the existing constitution of the General Medical Council, our purpose being to show, upon evidence, that the Council as at present formed can have no pretension to represent the medical profession, and in point of fact does represent interests which are, in some respects, at total variance from those of medical practitioners at large. The analysis of the constitution of the Council which we then undertook we were unable to complete, the remaining portions of it being jostled out of our columns by the lengthened reports of the proceedings of the Medical Council and of the Select Committee, and by indispensable comments thereon; and we then thought it more judicious to defer the whole subject to the eve of a new medical reform campaign rather than weaken the interest in it by debating it when the subject was in hibernation.

In anticipation of the re-assembling of Parliament, and reappointment of the Select Committee, we now propose to dissect the Medical Council for the behoof of those whom it may concern, and we take leave to reproduce much of that which we printed a year ago.

It has been roundly stated by certain champions of the General Medical Council (who, it would seem, are not easily discouraged in argument), that the Council is admirably representative of the profession, a faultless reflex of the needs and the opinions of medical men, and therefore superior to the necessity for any reform, and it is for those who advocate reconstruction, as we do, to prove our assertion that neither the medical profession nor the public have any distinct voice in the deliberations of the Council, or any material control over its acts.

The General Medical Council consists of twenty-four persons, each of the licensing bodies being separately represented, except that one member represents jointly the two Universities of Edinburgh and Aberdeen, and one member the two Universities of Glasgow and St. Andrews. In addition to the seventeen delegates from these institutions there are in the Council six members appointed by the Crown, and an additional member, the President, appointed by the twenty-three members—the total number thus being twenty-four.

The members of the Council may for the purposes of our inquiry be divided into three classes:—

*a.* Those respecting whose election the profession has no voice whatever.

*b.* Those upon whose election the profession exercises only an indirect influence.

*c.* Those who are directly chosen by the voting members of the medical constituency.

### THE REPRESENTATIVES OF THE GOVERNMENT AND OF LAY GOVERNING BODIES.

In Class *a*, respecting whose election the profession has no voice whatever, come the Crown nominees.

It is quite unnecessary for us to say that these gentlemen are not only men of the highest professional distinction, but of unchallengeable honour and integrity. But these qualities, *per se*, cannot make them the best medical legislators who might be selected. They are placed in the seats which they occupy that they may act as independent voters, and thus to dilute the overwhelming power of the licensing bodies in the Council, and they are especially the guardians of the public interest against the self-interest of medical corporations. To fulfil this *rôle* with complete efficiency, they would need to be intimately acquainted with the wants of the public *quoad* the medical profession, with the existing systems of medical education, with the daily working of the medical licensing system, and with the needs and sentiments of the profession at large. Selected by her Majesty from the medical men who are best known as consultation physicians and who are nearest to the throne, it is not to be expected that they should possess these qualities, or that they should be anything more in the Medical Council than eminent representatives of medical respectability. Respecting the medical requirements of nine-tenths of the population of Great Britain, of the daily work of nine-tenths of the profession, of the educating of those who are to be the medical advisers of the next generation, they are likely to know little save that which they acquire from journalists or in after-dinner chitchat; and they have, therefore, neither the zeal for progressive improvement which animates those who feel the necessity for change, nor the energy which belongs to younger men or more active teachers.

But the disqualifications of the Crown nominees in the General Medical Council for their positions as representatives are not only these negative qualities; they are not, as a rule, either independent or unprejudiced in matters of medical education. Every one of them, as a perusal of the list will show, is intimately related to and interested in some licensing body. Three of the six are physicians *et preterea nihil*, two of them attached to the London University, and one of them a leading spirit in the Irish College of Physicians. Two others are bound to the London College of Surgeons in the strongest ties, and but one of the six is even ostensibly free from the attachment to or control of a licensing body.

Experience shows us that their efficiency as representatives of independent public and professional interests is overshadowed by their allegiance to the particular licensing body to which they are specially attached, and they can be hardly said to be answerable to any one for their votes.

The Crown nominees can hardly be said to be answerable to any one for their votes, for they hold their offices for five years, subject to a matter of course re-election, and it is found, as a natural consequence of such semi-responsibility, and as a general rule, that they have no sooner entered the Council-room than involuntarily they take sides as the supporters of some individual licensing body and some particular interest.

Be this as it may, they certainly do *not* represent the rank and file of the profession, and being, with two exceptions, leading consultants of a metropolis, they have little knowledge of, and therefore but a limited sympathy with, the wants or the difficulties of the working general practitioner.

Their knowledge of medical teaching, medical students, dissecting-rooms, and the "grind" is usually prehistoric —a reminiscence of the age when surgeons got their qualification by apprenticeship. They have heard, doubtless, of such people as parish surgeons, and have been told of counter-prescribing, unqualified assistants, contract doctoring, and other anomalous forms of medical practice; but their personal experiences for the thirty years past have been confined to a comfortable study, a leisurely consultation, a two-guinea fee, and a three months' holiday in summer; and, we suppose, they consider that it must be an imperfectly constituted mind which complains of the discomforts of provincial parish practice, or the difficulties of students and teachers, and which asks the General Medical Council for comfort or redress.

Being thus circumstanced we imagine that the Crown nominees will hardly claim to reflect the feelings or necessities of the profession at large, and thus one-fourth of the Medical Council may at once be struck out of the list of our representatives.

### THE REPRESENTATIVES OF NON-MEDICAL OR SELF-ELECTIVE GOVERNING CLIQUES.

The next section of the Class, over whose election the profession possesses no influence whatever, are those members of the Council who sit for the rotten boroughs of the Medical Parliament—*i.e.*, for the self-elective cliques which govern some of our licensing bodies.

From a list of the "Medical Authorities" and their elective constituencies, which appears in the Report of the Medical Officer of the Privy Council for the year 1871, and which has been recently revised up to the present date by Mr. Miller, the Registrar of the Council, we cull the information requisite for illustration of our meaning.

*Licensing Bodies which give the Members of the Body no Voice in Election of a Representative.*

| Name. | By whom representative elected. | Number of Electors. | By whom electors appointed. |
|---|---|---|---|
| 1. Apothecaries' Hall, London | The Master, Wardens, &c., under Charter of James I. and Act 55 George III. cap. 194 | 24 | Themselves |
| 2. University of London | The Senate ... | 36, of whom 10 only are medical men | The Crown |
| 3. Universities of Edinboro' and | Senatus Academicus | 37, of whom 12 are medical men | The Crown and Board of Curators |
| Aberdeen | Ditto ... | 22, of whom 10 are medical men | Ditto |
| 4. Universities of Glasgow and | The Senate ... | 26, of whom 13 are medical men | Two-thirds by the Crown the rest by the University Court |
| St. Andrews | Senatus Academicus | 14 professors of whom (we believe) 4 are medical men | |
| 5. The Apothecaries Hall, Ireland | The General Court | Nominally 31 actually 15 | Themselves |
| 6. Dublin University | The Board of Trinity College ... | 8, of whom 1 is a medical man, the rest clergymen | Themselves by promotion |

Here, then, are eight licensing bodies out of the nineteen; and they return six representatives to the Medical Council. It will be seen that in the selection of these six representatives, 198 persons exercise voting powers, of whom (approximately) 105 are members of the medical profession. Striking an average, we find that each representative of these bodies in the Medical Council is supposed to speak the mind of (say) 17 medical men. But he may not be even thus far representative, for—in the election of a medical delegate from one of these bodies to the medical parliament—the medical voters are, in most cases, liable to be out-voted, two to one, by a phalanx of lawyers, political economists, mathematicians, and clergymen.

But if it be assumed that the medical profession has its own way in all cases, who does the representative represent? Nobody but the professors, and nothing but the school interests of his own particular college. The medical graduates, or licentiates, or fellows of these institutions are not permitted even a whisper as to who shall speak their opinions in the Medical Council, and, as a consequence, these six representatives enter the Council chamber as the advocates of themselves and of the pocket interests of their college or university, but, in no sense, as the exponents of the desires either of the public or of the medical profession, or even of the medical diplomates of that particular licensing body.

That these interests are not always deserving of representation, may be judged from the fact that one of these representatives is returned by the Apothecaries' Hall of Ireland. The "Body Corporate" of that institution consists, according to their Act of Parliament, of "the governor, deputy-governor, thirteen directors, and the subscribers," the licentiate Apothecaries of Ireland being wholly excluded from any voice in the management of the institution. The "subscribers" herein referred to are defined to be "not more than sixty judicious apothecaries, resident within Dublin or its suburbs," who have contributed £100 each to the establishment of the Hall. These subscriptions to the founding of the Hall were expended more than 100 years since in the erection and furnishing of what is neither more nor less than a drug shop, and many of the shares are held by widows and other non-professional persons who receive the income from them under cover of some friendly director. Thus, the "Body Corporate,' which elects the representative of the Irish Apothecaries' Hall in the General Medical Council, consists actually of about 15 persons. The institution itself is utterly effete —grants an insignificant number of very inferior qualifications at a nominal fee, and if ever so well constituted is entirely disentitled from expressing an opinion as to medical affairs.

It is, we assert, an outrage on common sense that the nominee of fifteen shareholders in a drug-shop—of eight respectable elderly clergymen, or of three dozen barristers and men of science—should be put to the task of legislating for the education and registration of the medical profession.

*(To be continued.)*

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## ARSENICAL WALL-PAPERS.

Having repeatedly directed attention to the evils attendant upon the unrestricted use of arsenical and other poisonous materials in our manufacturing processes, it is very satisfactory to ourselves to find the question about to be taken up by a no less influential body than that of the Society of Arts. On Wednesday evening last the members of this Society were very usefully engaged in discussing a paper read by a gentleman who has given a good deal of attention to the subject.—Mr. Henry Carr on "Our Domestic Poisons." Mr. Carr restricted himself chiefly to the use of arsenic in wall-papers, cotton fabrics, artificial flowers, &c., although it is known to enter into a vast number of ornamental and useful materials, and he at the same time furnished numerous well-authenticated instances of poisoning, some of which were attended with fatal results — many of the more remarkable instances occurring to members of our profession, who in the first instance have persistently refused to believe that the very minute quantity of arsenic given off by a wall-paper was capable of producing serious results. But so it is, and the question naturally arises why so deleterious a substance should be extensively used in the arts and manufactures. The answer is simply that it increases the profits of the manufacturer and dealer. A certain class of lighter and more attractive articles can be produced at a lower price. Arsenic imparts a permanency, brilliancy, and body to thinner and cheaper papers, which are made to resemble the more expensive and better kinds. The colour in connection with which arsenic is principally found is green; it enters, however, into a variety of other colours, as reds, browns, blues, pinks, French greys, blacks, &c., and, being a surface colour, it is easily separated, and becomes a source of considerable danger. Paper-stainers assert, however, that there is no economy or advantage in using arsenical pigments, but that they cannot help themselves, since the best colours are imported from the Continent, and are not to be had free from arsenic. If this is so the trade would suffer little or no injury if an Act of Parliament were passed altogether prohibiting the use of arsenic or other poisonous substances in our English manufactures. The foreign trader would no doubt be seriously prejudiced by prohibition, and it comes to this—should foreign colour makers be permitted to carry on an illicit trade by the exportation of poisonous pigments into England whilst their own laws strictly prohibit their sale and use? This question, if we may judge by the course pursued with regard to the opium trade, the Sale of Poisons Act, and the Adulteration of Food Act, seems to be finally settled in the public interest. If, therefore, manufacturers see fit to continue to use poisonous pigments, they should be compelled to stamp their productions in plain characters, "arsenic poison." It is, in our opinion less culpable to sell a mixture of coffee with chicory, or of milk and water, for the genuine articles, than to sell wall-papers *warranted* free from arsenic, but which at the same time are known to be loaded with it. The subject is undoubtedly one of vast importance to the community in general, and calls for Government investigation and interference; and in any measure brought forward professing to deal with the evil, the retail vendor should be made responsible in the first instance, every facility, of course, being accorded to him for shifting the blame to the shoulders of the paper stainer or colour manufacturer, so that the real culprit should be reached and made amenable to the law. Public attention has now been fairly aroused on the question. The Medical Society of London some months since appointed a special committee to investigate the subject, with a view of bringing the matter under the consideration of the Local Government Board, and now we have the Society of Arts expressing its willingness to co-operate and consider what scope the proposed legislation should take, so that a stop shall be put to a dangerous and insidious form of domestic poisoning.

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# Notes on Current Topics.

## The Irish Prison Surgeons.

We noted last week the fact that the "Departmental Committee," to which was entrusted the consideration of the remonstrances of the Irish prison surgeons against the arbitrary and illegal impositions of the Irish Prisons Board, had sent in their report, and we expressed our belief that we should soon hear something of the determination of the Government upon the arguments urged by the medical officers. The first outcome of this report appears this week in the shape of the following :—

General Prisons Board, Dublin Castle,
19th January, 1880.

Sir,—I am directed by the General Prisons Board to inform you that they have recently had under their consideration the important question as to the expediency of closing a certain number of prisons in Ireland, with the object of effecting a saving of expense and improving the prison system, as contemplated by the Prisons Act, 1877.

I have now to acquaint you that his Grace, the Lord Lieutenant, on the recommendation of the General Prisons Board, has decided on closing certain of the prisons in Ireland, by order issued under sec. 30 of 40 and 41 Vic. c. 49, from and after the 31st of March next, and that —— Prison shall be one of them.

Your services, therefore, will not be required after that day, but your claim to compensation or superannuation shall be carefully considered.

I am, Sir, your obedient servant,
RICHARD CLEGG, Chief Clerk.

This letter, so far as we know, has been addressed to the surgeons of the prisons at Longford, Carlow, Enniskillen, Lifford, and Downpatrick, and probably will be forwarded to others whose disestablishment is determined on. This step is, of course, perfectly within the discretion of Government, and the medical officers thus removed from office must only fall back upon their superannuation rights. The extent of those rights, and their application to individual medical officers, will vary with the dates and other circumstances of appointment, and will depend upon the interpretation by counsel of the clauses of the Prison Officers Superannuation Act of 1873, and of the New Prisons Act bearing upon that question. We shall next week look into these points, but meanwhile we would suggest that the Irish prison medical officers should determine, upon the best legal authority, their rights, which it is quite likely they may have to assert. The attitude of the Government with reference to the County of Dublin Prison at Kilmainham is deserving of a special narrative for itself, as an illustration of the audacious assumption of arbitrary power which the Treasury and Government departments take upon themselves in contemptuous defiance of both law and equity.

It may be remembered that, about twelve months ago, Dr. R. Kirkpatrick, the then surgeon of the prison, asked for leave, and Dr. Fitzgibbon was thereupon, on his nomination, approved by the Prisons Board as his substitute.

After a short period Dr. Kirkpatrick, not desiring to retain his office, resigned it formally, and Dr. Fitzgibbon was continued in office—though, as we believe, without any formal appointment—being recognised as the medical officer in all official communications, and paid his salary without reference to Dr. Kirkpatrick. It would seem as if, during this period, the Treasury was hatching out a project *to force the medical officers of the city prisons to do the additional work of the county prison without any extra pay*, and thus to save the cost of a medical officer for Kilmainham. We are, at least, we believe correct in stating that these medical officers have been plainly and rudely told that a medical officer for Kilmainham Jail will not be appointed, and that, if they refuse to do this extra duty, they will be dismissed from their appointments in connection with the city prisons, and they have been told this without a word being said as to pay being given for such extra duties. We have a difficulty in finding words to characterise the conduct of a Government department which endeavours to force extensive additional duties upon their officers under threat of expulsion. Such a proceeding is insulting in its arrogance and contemptible in its meanness; but in this instance it is worse, it is wholly illegal and a ridiculous blunder. The medical officers of the city prisons have their rights strictly defined by the terms of the Prisons Act, and are in the position, so far as we know, of snapping their fingers, if they please, at the Prisons Board or the Treasury underlings, or even at the First Lord himself; and it is a piece of unexampled departmental stupidity to permit the issue from the Treasury Office of threats which the department has no power whatever to carry out.

We think it right to express our belief that, in matters such as this, the home departments of the Irish Government are not directly to blame. In all questions of money they are obliged to take their orders from the Treasury, and are allowed no discretion as to the orders that the Whitehall magnates please to give. The officers at Dublin Castle may be thus frequently obliged to reflect a policy of which they disapprove, and orders which they know to be foolish and illegal, and they ought not, therefore, to be laden with the entire responsibility for the ludicrous departmental incompetency displayed in transactions such as that to which we have referred.

## A New University.

SOME discussion is being excited by a proposal to create a *new* University in London on lines that will differ very much from those by which the present institution in Burlington Gardens is distinguished. The proposition, so far as it has form in the minds of its originators, is one for the amalgamation, under a central government, of the total number of medical schools in the metropolis, the directorate being, presumably, to be composed of representatives from each school. The idea is one that will receive undoubted encouragement from those who are not blinded by a partial admiration for the University of London. It undoubtedly embodies many defects, and it is now, more than ever, necessary for the well-being of the medical profession that a hard and fast stand should be made against a system the working of which is injurious to its best interests. It is impossible to conceal the truth that the London graduate, although a highly-cultivated individual, is, as a rule, not an experienced practitioner; and this wholly in consequence of the theoretical nature of the examination he is submitted to. The one complaint against the London degree is that embodied in the term by which the old school contemptuously designates it, "dreamy," and though we do not entirely accord with the sweeping condemnation it receives at some hands, we do urge that its character needs to be radically altered ere it can hope to become a favourite test with candidates. We do not think it too hard, we only deem it hard in the wrong direction. And as there seems little to hope for in the way of improvement from within the councils of the University, there is no resource but to contest its influence by pitting against it a rival founded on a better and more professional basis.

## Health of Kensington.

THE medical officer of health for Kensington has just issued his final report and summary, for the past year, on the health of Kensington. This is highly satisfactory in most important respects, and indicates that the parish is under very favourable hygienic conditions. The annual death rate is lower than that of 1878, and only a trifle higher than the exceptionally low rate of 1877; the death rate from zymotic diseases is, however, the lowest recorded in the decade, and is a subject for hearty congratulation, as showing the good effects resulting from the energetic action taken in pursuance of a hygienic *régime.* It is worthy of note that the death rate for December is 19·6, while the average rate for the past ten years has been as high as 21·6 per thousand. Dr. Orme Dudfield reports that only one uncertified death has been registered, that being the case of a child ten days old, who died from unascertainable causes.

## The Gilbert Blane Medal.

Sir Gilbert Blane, physician-in-ordinary to George III., left money for the founding of two gold medals, which were to be awarded biennially for medical works. The adjudicators are, this year, Dr. Risdon Bennett, as President of the Royal College of Physicians, Dr. Luther Holden, as President of the Royal College of Surgeons, and Sir Alexander Armstrong, as late Director-General Navy Medical Department. The successful competitors are Staff-Surgeon H. F. Norbury, C.B., M.R.C.S., L.S.A., H.M.S. *Active,* and Staff-Surgeon W. D. Longfield, L.R.C.P.I., H.M.S. *Tenedos.* Both have seen service recently in South Africa.

## Habitual Drunkards.

The Earl of Shaftesbury has consented to preside at a meeting to be held in the rooms of the Social Science Association, Adam Street, Adelphi, on Monday next, Feb. 2, at 8 p.m., when a paper will be read by Dr. Stephen Alford on "The Habitual Drunkards Bill, 1879; the class of persons for whom it is intended, and how it may be administered; with an account of a recent visit to the American Inebriate Homes;" to be followed by a discussion, to which all members of the profession interested in this important subject are invited. The subject is of great moment, and from Dr. Alford's experience and the valuable information his paper is likely to contain, should attract a large sprinkling of the profession. In connection with this subject may be mentioned a proposal to form a society for the establishment of inebriates, asylums or, as it is, there is a talk of calling them neuropathic homes. We believe this will also occupy the attention of the meeting, and circulars are being prepared giving all necessary particulars.

## An Improved Form of Sugar Test.

Dr. Pavy exhibited on Friday evening at the Clinical Society a greatly improved form of the copper test for sugar. Every one who is accustomed to the examination of urine has experienced the vexation of finding the Fehling's solution used for the purpose in a state of reduction and unavailable. The plan adopted to prevent this inconvenience by Dr. Pavy is to compound the ingredients of Fehling's solution in a solid form, and he has devised a method by which the potash is prevented from abstracting the water of crystallisation of the sulphate of copper, and so destroying the whole. In the preparation of the substance, the materials are isolated from immediate contact and cast into pieces about the size of ordinary pills. They can be kept for an indefinite period in a corked bottle, and will be of great service to medical men who require to make use of the sugar test away from their own surgeries. But at any time, and in any place, they are an elegant substitute for the rough-and-ready testing by means of copper sulphate and potash, while being always reliable. The pellet—one being used for each sample of suspected urine—is to be dissolved over heat in about a drachm of water. It then assumes the deep blue colour characteristic of the alkaline solution of copper salt, and to it must be added about the same quantity of the urine to be tested. The reaction is precisely as with the test in ordinary use, the copious precipitate of foxy-red suboxide of copper at once appearing if the urine contains sugar.

The pellets are prepared by Mr. William T. Cooper, pharmaceutist, 26 Oxford Street, and are sold by him in bottles containing twenty-four each for a shilling.

## Death through Chloroform.

Dr. Thom, of Brampton, died on Monday last, from the effects of inhalation of chloroform. For many years the deceased had been in the habit of employing the anæsthetic to procure sleep, and seems to have used it with the same intention on the last fatal occasion. Dr. Thom was a universal favourite in and about Brampton, and his loss will be very severely felt. It is impossible to disguise the fact that medical men are too prone to resort to means for procuring rest to themselves that they would not advise to their patients, knowing the danger they involve; and this latest case of accidental death is an illustration of the grave consequences that may follow from the continual employment of narcotics. At the inquest on Monday Dr. Elliott, the city coroner for Carlisle, called attention to the importance of legislative restriction on the sale of chloral, and many cases of chloral poisoning within the experience of the jury were recalled by them.

In connection with this subject we think it well to correct a view which is seemingly entertained by our contemporary the *Pharmaceutical Journal.* It accuses us of abusing chemists as a class. Nothing is farther from our thought. We have distinctly avowed our conviction that they are a useful adjunct to the medical profession, and, as a rule, an honourable and rightly-intentioned body of men. But we must continue to aver that the sale of dangerous drugs, destructive as they prove to be, ought to be restricted within fast set limits. This is no attack on the chemist, but a plea for public safety. The plan we propose will not degrade, but exalt the position of the chemist, and we are sorry that our contemporary so wilfully misunderstands us.

## The New Registrar-General.

In our last number for 1879 we expressed regret at the unmitigated "job" which had been perpetrated by the Government in the appointment of Major Graham's successor to the post of Registrar-General. Last week a letter was addressed to the Prime Minister on the subject by Mr. Nelson Hardy, F.R.C.S., the reply to which is as lame as official utterances usually are. The Earl of Beaconsfield is higly sensible of, and knows how to appreciate the many public services rendered by Dr. Farr during his past career, but that *her Majesty's Government had excellent reasons for the course which they considered it their duty to take.*

Of course a Government must have "excellent reasons" for everything it does; but to the uninitiated it may perhaps throw some light on the subject if we mention that the new Registrar-General, besides having acted as private secretary to Mr. Sclater-Booth, is a relative of the Duke of Rutland, of Lord Henniker, and of Lord John Manners, the Postmaster-General. This may be a qualification in the eyes of H.M. Government, but the profession and the public will look at the appointment through another pair of spectacles, and will not readily pass over such an act of injustice to a valued public servant by the substitution of a gentleman whose name is entirely unknown as that of a scientific man outside the ranks of his own immediate friends.

THE Lord Chancellor of Ireland has been appointed Vice-Chancellor of Trinity College, Dublin.

MR. HENRY J. L. GRAHAM, who has filled the office of Principal Secretary to the Lord Chancellor since 1874, has been appointed by the Lord Chancellor to succeed Mr. Barlow as Master in Lunacy.

SIR WILLIAM MILLER, Kt., M.B. Dub., who has thrice served the office of Mayor of Derry, and now holds the surgeoncy of the County Infirmary, has been placed upon the Commission of the Peace for the borough of Londonderry.

OF the 140 candidates examined at the College of Surgeons, London, during the past fortnight, 42 failed to satisfy the Board of Examiners, and were referred for three, and 9 candidates for six months' further anatomical and physiological study.

FROM an American contemporary we learn that "The older medical schools of St. Louis are crowded with students. The prospect of more stringent requirements in the near future is evidently having its effect also in driving the more timid to school *while diplomas can still be easily obtained.*"

AT the fortnightly meeting of the Metropolitan Asylums Board on Saturday last, it was resolved that Dr. Thomas Birch Dyer, at present assistant medical officer of the County Lunatic Asylum, Colney Hatch, be appointed medical officer to the Adult Asylum, Darenth, on probation for three months, at a salary of £400 per annum.

THE annual death-rate from the seven principal zymotic diseases in the large towns ranged from 0·4 and 0·5 in Leicester and Brighton, to 7·7, 8·8, and 9·0 in Hull, Dublin, and Plymouth. Measles showed exceptional fatality in Plymouth, Hull, and Nottingham. The largest proportional excess of scarlet fever occurred in Dublin, Norwich, and Sunderland; of whooping-cough in Newcastle-upon-Tyne, Salford, and London. Small-pox caused 4 more deaths in London, 7 in Dublin, but not one in any of the other large towns.

IN the principal foreign cities the rates of mortality, according to the most recent official weekly returns, per 1,000 of the population, were — in Calcutta 35, Bombay 38, Madras 39; Paris 33; Geneva 24; Brussels 37; Amsterdam 37, Rotterdam 32, The Hague 36; Copenhagen 28; Stockholm 18; Christiania 12; St. Petersburgh 41; Berlin 26, Hamburg 30, Dresden 27, Breslau 26; Vienna 33; Buda-Pesth 38; Rome 41, Venice 44; Naples 35, Turin 36; Alexandria 40; New York 24. Small-pox caused 61 more deaths in Paris.

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## Scotland.

**DEATH FROM CHLOROFORM.**—The Procurator-Fiscal (Mr. R. L. Stuart) has been engaged in precognoscing witnesses regarding the death in the New Royal Infirmary, Edinburgh, some days ago, of James Blair, baker, Aberlady, Haddingtonshire, while under the influence of chloroform, administered by Mr. Silke, one of the house-surgeons. The deceased, who is said to have been a healthy, cheerful-looking person, 45 years of age, had, while chopping wood with an axe, cut off a portion of his forefinger, and it was in connection with the treatment of this injury that the anæsthetic was employed. In a letter to the *Haddingtonshire Courier* Mr. Silke has written an account of the occurrence, and adding, that after full inquiry by the Procurator-Fiscal, the medical officer of the Police, and the infirmary authorities, no blame has been attached to him or to anyone in connection with the matter.

**EDINBURGH EYE INFIRMARY.**—The annual meeting of the contributors was held in the Infirmary on the 23rd inst., Dr. John Pringle presiding. The annual report stated that since the opening of the charity, twenty-eight years ago, 24,105 individuals had applied for advice, and of these 386 had been accommodated in the house for longer or shorter periods. During last year the applicants were 1,059, and the in-door patients 5 in number. A large proportion of cases were, as might be expected, of a severe character, many of them having been for some time under previous treatment. Upon an avarage, about a fifth part of the number applying for advice at the institution came from the country, and not a few from the remote districts of Scotland and the North of England. The whole of the officers act gratuitously. The managers earnestly hope that the public support will be continued, and that by an additional number of subscribers this year the annual expenditure will be kept within the income. The report was adopted.

**HEALTH OF EDINBURGH.**—For the week ending the 17th inst. the deaths fell from 93 to 74, giving a death-rate of 18 per 1,000. Diseases of the chest accounted for 44 of the deaths, and zymotic diseases for 14. Of the 139 births 10 were illegitimate.

**GLASGOW—A SICK CHILDREN'S HOSPITAL.**—The committee having charge of this scheme, now some time mooted in Glasgow, have secured premises suitable for a hospital, and it is contemplated to open the institution at Whit-Sunday next. The site, corner of Scott Street and Buccleuch Street, is most eligible, situated in the midst of the city, of easy access to the west, convenient to some of the most densely populated portions, yet unconfined and airy.

**GLASGOW ROYAL ASYLUM.**—At a meeting of the directors of this asylum, held on the 20th inst., Dr. Hector C. Cameron was appointed visiting physician in room of the the late Dr. J. G. Fleming.

**The Mortality in Glasgow.**—The deaths in Glasgow for the week ending Saturday, the 17th inst., were at the rate of 24 per 1,000 per annum, against 23 in the preceding week, and 27, 20, and 28 in the corresponding periods of 1879, 1878, and 1877.

**The Registrar-General's Returns.**—According to the weekly return of births, deaths, and marriages, the death-rate in the eight principal towns of Scotland, for the week ending January 17th, was 21·7 per 1,000 of estimated population. This rate is 5·6 under that for the corresponding week of last year, and 0·4 under that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 15·6, and the highest in Paisley, viz., 30·8. The mortality from the seven most familiar zymotic diseases was at the rate of 3·3 per 1,000. Whooping-cough continues the most prevalent of these diseases.

# Correspondence.

## POISON VENDING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your number for the 14th inst. I see that your pen is bearing down on that pharmaceutical Syren, Chloral, by calling attention to the spell under which a band of volunteers, or would-be protectors of the helpless, *appear* to have fallen. Let us hope, however, that the difficulty is not so great but that some modern Ulysses may yet rid us of, or save us from, this seemingly popular and seductive, but most deadly foe. On the last day of March, 1877, nearly three years ago, it was my painful duty to hold an inquest on the remains of an intelligent and useful man, destroyed in the prime of life abruptly and unexpectedly by this most dangerous and treacherous of narcotics, against the fatally pleasant influence of which so many of both sexes, of nearly all ages, and in all classes of society, prove so utterly helpless, that common sense and common humanity alike dissent from the hackneyed phraseology of those (and their name is "Legion") who exclaim "What! make people sober by Act of Parliament?" In reply to all such people it is surely enough to direct attention to our Parliamentary mode of dealing with any case of crime or of vice. Is it not *always* by Act of Parliament that we seek to repress the offence and to reform the offender? In the sad case to which I have referred (and I regret to say that it was not the first, nor has it been the last chloral inquest that I have had to preside over) the jury discreetly urged me to take steps for handcuffing this terrible agent. I explained how this might be done, and gladly undertook the task. I wrote to Mr. Elias Bremridge, the Registrar and Secretary of the Pharmaceutical Society, to invoke the aid of that Society in making application to the Privy Council. This was early in April, 1877. I shall now respectfully call the attention, Sir, of yourself and your subscribers to the Register of Pharmaceutists for 1879 or for 1880 for comparison of the date of my application and of the Pharmaceutical Society's application to the Privy Council; then to the promptitude of the Privy Council in giving effect to the Pharmaceutical Society's transmission of the message from the Carlisle jury, sent in April, 1877. In conclusion, I beg to draw your attention to the position assigned to chloral in the list of dangerous drugs, and remain,

Yours, &c.,

Robert Elliott, M.D., F.R.C.P.,
Coroner for the City of Carlisle.

# Literary Notes and Gossip.

A new book is announced from Glasgow, entitled "The Student's Primer on Urine," by J. Travis Whittaker, M.D. "Clinical Demonstrator to the Royal Infirmary, Inventor of the Tenometer," &c. The urinary organs have attracted a good deal of attention lately; during the past few months no less than four books have appeared with almost the same title. The best that has come under our notice is Tyson's "Practical Examination of the Urine." We have not yet seen the Glasgow primer.

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Dublin is represented in medical literature this week, by an "Essay on Fatty Heart," by Dr. Henry Kennedy. The author is well known to our readers, and anything that emanates from his pen is sure of respectful consideration. We shall notice this book more fully, later on.

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An opposition to Mudie's Library has been started. Like Mudie's, the new venture is a limited liability speculation, to be established under the title of the "Grosvenor Library," which, besides lending out books, will contain reading-rooms and other accommodation for its subscribers.

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In an editorial in the first number for the new year of the *Boston Medical Journal*, announcing its altered form, and the reasons therefor, the writer confirms the view, expressed by us some time since, that "the day of quarterlies and monthlies seems to be passing away, the demand of the present time being for small quantities at frequent intervals."

⁂

The *Obstetrical Journal* of Great Britain and Ireland will in future appear on the 15th of each month, at the reduced price of one shilling. Hitherto it has been published on the 1st of the month, and at eighteenpence per number. Dr. Galabin has resigned the editorial chair, and is succeeded by Dr. Ernest Herman, of the London Hospital. It will still be published by Messrs. Churchill.

⁂

In our last column of "Literary Notes," we mentioned that, in consequence of the ill-timed interference of the lay treasurer of Guy's Hospital, and his desire that comments should be submitted to him for approval before they appeared in *Guy's Hospital Gazette*, the editors of that periodical had announced their inability to carry on the work under such a dictatorial *régime*, and the journal would be discontinued in consequence. Such dignified conduct has not been without its effect, and we have pleasure in congratulating those gentlemen "upon the re-appearance of their journal, though a week or two late.

⁂

In American medical literature the following changes occur from the commencement of the New Year. Dr. F. P. Foster succeeds Dr. Hunter as editor of the *New York Medical Journal*; the *Medical News and Library*, and the *Monthly Abstract of Medical Science*, have amalgamated under the title of the *Medical News and Abstract*. The "library" department of the News has been given up, and the clinical department enlarged. The *Richmond and Louisville Medical Journal* will, in future, be published in New York, and the title altered to *Gaillard's Medical Journal*. The *Boston Medical Journal* is issued in a new form, and without its customary wrapper. Another new journal appears under the title of the *Chicago Medical Gazette*.

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The question of who is entitled to call himself "professor," is frequently cropping up in medical circles. In a review of the translation of Dr. De Wecker's book on "Ocular Therapeutics," a writer in the last volume of the *Westminster Review* gives his view of the question thus: "We observe on the title-page of the English edition of these lectures, that the author is styled 'Professor of Clinical Ophthalmology, Paris.' This is a slight flight of fancy. Dr. De Wecker has a free dispensary in a populous quarter of the French capital, which is open to anyone who may take an interest in ophthalmology, and who may be willing to listen to an occasional lecture. Dr. De Wecker is *always ready to profess when an audience is at hand*, but if this gives him the right to the title his English publishers bestow on him, every specialist in Paris is a clinical professor."

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The eminent French physician and naturalist, Dr. Jean Charles Chenu, died recently, at the age of 71. His first publication was a treatise on Cholera Morbus (1835); his second an essay on Thermo-mineral Waters (1840). He next applied himself to the preparation of his great folio work, "Conchological Illustrations; or, Description and Figures of all Known Shells, Living or Fossil, with the new Genera and the latest discovered Species" (1842-1847). In 1852 he became librarian of the School of Military Medicine, was present during the Crimean campaign in connection with the ambulance service, and was director-general of ambulances during the siege of Paris.

⁂

During the past year 4,294 new books, and 1,540 new editions were published in the United Kingdom. Of these Educational, Classical, and Phitological claimed 828, Arts and Sciences 353, Geographical Research, Voyages, and Travel 298, History and Biography 403, Medicine, Surgery, and Allied Sciences 189, the balance here made up with novels, children's books, &c. In fact, with the exception of *Belles Lettres*, our art stands lowest on the list in point of numbers in the field of literature. What it lacked in quantity let us charitably hope it adequately supplied in quality.

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It is announced that Liebnitz's long-lost calculating machine has been recovered. Liebnitz invented and constructed this machine in 1672, during his stay in Paris. It can add, subtract, divide, and multiply, and was the wonder of the time. This machine became the property of the Hanover public library, but long ago disappeared from among its treasures. All that was known about its disappearance was that it had once been sent to an instrument maker at Göttingen to be repaired. It has now turned up again in the Göttingen library, and through the efforts of Dr. Bodemann, the librarian of the Hanover public library, has again come into the possession of the institution.

⁂

New Books and New Editions.—The following have been received for review since the publication of our last list, Dec. 24:—"The Surgical History of the War of the Rebellion," Vol. I., Part II., prepared by Drs. J. K. Barnes and J. J. Woodward, Surgeon-General, United States Army. "Transactions of the Pathological Society of London," Vol. XIII. "The Year-Book of Pharmacy, 1879." "Triennial Report of the Saughton Hall Institution for the Insane." "Photographic Illustrations of Skin Diseases," Parts I., II., III., IV., by G. H. Fox, M.D. "Pay Hospitals and Paying Wards," by Henry C. Burdett. "Statistical Report of the Health of the Navy for 1878." "Youth, its Care and Culture," by J. Mortimer Granville, M.D. "Annual Report of the Broadmoor Criminal Lunatic Asylum." "The Relations of Cardiac Hypertrophy to Renal Disease," by R. Saundby, M.D. "Eyesight, Good and Bad," by R. B. Carter, F.R.C.S. "St. Bartholomew's Hospital Reports," Vol. XV. "The Obliteration of Port Wine Marks," by Balmanno Squire, M.B. "Hot-Air *versus* Hot-Water Baths," by R. Metcalfe. "The Essentials of Bandaging," by Berkeley Hill, F.R.C.S. Goodlee's "Atlas of Human Anatomy," Part XI. Witkowski's "Movable Atlases of Human Anatomy and Physiology," Part IV. "The Eye," by Henry Power, F.R.C.S.

# Obituary.

## DR. E. C. SEATON.

Dr. Edward Cator Seaton, of the Medical Department, Local Government Board, died on Wednesday last. The regret with which we make this announcement will be echoed by all who are familiar with the long and valuable services rendered by the deceased gentleman to the cause of hygienic reform. The continuous series of official reports issued from the department over which Dr. Seaton presided are admirable memorials of the skill and ability with which he discharged the duties of his office. In addition he leaves several personal works which testify to the undivided interest with which he regarded the labours he was engaged on. Among these the "Handbook of Vaccination," and the article "Vaccination" in "Reynolds' System of Medicine," are the most important. Dr. Seaton had been for some time in ill-health, but hopes were till very recently entertained of his ultimate recovery. Only a short time ago he resigned his post as Medical Officer to the Local Government Board in consequence of his failing strength, but the end was unexpected when it came. Dr. Seaton was a Graduate in Medicine of Edinburgh University, and became a Fellow of the Royal College of Physicians in 1872. He had been President of the Epidemiological Society, and at all times took the deepest interest in questions affecting the public health. In private life he was much esteemed, and his loss will be very severely felt by all who have come within the sphere of his kindly influence.

## DEPUTY SURGEON-GENERAL JOSHUA HENRY PORTER.

It is with very sincere regret indeed that we have to record the death of this most distinguished member of the Army Medical Department, who succumbed during the past week under an attack of pneumonia, contracted in the discharge of his arduous duties as chief of the medical staff employed in Afghanistan under General Roberts. By his premature death the Irish School of Surgery has been deprived of one of its brightest ornaments, and the forces now engaged in Afghanistan of one of their most-to-be-depended-upon medical officers. Mr. Porter was a native of Dublin, having been the eldest son of the late Joshua Porter, formerly High Sheriff of this city, and consequently first cousin of our distinguished fellow-citizen, Mr. Porter, Surgeon-in-Ordinary to her Majesty in Ireland, and nephew to Mr. Frank Thorpe Porter, well known for many years as a Police Magistrate of the city. Surgeon-General Porter commenced his professional career under the auspices of the late Professor William Henry Porter, to whom he served his time as an apprentice, pursuing his studies in Meath Hospital and in the School of the Royal College of Surgeons. In the year 1852 he became a licentiate of this college, and selected the army for his future career, his first commision as assistant-surgeon bearing date 15th June, 1853. Devoting himself with ardour to the zealous discharge of his duties, he so quickly distinguished himself that in the following year, for his services with the 97th Regiment before Sebastopol, he was decorated with three medals. In 1857-8 he was actively engaged in charge of the forces employed in suppressing the mutiny in Bengal, was present at the action of Nuzrutpore, Chanda Ummerpore, Sultanpore, at the siege and capture of Lucknow, and the storming of the Kaiser Bagh. In 1859 he served in the operations in Bundelcund, and was present at the surprise and night attack at the Kala Nuddy. For these services he received another medal with clasp, and in 1862 received promotion as full surgeon. During the Franco-German war he served with the British Ambulance Corps, was present at the siege of Paris, and in recognition of his eminent services was honoured with the German steel war medal. Returning to England, he was appointed Assistant Professor of Surgery at Netley Army Medical School, the onerous duties of which post he filled in a most exemplary manner. Multifarious as were his duties here he found time, however, to write an essay in competition for a prize offered by her Majesty the Queen of Prussia and Empress of Germany for the best essay on the "Practical Treatment of Wounded in War," and with such competent judges as Professor Billroth, of Vienna; Baron Von Langenbeck of Berlin; and Socin of Basle, in the face of competitors from all quarters of the globe, it can be no small source of pride to the School of Irish Surgery that the prize was awarded to the subject of this present memoir. In addition to this he made many and valuable contributions to the pages of the *Medical Press* and other medical journals, whilst he illustrated that which he taught by brilliant and successful operations in the wards of the hospital. In his despatch of the 22nd October last General Roberts recommends his name specially to the favourable consideration of his Royal Highness the Commander-in-Chief, so that to the last we find him "doing his duty," the highest praise that (as we have heard Surgeon-General Porter expressing himself) in his opinion could be awarded any person.

## DR. H. MOLONY.

We regret exceedingly to have to announce the death of Dr. Harry Molony, which occurred on Saturday last at his residence, Kilrush. The lamented deceased, who was eldest son of the late C. B. Molony, Esq., occupied the position of Medical Officer of the Kilrush Union Workhouse, and in discharge of the duties incidental to the position, as well as in private life, earned the esteem of all, especially of the suffering poor, of whose wants he was ever solicitous His many sterling qualities of head and heart rendered him a universal favourite, and his demise is regarded with feel ings of deep regret, not alone by his immediate friends and acquaintances in Kilrush, but by everyone outside it who knew his character or had the advantage and pleasure of his acquaintance.

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## DR. CHARLES BENSON.

THE lamented death of Dr. Benson, which occurred very unexpectedly on Thursday last, severs one of the last remaining links of our connection with the generation which is passing away, and his personal and professional attributes have made that severance more than ordinarily painful and suggestive. With Dr. Benson will have almost expired the era in the life of the School of Irish Surgery and Medicine with which great names have been associated, and which will be remembered as one of its brightest epochs. He was the contemporary and *confrère* of Houston, William Henry Porter, Arthur Jacob, Richard Carmichael, Robert Adams, Robert Smith, and others who have left a deep impress upon that page of Irish professional history, and we know of none remaining save Sir Dominic Corrigan and James Apjohn who can look back—as they well may—with pride upon their association with such men. Dr. Benson, who for upwards of half a century has occupied so high a position in his profession, was born in 1797, and was accordingly in his eighty-fourth year. In 1818 he obtained a scholarship in Trinity College, being at the time a resident pupil in the Richmond Hospital; in 1821 he was admitted a Licentiate, and in 1825 a Fellow of the Royal College of Surgeons, and in 1840 took the degree of M.D. in the University of Dublin. He was successively Vice-President and President of the Royal College of Surgeons. As Professor of the Practice of Medicine at the College of Surgeons, and as Physician to the City of Dublin Hospital, he had great opportunities in teaching, and he used them well. In Dublin Dr. Benson will be chiefly remembered by the untiring zeal and indefatigable efforts he bestowed in the organisation of the City of Dublin Hospital, which, first under his immediate control, and never we believe without his counsel, has made for itself a claim to be regarded as one of the very first of our Dublin Hospitals. The recognition by the administrators of the hospital of his great services to it was recently noted by us on the occasion when his portrait was placed by them in the Board Room, and it must be a satisfaction to them to feel that that recognition was not delayed until after his lamented death. We adopt every word of the following expression of feeling uttered by the *Evening Mail*:—"By his professional brethren the memory of his name will ever be cherished as of one who, throughout a long life, never faltered in the course he adopted of securing for the profession to which he belonged the honour and respect of every member of the community. He was, in short, from first to last, an ornament and a brilliant member of the medical profession. Skilful, careful, and considerate, he gained for himself and for his native city a reputation which will last far longer than we should care to count. Dublin has lost in Dr. Benson a man truthful to scrupulosity and honest and straightforward to a degree rarely ever equalled. His charity and kindliness of heart gained for him the respect and admiration of all classes of his fellow-citizens. As one of the founders of the Medical Benevolent Fund and the Night Asylum he performed a good and lasting service both to his own profession and his poorer brethren."

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## DR. STEEVENS' HOSPITAL AND MEDICAL COLLEGE, DUBLIN.

CHANGES in the *personnel* of this Hospital and School are on the *tapis*, and will be determined on the 5th prox., which are of much importance to the continued efficiency of the institution, and may, indeed, involve the existence of the school. Two physiciancies to the hospital are at present vacant, one by the expected resignation of Dr. Grimshaw—the recently appointed Registrar-General—the other by the death of Dr. Bookey. A consulting physiciancy is also vacant by the death of Dr. Malachi Burke, the office not having been filled since then. To this latter office it is likely that Dr. Grimshaw will be appointed *nem. dis.*

The vacant physiciancies are the subject of smart competition, and the result of the election on the 5th is looked forward to with much interest as involving the efficiency of the school, in which the new physicians will hold lectureships. For one of these appointments Dr. Reuben Harvey, Secretary of the Carmichael College, is considered, to be entitled by his rank as a practitioner and a teacher, if he will accept it, which depends upon his relation to the Carmichael College. It is considered certain that he will not disassociate himself with that school, to which he would be a most serious loss. As to the other physiciancy there is a smart contest, the favourite candidates being Drs. Warren and Tweedy. As the selection depends upon the lay Board of Governors of the hospital, it is difficult to predicate the result.

# Medical News.

**Royal College of Surgeons of England.**—The following candidates having passed the requiaed examinations for the diploma, were duly admitted Members of the College on January 19th :—

Bothamley, W. Parkinson, L.S.A.
Davis, Arthur Randall, L.S.A.
Fagg, Thomas Wilson, L.S.A.
Favell, Richard, L.S.A.
Greensill, Joseph Moore, L.S.A.
Heaven, John Cookesley, L.S.A.
Heygate, F. Nicholas, L.S.A.
Irvin, Joseph H., L.K.Q.C.P.I.
Mulroney, Thomas R., L.R.C.P.E.
Pegge, William Joseph, L.S.A.
Scale, Thomas William, L.S.A.
Todd, George Dixon
Webb, William Wilfrid, L.S.A.
Wigg, Alfred Edgar
Williams, William, L.S.A.
Wood, James

The following were admitted members on January 26th :—

Allen, Francis Edward
Armitage, Joseph
Boulter, Walter Ernest
Brooks, H. A. Grundy
Chipperfield, T. J. B., L.R.C.P.E.
Fowler, Charles H.
Haggard, Robert
Jones, W. H. Fenton
Lewis, G. Stephens, L.R.C.P.L.
McKee, G. M. Eccles
Mead, Charles
Oglesby, Joseph, L.S.A.
Parish, Frank, L.R.C.P.E.
Reynolds, James Jones
Richardson, James Nowell
Roberts, Oswald
Rich, Evelyn Arthur, L.R.C.P.L.
Theed, Stanley Vipan, L.R.C.P.E.
Warren, H. G. Seymour
Webber, W. Woolmington
Whitehouse, John, L.R.C.P.E.
Withers, Oliver

The following were admitted Members on January 21st :—

Back, Alfred Henry
Bartlett, Charles Richard
Bates, Henry Leslie, L.R.C.P.L,
Beresford, Charles William
Biss, Cecil Yates
Breese, Thomas Thwaites, L.S.A.
Cree, Edward Russell, L.S.A.
David, W. Washington, L.S.A.
Dixon, Harry Alcock
Evans, Ebenezer Daniel
Groom, Henry Thomas, L.S.A.
Harvey, Sidney Frederick
Hebbert, Charles Alfred
Hormazdji, Robert Nesbit
Hunter, Vere Edward
Knipe, F. A. Patrick
Little, Ernest Muirhead
Mort, Herbert B., L.R.C.P.L.
Shorland, W. Edmund
Smith, F. M. Codde
Swale, Harold, L.S.A.
White, W. Hale
Wightwick, Fallon Percy

**Society for the Relief of Widows and Orphans of Medical Men.**—The usual quarterly Court of Directors of the above Society was held on Wednesday, January 14th, in the Rooms of the Royal Medical and Chirurgical Society. The chair was taken by the President, Sir George Burrows, Bart., M.D. One new member was elected, two sent in their resignation, and the death of one was reported. Grants amounting to £1,284 were made to fifty-nine widows, fourteen orphans, and three orphans on the Copeland Fund. Fresh applications were received on behalf of one widow and two orphans. A legacy of £500 from the executors of Miss Hurst was announced by the treasurer. The expenses of the quarter were £56 12s. On the motion of Mr. Steet, it was resolved to propose to the next annual meeting an alteration in the bye-laws, to extend and define more certainly the area of the operations of the Society, by making are medical practitioners residing within a twenty-mile radius of Charing Cross eligible to become members.

**Liverpool Medical Institution.**—At the annual meeting, held January 13th, the following honorary officers and Members of Council were elected or re-elected :—*President*—Reginald Harrison, Esq. *Vice-Presidents*—John Newton, Chauncy Puzey, R. Caton, M.D., E. H. Dickinson, M.D. *Treasurer*—W. Macfie Campbell, M.D. *General Secretary*

—Rushton Parker, M.B., B.S. *Secretary to Ordinary Meetings*—Edgar A. Browne. *Librarian*—J. M. Hawie, M.B. *Other Members of Council*—A. Bernard, M.B., A. Davidson, M.A., M.D., A. F. Graham, M.D., J. W. Warburton, D. M. Williams, A. T. H. Waters, M.D., W. M. Banks, T. D. Ransford, J. Barr, M. B., W. McCheane, H. G. Rawdon, B. Townson. The number of Trustees having been reduced to three, the full complement of ten (five physicians and five surgeons) was made up again at this meeting—J. Cameron, M.D., T. F. Grimsdale, A. T. H. Waters, M.D. (remaining three), W. M. Banks, W. Macfie Campbell, W. Carter, M.D., A. Davidson, M.D., T. R. Glynn, M.D., R. Harrison, Chauncy Puzey. *Microscopical Committee*—Wm. Alexander, M.D., P. M. Braidwood, M.D., A. Davidson, M.D., E. H. Dickinson, M.D., T. R. Glynn, M.D., Sibley Hicks, John Newton, and Rushton Parker, M.B., B.S.

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## NOTICES TO CORRESPONDENTS.

Mr. **Rushton Parker** will find the subject of his communication in another column.

**Charity Voting Reform.**—A correspondent writes: "I am delighted to find the charity voting scandal is getting some hard knocks in the *Medical Press;* the system deserves all the exposure and condemnation you can bring to bear upon it; and I hope you will not give it up until—as has resulted in your fearless exposures of other abuses in the press—such a flagrant injustice is entirely abolished, at least from our medical charities." Whilst thanking our correspondent for his appreciative note, we can assure him that we shall recur to the subject from time to time as opportunity offers, until the much-desired consummation of which he speaks is *un fait accompli.*

**Dr. Crean**, Ballyhaunis.—We know something more of the truth of the matter than appears in the report. We have, therefore, not been able to see that the intervention of a colleague under the circumstances is "a grave ethical dereliction," though perhaps it would have been better left undone. Being aware of the facts, we cannot champion the cause of the accused, nor do we deem the intervention of the accuser inexcusable. We think silence the fairest policy to both.

**An Amateur.**—Thymol is soluble only in cold water in the proportion of 1 in 1,200 parts; in chloroform or olive-oil (warm) it is soluble in equal parts, *i.e.*, 1 part thymol in same quantity of chloroform or warm oil.

**Hunterian Society.**—This (Wednesday) evening, at 8 o'clock. Dr. Braxton Hicks, "On Obliquity of the Pregnant Uterus."—Mr. Clement Lucas will show a Case of Aneurism by Anastomosis of half the Face.

### DUAL APPOINTMENTS.

*To the Editor of the* Medical Press and Circular.

Sir,—Kindly say, do the Local Government Board prevent workhouse, as well as dispensary medical officers, holding at the same time the position of coroner? Also is the property qualification not enforced, as I know instances in which men have been elected to the coronership who possessed no property qualification apparently?

Yours, &c.,

Medicus.

[The Local Government Board has refused to sanction the appointment of a coroner to a dispensary, and probably would have the same objection to the holding of a workhouse with a coronership; but we do not know that this latter case has ever arisen. We do not think that a Poor-law medical officer who might be appointed coroner would or could legally be removed from his Poor-law appointment unless the duties of the coronership were found to clash with his Poor-law functions. (2) Candidates for coronership *must*, undar 13th sec., 9 & 10 Vic., cap. 37 ("Irish Medical Directory," page 526), deliver a statement of his property qualification to the sheriff. An opposing candidate may call on the sheriff to administer the qualifying oath ("Directory," page 531). Except by the administration of this oath, the qualification is not usually enforced.—Ed.]

**Royal Institution.**—Thursday, at 3 p.m., Professor Dewar, "On Chemical Progress."

**Dr. Alford** is thanked.

**Physiology for Boys.**—Kindly say what work on *elementary* Physiology would be the best to put into the hands of a schoolboy about 11 years of age?—Mapother's "Animal Physiology," Glasgow School Series. Longmans. 1s.

### COCKING'S POROPLASTIC JACKETS AND SPLINTS.

*To the Editor of the* Medical Press and Circular.

Sir,—In No. 2,125 of your journal a letter emanoting from Mr. J. T. Cocking is inserted, wherein he evidently seeks to infer that I wilfully pirated his poroplastic jackets.

I must request the favour of your giving equal publicity to my emphatic denial of such indirect aspersion, which is without the slightest foundation in fact, as will be seen by attentively perusing the apology signed by me appearing in the same journal.

At the time of my inadvertently infringing Mr. Cocking's patent, I, in common with many others, was totally ignorant that any such patent existed.

Of this fact Mr. Cocking was, and is, fully cognisant; and I cannot help feeling that he is adopting a most unjustifiable course in seeking to indirectly represent me as a pirate of patent rights, of which, through his own negligence, I was entirely ignorant, as neither in his advertisements, invoices, or otherwise, had he thought fit to announce that any such patent existed.

Indeed after the very ample compensation and apology which I consented to make, I can only regard it as an ungenerous attempt to obtain notoriety at the expense of, Sir,

Your very obedient servant,

Charles Strudwick.

57 Upper Marylebone Street,
London, W.

### THE AUDIPHONE AND DENTIPHONE.

*To the Editor of the* Medical Press and Circular.

Sir,—We beg to inform you that we have just received from the United States some specimens of the *Audiphone* and *Dentiphone*, both of which, as you already know, have attracted considerable attention as a help for the very deaf. As these instruments may be of considerable interest to medical men, we beg to say that we shall be pleased to show them to any who desire to examine and test them, and that they may bring any patients to try them at our office here if they like. We have none for sale, but have brought these over as a matter of curiosity.

Yours, &c.,

S. M. Burroughs & Co.

8 Snow Hill, London, E.C.

### TRAFFIC IN PSEUDO-CHARITY VOTES.

*To the Editor of the* Medical Press and Circular.

Sir,—The letter signed L. M. Gill, which appeared in your paper of the 21st inst., and your article headed, "Traffic in Pseudo-Charity Votes," which followed, were under the consideration of this Committee at their recent meeting.

I was requested to thank you for the undeviating support afforded in your columns, to the principles which this Association is seeking to promote, as evidenced by the article in question and previous matter.

I enclose copy of a speech made by Lord Derby at our last annual meeting.

Yours, &c.,

Fred. Warren,

Secretary of the Charity Voting Reform Association.

**The Dublin Obstetrical Society.**—Saturday, Feb. 7, at 8 o'clock, at the College of Physicians, the following communications are set down for reading: Adjourned discussion on Dr. Kidd's paper, "Erythema Uterinum, or Roseola Uterina."—Rev. Prof. Haughton, on "A Case of Phantom Tumour occurring in the Zoological Gardens of Dublin."

**Royal Institution.**—Friday, at 9 p.m., Mr. J. Marshall, "On the Proportions of the Human Figure."

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### VACANCIES.

Ballycastle Union, Croagh Dispensary.—Medical Officer. Salary, £100, with fees. Election, Feb. 7.

Booth Borough Hospital.—House Surgeon. Salary, £80, with board. Applications to the Hon. Sec. on or before Jan. 31.

Bristol Royal Infirmary.—House Physician. Salary, £100, with board. Applications to the Secretary before Feb. 2.

Hungerford Union.—Medical Officer for No. 3 District. Salary, £30, with the usual extras. Applications to the Clerk of the Union before Feb. 10.

Huntingdon County Hospital.—House Surgeon. Salary, £60, with board. Applications to Mr. P. Tillard, Stukeley Hall, Huntingdon, before Feb. 6.

London Fever Hospital.—Physician and Assistant Physician. Applications, with testimonials, to the Secretary, Liverpool Road, Islington, by Feb. 7.

Middlesex Hospital.—Assistant Physician on the Staff. Applications to the Secretary-Superintendent before Feb. 7.

Roscrea Union Workhouse.—Medical Officer. Salary, £80. Election, Feb. 5.

Steevens' Hospital.—Consulting Surgeon and two Physicians. Election, Feb. 5. (See Advt.)

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## Births.

**Baker.**—On Jan. 22, at Kensington, prematurely, the wife of A. De Winter Baker, M.R.C.S., of Dawlish, of a daughter.

**Pletts.**—On Jan. 22, at Ryde, Isle of Wight, the wife of J. Menham Pletts, M.D., of a son.

**Stanger.**—On Jan. 20, at Hardy House, Wakefield, the wife of W. Stanger, F.R.C.S., of a son.

**Woods.**—On Jan. 19, at Killarney, the wife of Oscar T. Woods, M.D., of a daughter.

**Young.**—On Jan. 19, at Rose Bank, Bootle, near Liverpool, the wife of T. F. Young, L.K.Q.C.P., of a son.

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## Marriages.

**O'Connolly — Rice.**—At St. Patrick's, Cork, James O'Connolly, L.R.C.P.E., Durrus, co. Cork, to Lilla, daughter of the late Edward Rice, Esq., Cloghan, Tipperary.

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## Deaths.

**Benson.**—Jan. 21, suddenly, at 42 Fitzwilliam Square, Dublin, Charles Benson, M.D., aged 83 years.

**Molony.**—At Kilrush, co. Clare, Harry Molony, L.K.Q.C.P.I.

**Crawford.**—On Jan. 17, at Norton Terrace, Longsight Road, Manchester, James Crawford, M.D.

**Eddowes.**—On Jan. 17, at Sandymount, William Eddowes, M.R.C.S.E., Surgeon-Major, 35th Bengal Native Infantry, aged 43.

**Gill.**—On Jan. 9, at Kandy, Ceylon, George T. Gill, L.R.C.P.Ed., Assistant Colonial Surgeon.

**Seaton.**—On Jan. 21, at the residence of his son-in-law, 48 Ladbroke Grove, W., Edward C. Seaton, M.D., F.R.C.P., of 14 Gordon Street, Gordon Square, late Medical Officer to the Local Government Board, and formerly of the Medical Department of the Privy Council, in his 65th year.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 4, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Laryngismus Stridulus. By W. H. Day, M.D., Physician to the Samaritan Hospital for Women and Children ......... 79
On the Compulsory Notification and Registration of Infectious Diseases. By John William Moore, M.D., M.Ch., Dub., F.K.Q.C.P., Physician to the Meath Hospital and to Cork Street (Fever) Hospital, Dublin, &c. ... .............. 80
The Position of Irish Medical Officers of Health. By John H. Chapman ........ 83

### CLINICAL RECORDS.

MERCER'S HOSPITAL, DUBLIN—Under the care of Mr. E. Stamer O'Grady—Excision of Knee with subsequent Amputation of Thigh—Case complicated with bad "Bed-sores"—Comminuted Fracture of both Bones of the Leg, with Severe Contusion of Soft Parts ........ 85

### TRANSLATIONS.

Ophthalmological Notes. Translated by Archibald Hamilton Jacob, M.D. Dub., F.R.C.S.I., formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary ...................................... 86

### TRANSACTIONS OF SOCIETIES.

SOCIETY OF MEDICAL OFFICERS OF HEALTH

Certain Reforms which appear desirable in the Statistical Tables adopted in their Annual Reports by Medical Officers of Health ...................... 87

### LEADING ARTICLES.

DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION? II 87
THE REPORT ON THE EDUCATION OF THE GENERAL PRACTITIONER—II. ............. 89

### NOTES ON CURRENT TOPICS.

The Protection of Adulteration ........... 90
Indecision of the Examiners at the Royal College of Surgeons, England ........... 91
Medicine at Cambridge ..................... 91
The New Registrar-General ............... 91
Lay Criticism of Professional Men ........ 91
The Audiphone ................................ 92
The Lane Testimonial ......................... 92
Royal College of Physicians of London ..... 92
Registration of Military Rank in the Medical Register .............................. 92
The Prevention of Street Accidents ...... 92
The Census of 1881 ......................... 93
Registrations and Erasures of Qualifications ........................................ 93
The Archbishop's Medical Degree ........ 94
Injection of Corrosive Sublimate in Syphilis ............................................ 94
Treatment of Pemphigus .................... 94
Functional Spasm of the Sterno-Mastoid.. 94
Treatment of Lupus by Linear Scarification ........................................ 94
The Irish Certificate System ............... 94
Habitual Drunkards .......................... 95
Diet in Convalescence from Typhoid Fever 95

### SCOTLAND.

Prosecution under the Vaccination Act ... 95
Prosecuting a "Doctor" in Shetland ..... 95
Edinburgh Dental Hospital ................. 96
Glasgow Eye Infirmary, &c., &c. .......... 96

### OBITUARY.

Sir Dominic J. Corrigan, Bart., M.D...... 96
Dr. Lockhart Clarke, F.R.S. ............. 97

MEDICAL NEWS .............................. 97

Notices to Correspondents ................ 98

# Original Communications.

## LARYNGISMUS STRIDULUS.

### By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

*Synonyms.*—Laryngismus Stridulus (Dr. Good)—Spasm of the Glottis, Crowing Inspiration or Spasmodic Croup—Child Crowing (Marshall Hall)—Spasmodic or Thymic Asthma of Children (German writers)—Internal Convulsions—Convulsions Interne (Trousseau, Rilliett and Barthez).

*Nature, definition, and symptoms.*—

*Causes.*—Predisposing and Exciting—Cases in Illustration—General Course and Termination—Three Modes of Death, 1 from Asphyxia, 2 from Congestion of the Brain and Effusion, 3 from Exhaustion.

*Pathology.*—A Purely Neurosal Affection of the Par Vagum or its Branches propagating an Irritation to the Muscles of the Larynx and throwing them into Spasm.

*Diagnosis.*—From Croup and Whooping-Cough.

*Prognosis.*—Favourable in Mild Cases where the Health is Good—Unfavourable in Severe Cases.

*Treatment.*—Removal of Exciting Causes—Mild Aperients—Bromide of Potassium—Attention to Diet and General Health.

THIS affection is recognised by a peculiar crowing noise which takes place during inspiration. It is so characteristic that when once heard it cannot be forgotten. It arises from spasmodic narrowing, or temporary closure of the glottis and larynx. It is a form of internal convulsion—a clonic spasm of some of the respiratory muscles. As a rule the general health is below a right standard, and the child is restless and out of sorts before the seizure happens. The disease is frequently associated with general debility, atrophy, or convulsions.

It is not uncommon for slight wheezing and catarrh to precede the development of the symptoms for some days, but it is not usually attended by cough.

Males are more subject to the disease than females. "Out of my fifteen cases, eleven were boys, so that it seems as if the larynx of male children begins even in the very earliest youth to distinguish itself in form, or at least in physiological activity, from that of female children." (*a*)

*Symptoms.*—When a child is seized with a severe attack he struggles violently, and fights with his hands clenched as if about to suffer instant suffocation; the face is livid and congested, the eyes are staring and suffused, the cervical veins are distended, the head is thrown back against the spine, and the whole body is in tremulous agitation. After about a minute or two, and some ineffectual efforts to breathe, the spasm becomes relaxed, and air passes down the larynx with a shrill crowing sound, an indication that all immediate danger has departed. The child now cries and looks terrified, and then generally falls asleep. In exceptional cases the fæces and urine may be passed involuntarily, but I believe this to be rare.

During the seizure, when the muscular struggling is at its height, the thumb may be noticed tightly bent into the palms of the hands, and the toes turned inwards and towards the soles of the feet. The wrists and ankles are similarly flexed inwards.

It should be remembered that all cases are not equally severe, nor equally frequent. Some are milder than others, the intervals are longer, and the spasms less pronounced; the child has a mild attack of catching in the breath, with slight and occasional crowing at long intervals, and then perhaps it passes off altogether if the general health improve; but if not, the spasms may gradually increase in frequency, and several attacks occur during the day. The spasms, which begin slightly in the laryngeal muscles, may become more and more severe, and in some instances terminate in general convulsions and death. Under any circumstances the seizures leave the child exhausted and drowsy, especially if they are frequent. The attacks often come on in the night, or when the child wakes out of sleep, or attempts to take food or drink.

When the bowels are disordered or there are worms in the intestinal canal, some children are liable to a loud ringing cough, of a purely nervous character, which alarms parents. With it there is excited pulse, and flushed face,

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(*a*) Vogel on "Diseases of Children," 1874, p. 274.

but all these symptoms disappear when an active aperient is given, and the source of irritation is removed.

The duration of the disorder is uncertain. In some instances it lasts during the continuance of dentition, and passes away when the teeth have appeared; in other instances it slowly or suddenly grows worse, and ends in convulsions or asphyxia. If the disorder recur from time to time, it is seldom fatal. Spasm of the glottis has been often assigned as a cause of sudden death among infants and young children, which could not be otherwise explained. Dr. Churchill says, "I confess that I am inclined to believe that many of the deaths attributed to the nurse or mother overlaying the child, are, in truth, cases of sudden death from spasm of the glottis." (*a*)

*Causes.*—These are predisposing and exciting. Among the former are infancy and the strumous diathesis; among the latter teething and worms in the intestinal canal. Enlargement of the bronchial and mediastinal glands has been also enumerated as a cause of the affection by pressing on the inferior recurrent laryngeal nerve. "Laryngismus has boen attributed to enlargement of the thymus, but this view is not now entertained, one very good reason being that post-mortem examinations show that in many instances there is no enlargement of the organ. Moreover in cases where a large thymus has been found, there has been no laryngismus." (*b*) Further than this the disease is rare in young infants, where the thymus gland is largest. "M. Herard examined the thymus gland in six children who died of internal convulsions, and in sixty who died of other affections, and was not able to discover in its condition any causative relation to this disease. Indeed, cases have been reported in which the thymus had undergone more than its usual atrophy at the time when the convulsion occurred (Hasse)." (*c*) Though enlargement of the lymphatic glands in the thorax are constantly present without causing the disease. I cannot avoid the conclusion that there is some connection between the peculiar shrill squeaking cough when the bronchial glands are enlarged, and laryngismus stridulus. The disease is more frequent in damp and in moist situations than where the air is pure and dry. It is far oftener observed in towns than in healthy country districts. It is also said to be sometimes hereditary, occurring among families of nervous excitable persons. I have myself known three children of the same family who were affected with spasm of the glottis. "There are families in which all the children suffer more or less from it, and *Powell* even relates an instance where, out of thirteen children, brought up by the same parents, only one escaped the disease." (*d*)

As to the period of life when the disease is most common, we may mention that of infancy, and about the seventh month, when there is disturbance in dentition. After the age of three years it is much less frequent. "In 31 out of 37 cases, of which I have preserved a record, the symptoms manifested themselves between the ages of 6 months and 2 years, or just at that time when the process of dentition is going on with the greatest activity." (*e*) "Of 226 cases which have come under my own notice, 174 were in the first year of life, and the remaining 52 between the second and third years; and the relative proportion of the sexes was 150 boys to 76 girls. In both parents and children there was very frequent evidence of rickets." (*f*)

Most observers agree that laryngismus stridulus is not uncommon in cases of chronic hydrocephalus, and this has been pointed out by West, Elsässer, Vogel, and many others. (*a*) Where the nervous system is excited or exhausted it is likewise observed. I have known attacks to occur so often as to convince me that this is by no means an uncommon cause. Fright, alarm, emotion, anger, loud noises, &c., are all to be enumerated as excitants of the seizure.

The researches of Dr. Marshall Hall elaborately explain how the disease may originate through irritation of some of the cranial and spinal nerves. "Spasm of the glottis is an excitation of the true spinal or excito-motory system. It *originates* in

A. The *trifacial nerve*, in teething.
B. The *pneumogastric*, in over or improperly-fed infants.
C. The *spinal nerves*, in constipation, intestinal disorder, or catharsis.

These act through the medium of—

2. The *spinal marrow*, and—
3. A. The *inferior or recurrent laryngeal*, the constrictor of the larynx.
B. The *intercostals* and *diaphragmatic*, the motors of respiration."

*(To be continued.)*

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## ON THE COMPULSORY NOTIFICATION AND REGISTRATION OF INFECTIOUS DISEASES. (*b*)

By JOHN WILLIAM MOORE, M.D., M.Ch., Dub., F.K.Q.C.P.

Physician to the Meath Hospital and to Cork Street (Fever) Hospital, Dublin; Lecturer on Practice of Medicine in the Carmichael College of Medicine and Surgery; Ex-Scholar and Diplomate in State Medicine, Trinity College, Dublin.

MANY years have passed since the late Dr. Henry W. Rumsey, of Cheltenham, one of the most distinguished of the founders of State Medicine, wrote the following words:—"There are literally no published records of the cases of sickness attended at the cost of the community. The sanitary state of the people is, therefore, inferred solely from the number of deaths—that is, from only one of the results of sickness—no public account being taken of the number and duration of the attacks which shorten the effective life-time of the population." He continued: "Facts are accumulating to prove that the mere number of deaths occurring in any locality bears no constant or even approximate ratio to the real amount of unhealthiness existing there. As a necessary result of improvements in domestic management and medical treatment, and owing to the removal or absence of those more virulent agents of destruction which prematurely sever the threads of life, its duration has been lengthened in our great cities, but at the same time the sickly and infirm period of existence has been prolonged, probably in a greater degree than even life itself. Chronic diseases, or, at least, functional disorders, have increased, vital force is lowered, man's work is arrested, his duties are unperformed, his objects fail, though he still lives. Weakly, diseased children are now mercifully helped, as they never were in olden time, to grow up into weakly, ailing adults, whose children inherit their unsoundness. Is this true sanitary progress? Does it deserve the ostentatious parade of a decreasing death-rate?"

When these eloquent words were penned, only a few far-sighted thinkers like Rumsey, Acland, Farr, and Stokes, had turned their attention to the registration of disease; and in this connection I would particularly allude to a thoughtful paper by Dr. Arthur Ransome "On the Need of Combined Medical Observation," which was published in the *Brit. Med. Journ.* of October 8, 1864. At the present day, however, it seems to be generally acknowledged

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(*a*) "Diseases of Children," 1848, p. 231.
(*b*) Reynolds' "System of Medicine," vol. ii., p. 260.
(*c*) "Diseases of Children." By J. Lewis Smith, M.D., 1869, p. 194.
(*d*) "Vogel, on Disease of Children," 1874, p. 274.
(*e*) West, "On Disease of Infancy and Childhood," 1859, p. 181.
(*f*) Steiner's "Disease of Children." By Lawson Tait, 1874, . 129.

(*a*) See chap. "On Chronic Hydrocephalus."
(*b*) Read before the Dublin Branch of the British Medical Association, at the Annual Meeting, on Thursday, January 29, 1880.

that statistics of deaths, although founded on a more or less complete system of registration, are to a large extent wanting in precision and in scientific value. But, nevertheless, the advantages which have ever resulted from an approximative knowledge of the variations in the death-rate from season to season, and of the probable causes of the same, more than counterbalance the defects of the registration system as at present organised. How far these shortcomings may be obviated is a question which has yet to be answered. But even granting that our registration system may be perfected, we may well ask whether there is not a further step to be taken—whether it would not be politic to extend the principle of registration, which has hitherto been restricted to *mortality*, to *disease* also. Nor should it be forgotten that even in the United Kingdom the registration of epizootic infectious diseases is already in force, a fact which cannot but be regarded as a strong argument in support of the necessity for, and the practicability of, a registration of infectious diseases affecting mankind.

Viewed as a problem in political economy, there can be no doubt regarding the paramount importance of ascertaining the actual sanitary state of a population at any given time.

Death is one thing—disease is essentially another. An epidemic of influenza or of rötheln, characterised perhaps by a very low percentage of mortality, may, notwithstanding, by its mere excessive prevalence, paralyse a community to a far greater degree than a very fatal, yet limited, outbreak of cholera. Sir Thomas Watson states, (a) on the authority of the Transactions of the College of Physicians, that on the 2nd of May, 1782, Admiral Kempenfelt sailed from Spithead with a squadron, of which the "Goliath" was one. The crew of that vessel were attacked with influenza—"la grippe," as the French expressively term it—on the 29th of May, and the crews of the other vessels were at different times affected, so many of the men being rendered incapable of duty by this prevailing sickness that the whole squadron was obliged to return into port within a few days. Mercatus asserts that before the beginning of autumn, in the year 1557, influenza attacked all parts of Spain *at once*, so that the greatest part of the population in that kingdom were seized with the disease almost on the same day. At St. Petersburg, in the epidemic of 1782, Maertens says that on a cold night the thermometer rose 30° Fahr., and next morning 40,000 people were taken ill with the influenza. We can readily imagine what serious consequences might possibly attend outbreaks of sickness such as these, although they would not necessarily leave their mark upon the statistics of mortality.

Again, under ordinary circumstances the prevalence, or otherwise, of an endemic disease stands in no direct relation to the published returns of mortality attributed to it. The argument in favour of registration of disease deducible from this fact applies *à fortiori* in the instance of an epidemic, where the ratio of cases to deaths is of a most varying and uncertain character.

Difficulties, no doubt, stand in the way of carrying out an effective system of disease registration, but they are not insurmountable, and the fact that several European governments have long since inaugurated and prosecuted such a system should encourage us in essaying to follow their example. In the vanguard of progress in this direction the Scandinavian nations occupy the place of honour.

For many years back the College of Health at Stockholm has received monthly and annual reports of the sanitary state of the country, including an account of the prevailing endemic and epidemic diseases, from a corps of officially appointed medical men, styled provincial and district physicians, subsidised by the State. The monthly reports furnished by these physicians are published from time to time in the Swedish medical periodical *Hygeia*, while the annual returns are compiled and arranged by an official whom we may call the Swedish Registrar-General, and are finally presented to the king in the form of a blue-book, or volume of official reports and tables.

A similar organisation exists in both Norway and Denmark—so far, at all events, as relates to the registration of epidemic diseases. In the "Weekly Report of Diseases, Deaths, and Births in Copenhagen," communicated by Dr. P. A. Schleisner, medical officer of health, and published by authority of the Municipal Council, the first table gives the cases of epidemic and contagious (infectious) diseases reported to him by the medical men practising in the Danish capital. The notification of these diseases is compulsory.

Our American cousins have also adopted a system of registration of disease in some of their large cities, and the authorities of some of the Swiss cantons are following their example. (a)

Before I proceed to sketch the progress already made in establishing a registration of disease in our own country, it may not be amiss to state that the powerful Association of which we—the Dublin Branch—form a by no means unimportant integral part, have, for fifteen years at least, consistently and constantly promoted the registration of disease. Dr. Grimshaw, the present able Registrar-General for Ireland, stated, in his recent address to the section of Public Medicine at the annual meeting of the British Medical Association in Cork, (b) that at the Leamington meeting of the Association, in 1865, a committee was appointed to promote the registration of disease. This committee attempted to establish a voluntary registration of sickness in public practice, but the attempt ultimately failed. Unsuccesful, but not discouraged, the committee never ceased urging upon the Government the importance of the systematic registration of disease, and suggested it as a fit subject for the consideration of the Royal Sanitary Commissioners. A national system of registration of disease in general unfortunately still remains a thing of the future.

There is, however, one class of affections which, in the interest of the community, should be registered with as little delay as possible—at least in all large towns. I allude to epidemic infectious diseases. Instances are constantly coming under the notice of hospital physicians in which scarlatina, small-pox, measles, and fever have spread far and wide, because the first case of illness, either through wanton neglect or ignorance, was not isolated in due time. Some weeks ago several cases of scarlatina were admitted into Cork Street Hospital from a tenement house in which a child died of this disease and was waked. No medical man had been called in to see the patient, nor was any report made to the sanitary authorities until other children in the house had been attacked. At least two lives were lost in this instance, which is only one out of many which might be adduced.

Two things would seem to be necessary in the case of outbreaks of epidemic infectious diseases—first, the immediate compulsory notification of such outbreaks to the sanitary authorities; secondly, the early registration of all cases of these affections, and the publication of the tabulated results at frequent intervals by the General Registration Offices of each division of the United Kingdom. Towards securing the second object but little has yet been done. As regards the notification of infectious disease, on the contrary, Parliamentary powers have already been sought and obtained by fourteen towns in England and Scotland—viz., Huddersfield, Bolton, Greenock, Burton-on-Trent, Nottingham, Jarrow, Llandudno, Warrington, Blackpool, Norwich, Edinburgh, Rotherham, Leicester, Blackburn, and Derby.

Mr. Ernest Hart, the chairman of the Parliamentary Bills Committe of this Association, in an admirable report "On the Recent Progress of Legislation with regard to the Notification to Sanitary Authorities of the Occurrence of Cases of Infectious Disease," (*a*) gives a synopsis of the clauses in the local Acts of Parliament relating to such notification in the towns mentioned above. From this synopsis it appears that by the Bolton Act, and by the Jarrow, Llandudno, Warrington, Blackpool, Rotherham, Leicester, and Derby Acts, founded more or less upon it, the duty of making this notification is imposed alike on the occupier and on the medical attendant—the *prima facie* duty of complying with the statute is cast upon the occupier, and a fee of half-a-crown in most cases, but only one shilling in the case of Jarrow, is payable to the medical men for his certificate. The Burton-on-Trent and Blackburn Acts require the occupier to give notice only when a medical man is not called in, and, as Mr. Hart says, thus obviously offer a premium to delay in seeking for medical advice in cases of infectious disease. The Edinburgh Act, again, by imposing no duty at all upon the occupier, is likely to lead to the employment of quacks and unregistered practitioners to even a greater extent than at present. At Greenock the notification, to be given by the householder to the sanitary inspector within twenty-four hours, is required only on its being certified by the medical officer of health that "epidemic, contagious, or infectious disease" exists within the limits of the town. At Nottingham and Norwich, as well as, to a less extent, at Huddersfield, the plan proposed by the committee of this Association has been adopted. "By the Nottingham plan," Mr. Hart observes, "the medical attendant is required to fill up, sign, and deliver to the occupier or person having the management or control of the building, or, in case such person is suffering from infectious disease, to the person in charge of the patient, a certificate, which must be forthwith delivered *by the person to whom it is given* by the medical practitioner, at the Town Hall, to a clerk or servant of the corporation. If no medical attendant be called in, the occupier or other person is, so soon as he becomes aware of the existence of the disease, to give notice to the corporation forthwith. In the event of the sufferer not being a member of the occupier's family, the head of the family (resident in such building) to which the patient belongs, or, if there be no head, the patient himself (unless prevented by such disease, or by youth) is to give notice of the existence of the disease to the occupier or other person as above."

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(a) "Lectures on the Principles and Practice of Physic." Third Edition. Vol. II. Page 41.

(a) See *British Medical Journal*, December 27, 1879. Page 1030.

(b) The Public Work of the British Medical Association. Dublin; Fannin & Co. 1879. Page 10, *et seq.*

In the Report of the Committee on the Registration of Disease adopted by the British Medical Association in 1876, the position of the medical profession in regard to the notification of infectious diseases is thus ably summed up :—"The authoritative declaration of the nature of the disease must necessarily come, in the first instance, from the medical attendant. On the other hand, to be obliged to furnish information to a public official with regard to sickness occurring in a family might reasonably be resented by the medical profession. It would be regarded by many not merely as an unnecessary addition to their work, but as an inquisitorial test of the extent of their practice, and as leading to a breach of professional confidence that might cause annoyance both to doctor and patient. . . . . .
No such objections apply to the proposal to make the householder responsible for the declaration of the presence in his house of diseases likely to be injurious to the community."

It is sincerely to be hoped that an effort will be made, without delay, to secure for Dublin the advantages of some such system of notification and registration of infectious diseases. Any system of the kind should be carried out not merely within the municipal boundary, the limits of which are now more than ever artificial, but also in the adjacent townships. For registration purposes, the Dublin Registration District would seem to be a suitable area for the application of an Act of Parliament. I feel sure that the present Registrar-General for Ireland, Dr. Grimshaw, would gladly afford every facility for the organisation of an efficient system of disease registration once the necessary Parliamentary powers have been obtained.

As to the nature and scope of those powers, I cannot do better than conclude this brief *résumé* with a model clause for an Act of Parliament, drafted by Mr. Ernest Hart, and based partly upon the Nottingham Act, already referred to, and partly upon general experience of the working of the system of disease registration :—

"In order to secure that due notice be given to the sanitary authority of any inmate of any building used for human habitation in the district who is suffering from small-pox ; cholera ; typhus, typhoid, scarlet, puerperal, or relapsing fever ; diphtheria, measles, or erysipelas, the following provision shall have effect ; that is to say :—

"1. If any such inmate be suffering from any such disease, and no medical practitioner be attending on, or have been called in to visit, such inmate, the occupier or other person having the management or control of such building, or, if such occupier or other person be prevented by disease or otherwise, the person in charge of such inmate shall, so soon as he shall become aware of the existence in any such inmate of any such disease, forthwith cause notice thereof to be given to the sanitary authority at their office.

"2. If the person suffering from the disease be not a member of the family of such occupier or person, the head of the family (resident in such building) to which such inmate belongs, or, if there be no such head, then such inmate (unless prevented by reason of such disease or of youth) shall, on becoming aware of the existence in such inmate or in his own person, as the case may be, of such disease, forthwith give notice thereof to such occupier or person.

"3. Every medical practitioner attending on or called in to visit such inmate shall, on becoming aware that such inmate is suffering from any such disease as aforesaid, forthwith fill up, sign, and deliver to the occupier or person having the management or control of the building, or, in case such person is suffering from such disease, to the person in charge of such inmate, a certificate stating, according to the forms prescribed and supplied to him by the Corporation, the name of such inmate, the situation of such building, and the name of such occupier or person, and the nature of the disease from which such inmate is suffering.

"4. The person to whom such certificate shall be given by the medical practitioner shall forthwith deliver the same, or cause the same to be delivered, at the office of the sanitary authoritiy [to a clerk or servant of the authorityin attendance there].

"5. The sanitary authority shall supply gratuitously to every registered medical practitioner resident or practising in the district forms for the certificate by such medical practitioner of the particulars hereinbefore mentioned of cases of infectious disease attended by him ; and the authority shall pay to every medical practitioner who shall, in pursuance of this section, duly give any such certificate, a fee of two shillings and sixpence in respect of the same ; provided that more than one fee shall not become payable under this section within an interval of thirty days to the same medical practitioner, for certificates given by him in respect of the same disease occuring in the same building.

["6. The sanitary authority may from time to time, by resolution, order that, subject to the approval of the Local Government Board, any acute infectious disease, other than those above mentioned, shall be deemed to be within and subject to the provisions of this section.]

"7. Any such order of the sanitary authority may be permanent or temporary only ; and, if temporary, the period during which it is to continue in force shall be specified therein ; and when the Local Government Board have approved of any such order, the sanitary authority shall give public notice of the order by causing a copy thereof to be affixed to the principal door of every church and chapel in the district to which notices are usually affixed, and by publishing the same by adver-

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(*a*) See *Brit. Med. Journal*, Nov. 22, 1879, p. 830.

tisement in some one or more of the local newspapers circulated in the district; and, after such public notice has been given, the provisions of this section shall, so long as the order continues in force, apply to the acute infectious disease specified therein, in like manner in all respects as if the disease were mentioned in this section."

With regard to the preamble to this model clause, it would seem desirable that the infectious diseases should in each case be scheduled, and that the Act should give power to the *Privy Council* to alter or add to the list of such diseases. In sub-clause 3 it would be well to insert after the word "certificate" the words "according to the schedule to this Act." In sub-clause 4, and in the proposed certificate hereto appended, the words "to a clerk or servant of the authority in attendanee there" might very well be omitted. Sub-clause 6 should also be omitted, for it gives to the sanitary authority a discretion in the matter which is not expedient. For the same reason subclause 7 would require alteration.

I append also a model form of the certificate to be given by medical attendant to the occupier for transmission by the latter to the sanitary authority.

"—— Improvement Act, —— Section ——.

"Pursuant to the above-mentioned Act, I hereby certify and declare that, in my opinion, the undermentioned person is suffering from a disease within the terms of the said Act.

"Dated the day of 18 .

"(Signed) Medical Practitioner Duly Registered.

"1. Name of person suffering from the disease.
"2. Situation of the building wherein such person is.
"3. Name of occupier or other person having the management or control of the building.
"4. Nature of the disease.

"To Mr. of

"Take notice that this certificate must be forthwith delivered at the office of the sanitary authority [to the clerk or servant of the authority in attendance there], under a penalty not exceeding pounds."

For the registration of infectious diseases a somewhat different machinery will be required. It does not appear just or expedient to inflict upon the relatives of the persons attacked with illness the duty of *registering* the disease. For my own part I do not see why medical practitioners could not as easily fill up disease certificates as they do death certificates, blank forms and addressed envelopes to the General Registration Office being supplied them for the purpose. Intentionally I say "addressed envelopes to the General Registration Office," for medical men might reasonably object to the extent of their practice being scrutinised by the deputy registrars throughout the city, whereas no reasonable exception could be taken to the confidential and direct transmission of the requisite information to the Registrar-General, either at stated periods, or as the cases of disease came under observation.

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## THE POSITION OF IRISH MEDICAL OFFICERS OF HEALTH. (a)

### By JOHN H. CHAPMAN.

The position of the Irish Medical Officers of Health is peculiar and unsatisfactory, and, therefore, worthy of the best consideration of this Society.

By the 11th Section of "the Public Health (Ireland) Act, 1878," every medical officer of a dispensary district is *compulsorily* constituted a sanitary officer for his district under the title of "medical officer of health."

The same section of the Act provides that the Local Government Board "shall assign to the medical officers of health, and to the other sanitary officers, if any, their *respective* duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district."

The words, "if any," in this section, bear the inference that there might possibly be no other sanitary officer for the district than the medical officer of health, in which case that officer might possibly be considered to stand charged with the responsibility of performing all the sanitary duties of the district; but be this as it may, the Local Government Board have, by their sanitary orders (which here date 8th August, 1879) assigned to the several sanitary officers their respective duties and functions, those of the medical officers of health being as follows, viz.:—

"Every medical officer of health who shall have been apprised officially by the sanitary sub-officer, or shall otherwise become cognisant of any matter demanding his attention as aforesaid, shall, as soon as practicable, visit the place, and if, after due inspection, he finds such matter to involve danger to public health, he shall report thereon to the sanitary authority, in the Form (B) in the said Schedule B, showing the source from which he received the information, and the date thereof, and the date of his visit of inspection; he shall also give a sufficient description of the nature of the case, and the remedy which he recommends to be adopted, and shall preserve a duplicate of every such report.

"Every medical officer of health shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district in his charge, and shall from time to time, as occasion may require, report on the subject to the sanitary authority, and recommend the measures which, in his opinion, should be adopted for the protection or improvement of the public health in such district.

"Every medical officer of health, and sanitary subofficer of the union shall attend meetings of the sanitary authority, whenever required to do so, and shall assist in all proceedings in which his assistance may be required.

"Every medical officer of health, and every other officer appointed under this order, shall, in matters not specifically provided for in this order, observe and execute the instructions of the Local Government Board and all the lawful orders and directions of the sanitary authority applicable to his office."

The word "respective," as applied to the duties of the medical officers of health, has been very freely interpreted, and although a medical officer of health cannot legitimately be called upon to perform duties inconsistent with the proper functions of the profession, yet the above quoted orders are by sanitary authorities held to include duties which are not professional, and not legitimately connected with the office.

It will be observed that one of the duties of the medical officer of health is to visit, inspect, and report on any matter *demanding* (in the opinion of the Inspector of Nuisances) *his attention*. This power of discrimination has been much abused, and too frequently has the attention of medical officers of health been demanded in cases which the Inspector of Nuisances alone was capable of dealing with; and concerning which, it was quite unnecessary to call upon the medical officer of health to examine and report. This I believe to be the experience of nearly every medical officer of health. In disputed cases—be the nuisance ever so palpable—I admit that the services of the medical officer of health are demanded, but in cases which can be abated without calling upon him to interfere, I cannot think it right that he should be unnecessarily troubled.

It is also a duty of the medical officer of health to assist in all proceedings in which his assistance may be required; but surely his assistance cannot be held to be required in cases which can be disposed of satisfactorily without it.

Instances are not wanting to show that sanitary authorities, executive sanitary officers, and inspectors of nuisances are endeavouring to relieve themselves of the trouble and responsibility of making inspections for the purpose of seeing that the orders of the sanitary board have been carried out, with reference to the nuisances reported by the medical officer of health, and to cast upon the medical officer of health the duty of making re-inspections as often as may be desired, until the nuisance reported by him has been abated; thus, in fact, putting it upon him to discharge one of the most important and time-occupying duties of the inspector of nuisances. Is it to be considered that the services of a medical officer of health are "*required*" or "*demanded*" in cases which could, and should, be finally dealt with exclusively by the other sanitary officers?

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(a) A paper read before the Society of Metropolitan Medical Officers of Health, Dublin, on January 14th, 1880.

Owing to the designations of the other sanitary officers, viz., "executive sanitary officer" and "sanitary sub-officer," terms which are utterly unintelligible to the general public, the vast majority of complaints as to nuisances are made, in the first instance, to the medical officer of health, who thereupon is required to inspect and report upon very numerous matters which could easily be disposed of by the inspector of nuisances; this is, I consider, a great and unnecessary hardship.

There are no such designations in the Act of Parliament as "executive sanitary officer," or "sanitary sub-officer." Throughout the entire Act, and I believe, without a single exception, these officials are referred to as "the clerk to the sanitary authority," and the "inspector of nuisances." Why should not these intelligible designations be used? or why should the medical officers of health have to suffer so unnecessarily because they are not?

Depend upon it the law will be evaded in consequence of these unsatisfactory designations of officials not corresponding with those contained in the Act itself, and because the sanitary orders do not state that they are meant to be the same persons as are referred to in the Act.

In urban districts the executive sanitary officer might, perhaps, be better designated as the secretary to the sanitary authority, and to him all complaints should, in the first instance, be made; the services of the medical officers of health being capable of being called into requisition only by him, unless in cases of alleged neglect on the part of the other officials.

This arrangement would meet the legal requirements, as well as those of the public, and be no more than reasonable as regards the medical officers of health. I do not for a moment suggest that the medical officer of health should not be required to report on sanitary defects which come under his own immediate cognisance; on the contrary, I consider he should, if he is fairly paid for so doing, but not otherwise.

In estimating the salaries of the medical officers of health no allowance seems to have been made for the fact that he is the only person who can exercise any supervision over the inspector of nuisances. The chief object of almost every sanitary authority in Ireland appears to be to pay as little as possible to the medical officers of health, and to take care that as little sanitary work as possible, which entails expenditure out of the rates, shall be done.

At first, indeed, the sanitary authorities appear, merely for the sake of imposing as much work as possible on the medical sanitary officers under the Act of 1874, to have directed that they should be kept busy, but it was soon found that to do this incurred expenditure out of the rates; and latterly it seems that the medical officers of health have been left pretty much to work or not, as they pleased: and as zeal on their part was not recognised substantially, they could not avoid seeing that the less they did the better would they please the sanitary authorities.

Were the medical officers of health reasonably remunerated for the services they are or may be called upon to give, I would not think of raising these questions. But they have not been reasonably remunerated for the services they have given, much less for the full performance of the duties assigned to them, and it is notorious that there is not, in all Ireland, a single instance to be found where adequate remuneration has been offered to any medical officer of health for the full performance of his duties.

There are two sides to this question, and they are both equally important, tending, as they do, to one and the same issue. I would put them thus: (1) the duty of the medical officers of health to the public, and (2) the duty of the public to the medical officers of health. These are questions which, I think, are worthy of the consideration of all interested from a practical point of view, and the sooner a satisfactory understanding is arrived at, the better it will be for all parties.

It is the duty of the medical officers of health to exert themselves to the utmost of their ability to protect and improve the public health of their districts, but it is equally the duty of the public to pay fairly for such services.

On the one hand the Irish medical officers of health are not in a position to be philanthropists, whilst, on the other hand, the public, as a body, cannot be considered to be fit recipients of any unpaid-for services from them. Who reaps the benefit of the good services of the medical officers of health? Is it not the public? But who pays for the work? Ah! that is the question. It is not paid for as it should be, and consequently, with but very few exceptions indeed, it has not been thoroughly and efficiently performed. I appeal to this Society now to declare its opinion whether it is desirable that the existing state of affairs should be perpetuated, or whether, for the public benefit, the duties of the medical officers of health should be required to be efficiently discharged and adequately requited, bearing in mind that the extent and nature of the services should in each instance be taken into consideration, and that, unless such terms be offered as will be reasonably remunerative, it is utterly futile to expect satisfactory results. Look at the sanitary condition of Ireland, consider its arrangements for sanitary work, and say what is the cause of its deplorable state. I think it is this, at least, to a great extent: the medical officers of health—the only officials who are capable of effecting any material improvement—are paid but nominal salaries, though many of them have each year, for several years, given services well worthy of from ten to twenty times as much as they were paid, and yet fared no better than others who have done very little indeed. The natural lesson to be learned from this erroneous policy of the sanitary authorities is for the medical officers of health not to trouble themselves about discharging their duties. If a decided change of policy be not soon made I fear very few indeed will be found to continue to give services much beyond the value of the money they receive. This, I consider, is the practical view to take of this question.

The salaries of the medical officers of health, not only in Dublin, but throughout Ireland, should be revised and made commensurate with the work done, the time necessarily occupied, and trouble involved, each being paid according to his deserts.

In many instances the present salary does not pay for the time occupied in receiving complaints (sometimes made personally, sometimes by letter), and the necessary correspondence and explanations concerning them, without including a single inspection or report. As a matter of choice there are some who would not accept double the amount of their present salaries for the sanitary duties discharged by them, irrespective altogether of those which the sanitary authority are aware of, viz., inspection and reports.

The duties of a medical officer of health are of necessity exceedingly troublesome and onerous, and frequently not only disagreeable, but directly at variance with his interests.

Acceptance of the office should be voluntary, and where declined by the dispensary medical officer, an appointment should be made by the Local Government Board, by whom the salary should be fixed; effective supervision by independent medical officers should also be provided. Nothing short of this can possibly ensure success. The sanitary authorities (speaking generally) evince but little desire for sanitation, whilst many dispensary medical officers would prefer not to have to discharge sanitary duties under any circumstances. What, therefore, can the public expect under the existing *régime?*

The principle of fair pay for fair work should be applied to the medical officers of health as well as to all other classes of the community. It is a grave injustice that advantage should be taken of them because they are statutable officers, and consequently deprived of the option of refusal of the office. It cannot be denied that the Legislature of Great Britain and Ireland has invariably been considerate of vested interests, nor will anyone venture to state that Parliament ever intended that the interests of the dispensary medical officers should be so utterly sacrificed as they have been through the imposition upon them of public duties which have not as yet been reasonably requited, and which I regret to think never will be under the existing law. However, the medical officers of health can protect themselves to some extent by not voluntarily performing duties for which they are not to be remunerated. The authorities can only reasonably expect that the services to be rendered by them will be measured in proportion to the award; but while as far as possible guarding their own interests, the medical officers of health should be ever mindful, and very considerate also, of those of the public.

Pending the consideration of the question of payment, by the Treasury, the Local Government Board, and the sanitary authorities, I hesitate to suggest the course of action which I consider will be necessary for the medical officers of health to take for protection of their interests. However, if they are not to be very much more liberally rewarded for their services it is clear that some very decided step must be taken to free themselves of this burthen.

# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

### Under the care of Mr. E. Stamer O'Grady.

*Excision of Knee with subsequent Amputation of Thigh —Case complicated with bad "Bed-sores."*—A weak, underfed, emaciated lad, æt. 18, who was also of feeble intellectual development, was admitted 13th March, 1879, for disease of the left knee of long standing, and associated with considerable impairment of the general health. After eight weeks constitutional or local treatment, during which the joint steadily become worse, it was excised on the 10th May, the H operation being practised. The cartilages of both the femur and tibia were considerably eroded, and in the former bone disease extended so far up into it as to necessitate a second section, as also the removal of a piece from the inside of the shaft in an obliquely longitudinal direction. The patella was taken away. By use of an Esmarch's bandage, the operation was absolutely bloodless; some slight oozing occured on its removal, but no vessel had to be tied. The parts were thoroughly dabbed with a 40-grain solution of chloride of zinc, and in dressing the wound due provision was made for drainage by means of two meshes dipped in carbolised oil, and pendent respectively from the inner and outer incisions. The limb was put up in the box-splint ordidinarily in use at the hospital for this operation. A good deal of shock, associated with sickness of stomach, supervened. Such was gradually rallied from; the patient had a good night, and next day was doing nicely. For a time, both constitutionally and locally, all appeared to progress as well as could be desired, save that eight days after the excision indications of bed-sore were observed over the sacrum. Three days later, to facilitate change of position, the box was changed for a posterior, scored with a long lateral outer splint. The slough of the bed-sore duly separated, and for a time the ulcer improved in appearance, but soon again it began to spread, and other pressure sores to form over the posterior and superior spine of ilium. The integument covering the vertebral projections and angles of scapulæ also got red and chafed; every effort made medicinally or by bed arrangement proved nugatory to prevent this pressure sore formation, notwithstanding which, for a time, the general health held up and even improved; the operation wound, likewise, apparently continuing to progress favourably, till in a little more than five weeks the anterior and inner incisions had entirely healed, the external one being nearly so too; but there was no evidence of consolidation of the bone. In spite of every attention to padding and dressing, a pressure sore had formed where the lateral splint crossed the ileum; every effort was made by chambering the spot to protect it. Still further on, by constant attention to position and frequently changed dressings, some improvement had been induced in the original bed-sore, but others had formed over the tuberosities of the ischia and elsewhere. Large abscess formation had occurred up the thigh discharging above and below, and from its interior severe bleeding had on more than one occasion occurred. The suppuration increased, became very profuse, and was attended with marked degeneration of the general health. This condition in every way progressed, and the patient rapidly lost ground. He emaciated to a notable degree, and the parts about the knee became more and more disorganised. Eventually, seventy-five days after the excision, the thigh was amputated at the upper third by long anterior and short posterior flaps; a caoutchouc tube wound round the groin controlled the bleeding well; the vessels on the face of the stump were seized in hemostatic forceps, and successively secured, eleven were thus tied by carbolised cat-cut, and scarcely any blood was lost, save what came from the medullary membrane of the bone, this was free and persistent, even after being controlled by digital pressure on an intervening dossil of lint for four and a-half hours. On its removal the bleeding actively recurred. Roleaux of cat-cut (a) were substituted for the compress, and drainage-tubes having been placed *in situ,* the stump was firmly bandaged. During the twenty-four hours succeeding the operation the patient's state required the administration of two and a third grains of morphia. *In less than a fortnight the stump had thoroughly healed,* but the patient's state from the bed-sores long continued to be truly deplorable. In no position could he get a sound decubitus; a large portion of the twenty-four hours was passed on his belly. Convalescence was delayed, the knee, too, became contracted—the heel being in apposition to the notes. After this condition was remedied by the weight and pulley, such weakness of the joint and limb obtained, that for a long time it was not safe to trust the patient on crutches. All through he continued to be a capital feeder; this stood to him, improvement eventually getting started in the bed-sores, and repair slowly progressed, an infinite variety of applications being used to them throughout; gradually they all nearly healed, and ultimately, after a stay of nearly ten months in the hospital, the patient who, as is often observed in the subjects of thigh amputation, had grown very stout, was discharged to the Convalescent Home, where the healing of the bed-sores progressed favourably.

*Comminuted Fracture of both Bones of the Leg, with*

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(a) In a former case also of excision of the knee where profuse and dangerous reactionary hæmorrhage had occurred, from a gouged out cavity in the cancellous tissue and blanched the patient, this manœuvre also proved successful, and the patient, a young woman, recovered with a capital limb. The device was first resorted to by a Continental surgeon to plug up an artery in the after amputation of the leg, the circumstances being similar to those in which Liston is said to have been driven to use a peg of wood.

*severe Contusion of Soft Parts—Integumental Lesion and threatened Gangrene.*

The patient was a carpenter, æt. 58, and the injuries were caused by a balk of timber falling on the limb, and for a time fastening it to the ground. The integuments at each side on the posterior aspect were considerably torn. The fractures were comminuted, and placed near the middle of the limb. For some days the foot and lower part of the leg remained cold and apparently bloodless, so much so that Mr. Nixon, who in Mr. O'Grady's absence kindly took charge of the earlier treatment of the case, feared amputation might be necessary. The dressing of this case involved much care and trouble. The fracture was slow to unite, but good union was obtained when the patient was discharged from the hospital, fifty-six days after the accident. There was still a great deal of brawny thickness of the limb remaining, extending half-way up the thigh, together with considerable articular effusion. The patient continued to attend as an extern, and, by steady and methodical pressure, this state of affairs daily improved. (*a*)

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# Translations.

## OPHTHALMOLOGICAL NOTES.

Translated and Annotated by

ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.,

Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary.

(*Continued from page 38.*)

### *Operation for Pterygium.*

Dr. Yreau Munar (Palma, Majorca) describes in a letter of the 20th May, 1879, the following method, which has been employed by him with signal success during six years.

Firstly, he detaches the pterygium from summit to base; secondly, he folds it back in such a manner that the point touches the middle of the posterior surface of the base, fixing it in this position by means of two or three sutures. The external surface of the pterygium is thus turned towards the eye.

### *On Thrombosis of the Retinal Vessels.* (*a*)

Retinal thrombosis is, according to the author, of more frequent occurrence than is generally believed; it may result from gouty endarteritis, syphilis, rheumatism, and traumatism. It may be distinguished from embolism by the transformation of the vessels, which, in cases of thrombosis, resemble white cords, appreciable by means of the ophthalmoscope.

### *Entropium and Trichiasis. Canthoplasty and Sutures of Gaillard.—Cure.* (*a*).

We have already spoken of this process (*Annales d'Oculistique*, 1879, p. 146), and advised its non-employment on account of the hideous cicatrices caused by it. Acknowledging, however, its powerful effects, the author writes to us on this subject. "The greater number of people in France attacked by entropium and trichiasis belong to a class which troubles itself very little about the cicatrices which may be left by Gaillard's suture." "At the same time," he adds, "it is better not to have them," evidently.

### *Cataract consequent on Typhoid Fever.* (*b*)

This refers to the cases of two young girls who were attacked by cataract after typhoid fever. The author believes the cataract to have been induced by the fever, but admits that he has never met with, in any author, a parallel case.

### *Optometrical Process.*

M. Prompt has described (*c*) an experiment which, in his opinion, facilitates the measurement of the limits of distinct vision. The experiment consists in causing the patient to look at a surface divided into lengthened rectangles, alternately black and white, and to place immediately before the pupil, on a level with the eye-lashes, a pin held parallel to the long side of the rectangles. The distance between the eye and the surface observed is then varied; whenever the surface is either too near or too far from the eye, the pin stands out on the white rectangle like a black line. Within the limits of distinct vision, however, nothing is seen but the geometrical figures in question. If the pin be displaced parallel to these surfaces, though still held near the eye, the shadow projected by it will also be displaced, but in a direction contrary to that taken by the pin; thus, if the surfaces be beyond the limit of distinct vision, the shadow follows the pin, whereas if within, it moves in the contrary direction. M. Prompt has constructed an optometer conformably to these data, and suitable to the measurement of hypermetropia and myopia—perhaps of astigmatism?—by substituting a surface consisting of a series of small black and white squares.

### *Atrophy of the Optic Nerves in Erysipelas of the Face.* (*d*)

Erysipelas of the face may lead to permanent derangements of vision, sometimes one eye only being affected sometimes both. In either case, after a greater or less period of time, atrophied degeneration of the papilla has been found to result.

The author has seen two cases of this kind, and has collected from various medical works six others, which leave no doubt as to the connection between this derangement and erysipelas. Having described the cases which have fallen under his own observation, he then proceeds to analyse those which are only known to him through the observation of others, and seeks, by comparing them, to discover the cause and significance of this serious complication in erysipelas.

We learn from these comparisons that derangements of vision occurring under these circumstances are frequently followed or accompanied by atrophied degeneration of the papilla. Optic neuritis has not been noted in any of these observations.

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Dr. John Buchanan, the diploma vendor of Philadelphia, is again in trouble, this time about an alleged abortion case.

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(*a*) There was in the hospital simultaneously with the subject of the above case another fracture of the leg also similarly caused by the falling of a balk of timber; the patient, a healthy-looking male, æt. 30. In this case too a good deal of local damage to the soft parts had occurred at the time of the injury, and repair also was very slow, no union having occurred five weeks after the accident. Friction of the extremities of the fragments against one another, was now tried and the process was repeated in a fortnight. Subsequent to this repair got started and the patient was discharged with a well-united limb, seventy-nine days after the accident. In both cases the administration of moderate quantities of alcoholic stimulants during the later portion of treatment is believed to have acted very beneficially. It so happened that a third fracture of leg, also the result of direct local violence, chanced to be under treatment coincidently with these patients. Here a lad æt. 15 years, was kicked and then trampled on by a bullock, causing fracture of fibula three inches above ankle, and also fracture of internal malleolus; there was much displacement, and in this case too there was considerable contusion of soft parts, with copious blood extravasation. Repair was rapid, the patient being able to leave hospital after a stay of twenty-four days, the accident having occurred in the country two days before his admission.

(*b*) Galezowski (*Société de Biologie*, Meeting of 5th April, 1879).

(*a*) Dehenne (*Moniteur de la Polyclinique*, 11th May, 1879).
(*b*) M. Trélat (*Gaz. des Hopitaux*, 8th May, 1879).
(*c*) Soc. de Biologie, 26th April, 1879.
(*d*) Parinaud (*Archiv. génér. de Médecine*, June, 1879).

# Transactions of Societies.

## SOCIETY OF MEDICAL OFFICERS OF HEALTH.

President—JOHN SYER BRISTOWE, M.D.

AT a meeting of the Society held at 1 Adam Street, Adelphi, on Friday, January 16th, Dr. JOHN TATHAM, Medical Officer of Health for Salford, read a paper "On Certain Reforms which appear desirable in the Statistical Tables adopted in their Annual Reports by Medical Officers of Health acting for large Urban Districts," of which the following is an abstract :—

After acknowledging that the tables recommended by the Society were of value to metropolitan health officers, he pointed out that they were but sparingly adopted in the provinces. Moreover, the tables had been drawn up some five years ago, and it was now worth while considering whether these forms could not be modified so as to answer the purpose of metropolitan as well as extra-metropolitan officers of health. It is to be regretted that though the whole of England has been parcelled out into sanitary districts, the national collection of local sanitary statistics is so meagre as to be positively discreditable to the public health service, a result due to the fact that the health officers are working solely with regard to local requirements, and entirely without reference to a national statistical system. Dr. Tatham then suggested that the tables which he submitted to the Society should be referred to the same Committee which five years ago compiled the statistical forms of 1874, and at the same time he stated that the tables were the work of a friend who had had great experience in vital statistics.

The following is a summary of the information given in the tables which accompanied the paper :—

*Table A.* Gives the density and birth and death rates.

*Table B.* Gives an analysis of the mortality for a series of years. It shows the deaths of children at ages under one year, under five years, and those of persons over sixty years, and also the death-rates at those ages, and from seven zymotic diseases, the infantile mortality being measured by the number of children dying under twelve months per 1,000 births.

*Table C.* Gives the births registered in a town and in its various registration sub-districts, wards, or other statistical sub-divisions, distinguishing legitimate and illegitimate births.

*Table D.* Gives the estimated population, the births and birth-rate, the deaths and rate of mortality per 1,000 living in the various statistical sub-divisions of a town ; the death-rates are also given for these areas from the five principal classes of disease ; the deaths occurring in public institutions having been distributed.

*Table E.* Gives the population of the annual rate of mortality occurring in a town at five groups of ages, compared with the English life table rate at those ages for males and females.

*Table F.* Shows the principal causes of death in combination with ages at the five selected groups.

*Table G.* Gives the deaths from several specified causes without distinction of age occurring in the various wards of the borough, and also the deaths occurring in the various public institutions.

*Table H.* Gives the number of deaths and proportion of deaths certified by medical practitioners, by the coroner, and the number and proportion of uncertified deaths.

*Table I.* Gives the annual rate of mortality during the twelve months from the five classes of disease at five groups of ages per 1,000 persons estimated to be living at those ages.

*Table J.*—Gives the prices paid by the Poor-law authority for the principal articles of food and fuel.

In the discussion which followed, the President, Dr. Longstaff, Dr. Tripe, Mr. Humphreys, Dr. Browning, and Mr. Shirley Murphy, took part.

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**OF the 133 candidates examined at the Royal College of Surgeons of England, during the last week, 77 passed to the satisfaction of the Court and obtained their diplomas ; 7 passed in Surgery, and when qualified in Medicine will be admitted Members ; the remaining 49 failed to reach the required standard, and were referred for six months' further professional study.**

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"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, FEBRUARY 4, 1880.

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## DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION ?—II.

### THE INDIRECT REPRESENTATIVE.

WE last week discussed the methods of election of two sections of the General Medical Council, *i.e.*, the Crown nominees and the representatives of non-medical or self-elective governing bodies, and we endeavoured to show that over the election of the twelve members who are included within these two classes, and who constitute one-half of the Council, the medical profession exercises no control worthy of the name, and therefore cannot be considered to be represented by them.

The next class of representatives to whom we have to refer are those who are elected by the executive councils of the bodies corporate, those councils being themselves to a greater or less extent subject to election by the entire voting constituency.

These *indirect* representatives are but three in number, even if we include amongst them the representative of the Queen's University, although the medical graduates of the University possess only a nominal control over the election of the Senate which elects the representative.

*Licensing Bodies whose Representative is Elected indirectly under Vote of the Members.*

| Name. | By whom representative elected. | Number of Electors. | Number of Medical Electors. | By whom Electors Appointed. |
|---|---|---|---|---|
| 15. College of Surgeons of England | The Council .. | 24 | 24 | The whole of the Fellows 1,300 in number |
| 16. College of Surgeons of Ireland. | The Council .. | 21 | 21 | The Fellows, about 350 in number |
| 17. Queen's University in Ireland. | The Senate .. | 25 | 4 | 18 by the Crown, 6 by the Convocation |

The members herein referred to may claim to represent the medical or surgical graduates of their colleges, only in so far as those graduates can make their influence felt by the Council who exercise the electoral function. We hold that indirect representation of this sort cannot be held to convey the opinions of the constituency of a licensing body, for the exercise of such an elective power is but one out of the many administrative duties of a Council, upon the performance of which the constituency has to express its opinion; and in fact circumstances can hardly be conceived which would afford the constituency the opportunity of condemning the conduct of its Medical Council representative. The representation of the medical profession is therefore (in cases in which the representative is chosen by the executive body) altogether nominal and unreal.

For example, let us ask how the Fellows of the Irish College of Surgeons could act if the representative of that College saw fit to adopt a policy or take action of which they disapproved? In such case their only course would be to expel from the executive Council of the College those members who they conceived would be likely to support the re-election of the Medical Council representative, they having no knowledge as to who had actually done so. It must be remembered that the Fellows have no power to dismiss their representative by removing him from their College Council, for—by the Medical Act—he need not be a Member of that Council, or even a Fellow of the College, or, we believe, even a medical man. Thus they would be obliged to make the question of re-election a crucial test of the fitness of a College Councillor for his seat, and would be obliged to wait for the day of election to make their views felt. It is obvious that this amount of control over the representative means no control at all, and therefore no representation, and we appeal to experience of the twenty years' working of the Medical Council to prove that even on occasions when the medical or surgical graduates of a college have strongly disapproved of the acts of their *soi-disant* representatives (and we know that there have been such instances), they have never attempted to express that disapproval, or to exercise their nominal control.

But we will go further than a mere enunciation of the expediency and the fairness of giving to the elective constituencies of colleges the right of electing their Medical Council representative, for we entertain no doubt that in certain instances at least the electing of a representative on the General Medical Council by the executive Council of a College is a perfectly illegal assumption, based perhaps upon a vagueness in the Medical Act, and a consequent misconception of the law, but none the less illegal.

In the absence of means of expression of professional opinion, it seems, without doubt, to have been intended that the members of the body corporate of each licensing body should be the electors of the General Medical Council; and we therefore maintain that in the cases at least of certain of the delegates to that body their election has been habitually illegal, and that their tenure of office might be voided by any one who possessed a *locus standi* as a qualified corporate voter, and who thought fit to test the validity of such election before the courts of law.

It would seem from a reference to the successive legislative measures which occupied the attention of Parliament before the Medical Act of 1858 became law, that it was always the intention that the elected representatives should be chosen by the full voting constituencies of the Colleges which they represented, and in the existing Medical Act this intention is expressed and inferred. The clause (4) which provides for the matter says that "The General Medical Council shall consist of one person chosen *by each of the* following *bodies*." And again (clause 6), "The members chosen by the Medical Corporations and Universities" shall, &c.

What "body" it is which constitutes "the College" or University is, of course, a legal question, to be decided upon the statutes and charters of each individual body, and it may be that some of those statutes constitute the governing council the body corporate of the institution, in which case the election of a Medical Council representative by such governing conclave would be perfectly *intra vires;* but in the case of some of the licensing bodies "the College" consists, undoubtedly, of the entire voting constituency of its members, and we fully believe that in them, and them alone, lies the elective power. In the King's and Queen's College of Physicians that power is actually exercised by each member of the body corporate, and though those members are few in number, their legal right to elect is, nevertheless, fully recognised. In the Royal College of Surgeons in Ireland, on the other hand, the Fellows number over 300, and they meet in considerable numbers once or twice yearly for the purpose of exercising their elective rights, which are fully recognised throughout the College charters. Yet the representative of the College in the General Medical Council is chosen, not by them, but by the College Council, and over the acts of that representative the Fellows of the College have only the very limited and indirect influence which we have defined above.

We maintain, therefore, that the first most obvious and most necessary change in the constitution of the General Medical Council should be to restore to the voting members of medical bodies corporate the rights of election which the Medical Act gave them, and which have been quietly appropriated by the limited number of individuals who administer the affairs of those bodies. We challenge the representative function of members of th General Medical Council who hold their seats upon such tenancy, and we insist that they cannot claim to be the exponents of the wishes and opinions even of their own Colleges.

## THE REPORT ON THE EDUCATION OF THE GENERAL PRACTITIONER.—II.

After advocating an attempt to raise the status of the men commencing to study medicine, and a further attempt at weeding out the idle and incapable men at the end of the first year, the committee went onwards. The first question put is as follows:—"Is it desirable that, after passing the primary professional examination, every student should be compelled to devote two full years to clinical medicine, surgery, and obstetrics, at a hospital, prior to being allowed to present himself for his final, or qualifying examination?" Ninety-two (92) per cent. of the teachers of medicine and surgery, and ninety-seven (97) per cent. of the general practitioners, answered this question in the affirmative. It seems that after such a strong expression of opinion the committee did not consider it necessary to discuss this subject. We conceive that the word "primary" here has reference to the present "primary" examination, and not to the new examination which it is proposed should be made at the end of the first year. Undoubtedly it is very desirable that such a period be so spent; but a few words as to how it would be best spent may be permissible. At present there are eleven hospitals in London, where the teaching of students is carried on; some of them large, some of them small. Now, it is clear that at the large schools there must be large clinical classes where good men can get on well, can come into personal contact with the teacher, and can learn a very great deal. But the idle man can shirk almost to any length, and practically hide himself in those large classes; and though he be present in the flesh with admirable punctuality, may be as absent in the spirit as he pleases, almost. It cannot be expected that the clinical teachers of large schools can personally look after all the idle men in their classes. The late Prof. J. Hughes Bennett, of Edinburgh, was given to stirring up the idle men in a very energetic manner. He would pick one out and make him examine a patient, putting him "through the small sieve" mercilessly; and by thus making an example of him and his order, kept every fellow pretty well up to the mark. The late Dr. Murchison did the same thing very thoroughly, only he asked each student if he might put his name down on a card kept for the purpose of telling who were willing to be "dressed down," and he never made a victim of the men who shirked. But Bennett never could put a student "through his facings" more effectually than Murchison did these voluntary offerings. But it is not every man who possesses the energy to conduct such clinical examinations, or the force of character to carry the plan out thoroughly. It is, too, a form of clinical teaching that will never be generally adopted. At the smaller schools every man is known to his teachers, and the idler cannot escape altogether: consequently the smaller schools possess certain advantages over the larger ones for the idler and the man of mediocre abilities. But this fact can bear little practical fruit, for parents would scarcely estimate their boys as idle or dull, in selecting the medical school to which to send them. Their choice is made on very different grounds to these. At the small schools every man is known and looked after to a greater or less extent. At the large schools this is not, and cannot be, the case; and the dull man and the idler are, practically, comparatively neglected. In order, then, to meet this difficulty the Committee put a sixth question, which runs thus:—"Is it desirable that the clinical teachers of medicine, surgery, and obstetrics, should be required to testify as to their personal knowledge of the diligence and acquirements of each student (in place of the formal certificate of attendance now supplied), and that such certificate should be placed before the examiners for their information and guidance?" Forty-seven (47) per cent. of the teachers of medicine and surgery, and seventy-eight (78) per cent. of the general practitioners were in favour of the principle here advanced. It was held by a large number, more than half, of the teachers that this is undesirable, their arguments taking the following directions. Such action would tend to transfer part of the duties, the responsibilities, the authorities of examiners upon teachers. On the other hand, certificates from teachers would be of unequal value, might favour one man, or tell against another; and again, all teachers do not act with equal conscientiousness and precision in writing out forms, and what would seem but an indifferent testimony from one man would be high praise from another. If the clinical examinations be properly conducted such certificates are unnecessary. And it is to the thoroughness of these clinical examinations that apparently we must look for the future improvement in the practical part of medical study. Physical examination must be learnt at a hospital, if it is ever to be learnt at all. Men who leave their hospital without knowing how to examine the chest fairly well, will in all probability never achieve the power. They never, perhaps, become acutely conscious of their ignorance; and if they do they do not know how to start to remedy it. Students must be made, if necessary, to attend more to the wards and to the out-patients' rooms than has been the case in the past, and is too much the case yet. But even then, however industrious and painstaking, they cannot learn there that way of examining and interrogating the patient which is requisite for success with well-to-do private patients. The young men mentioned in the preceding division of this article, who would every day get up an old gentleman's night-shirt to examine the back of his lungs, with a female relative present, evidently in their hospital-acquired enthusiasm quite overlooked the inconvenience the patient would be put do, and the disagreeable impression such act would make upon the lady. Instead of looking forward to the doctor's visit with pleasure as the event of the day, they would regard it with repugnance, and probably take the earliest possible opportunity to call in some one else. A general practitioner must possess, of all medical men, something more than mere knowledge of his profession. For consultants who are not brought into so close associations with their patients knowledge is the cardinal requisite; but with the general practitioner, who is brought into close and intimate relations with patients, tact and keen observation as to the mental attitude of individuals, their moods and ways, is as absolutely necessary as professional knowledge. But how is the medical student to learn this? and where must he study practical psychology? He can not pursue this study in an hospital, and can only learn it in actual private practice. How often have we heard men of experience say, "we used to look forward to having a London M.D. among us, who would be 'up' with the latest information, and whom we could call in consultation in difficult cases. But when he came we found that patients would not have him a second time. They and their friends detected at once that he was not at home in a sick-room, and they measured him accordingly." Here the man's real knowledge had no chance given it. The patients and their friends knew little about his college honours and his real knowledge; they observed his want of familiarity with a sick room, and they would have none of him. Where under existing circumstances are students to become familiar with children and the peculiarities of their maladies and their management? A mother, intensely anxious about her child, scrutinises the young doctor when called in with microscopic minuteness and the most suspicious watchfulness. His utter want of acquaintance with babies is soon apparent, and she, again, will have no more of him. A man must learn somewhere and it is clear then, in his own interests, he should not have to acquire the knowledge in the locality where he proposes to reside ultimately. He must go as assistant to some general practitioner and learn all this, or as much as he can acquire from this teacher. It is as essential for the M.B. who proposes to enter general practice that he should be assistant to a good class general practitioner, during the interval which intervenes betwixt the M.B. examination and the M.D. examination, as that the same time be spent as resident in a good hospital by the man who aspires to be a consultant.

The Committee felt that something more and outside the present general medical education is desirable from the form in which they cast their seventh and last proposition. After endorsing the opinions given about the above six questions, they concluded that:—"Students, before going up for their final examination, should produce certificates of attendance at clinical instruction in the diseases of women and children, mental diseases, and also in ophthalmic medicine and surgery. Students should be acquainted with the elements of practical hygiene." Taken altogether this report merits approval, though it may not be easy to see how some of the projected reforms are to be carried out. For instance, how is a youth to learn dispensing along with the elements of botany, physics, biology, and inorganic chemistry, at the same time, unless he can be placed with a general practitioner located where certain educational advantages can be had. It would be next to impossible for the most enterprising youth to educate himself in the country: for very few country practitioners could help him much to any knowledge but that of practical dispensing. The only feasible scheme that suggests itself to our mind, after considering the matter for years, is this: That every medical student, good, bad, or indifferent, ought to spend his vacations in the country, where he could combine the study of the social side of his profession with opportunities for seeing patients himself; and at times with the responsibility of a practice on his hands. It is only the latter which will ever open a man's eyes effectively to the necessity for practical knowledge. Most men experience this after the die is cast, and no opportunity remains for well-directed study. By such plan the student would carry to the rural practitioner the most recent advances in the schools and teaching hospitals; and the student would bring back to college with him some rational comprehension of the requirements of general practice. This should be further supplemented by two years as qualified assistant with a man in good general practice, and then the young doctor could start for himself with a fair chance of avoiding mistakes, and of doing his professional knowledge justice.

# Notes on Current Topics.

## The Protection of Adulteration.

We have on many occasions spoken of the tolerant attitude of the English Pharmaceutical Society towards adulteration, and have inveighed against that Society undertaking to defend persons who are prosecuted for sophistication of drugs. We think it fair that no misapprehension should exist upon the subject, and we, therefore, quote a speech of the President in reference to a recent successful defence of a chemist charged with selling adulterated cream of tartar. "The cream of tartar in this case," he said, "was simply contaminated with the tartrate of lime "which was inherent in its preparation, because, according "to the Pharmacopœia, bitartrate of potash was to be made "from argol, and argol contained tartrate of lime; there"fore, he thought that any prosecution of a chemist for "selling cream of tartar, which contained no more tartrate "of lime than 6 per cent., was a vexatious prosecution, and "a proceeding against which the Council ought to fight. "At the same time, he must say that he felt the Society "stood on very delicate ground in this matter, because its "members should be the last persons to encourage any"thing like a sophistication of drugs. That could not be "too strongly put forward. Anything like real adultera"tion would be at once discountenanced by that Society, "and he did not wish it to be understood that it was its "business to defend everyone prosecuted for adulteration, "but rather to establish a general principle that there were "one or two articles, such as cream of tartar, sweet spirits of "nitre, and scammony, to which the special provision he "had quoted would apply." Mr. Hampson thought "no one at that board had any desire tocountenance adulteration in any possible form, but the Society, besides having important public functions to carry out, was a Society of members of the trade, and by its charter was distinctly empowered to protect those who carried on the business of chemists and druggists."

Probably the Council of the Society knows its own business best, but we think that it can never be free of the imputation of protecting adulteration as long as it allows itself to be represented as a Society "to protect those who carry on the business of a druggist," and as long as it accepts the duty of deciding how much or how little adulteration is deserving of its official approval. We should think that cream of tartar manufacturers could take care of themselves, and make profits large enough to enable them to pay for legal help when needed.

## Indecision of the Examiners at the Royal College of Surgeons, England.

At the last examination for the diploma of membership of the Royal College of Surgeons, there occurred a remarkable illustration of the indecision of the examiners respecting the manner in which candidates are expected to frame their replies to the questions set. As has been pointed out to us, quite truly, this is a subject of importance to candidates. We would therefore draw the attention of the College to the instance, and urge the advisability of an agreement among them, in future, with regard to the importance to be attached to the phraseology in which their questions are couched. The complaint made to us is as follows:—The presiding examiner in one room being appealed to, whether in answering Question 1 (describe the several structures which must be divided in an amputation of the thumb and its metacarpal bone), a full account of the muscles need be given announced that a *description* of the structures must necessarily include the enumeration of the origins and insertions of the muscles cut through. The same inquiry having been propounded to the president in a second room, answer was given that the various muscles need only be *named*. Now, it is evident that these two gentlemen, differing in opinion as to the mode in which the same question ought to be answered satisfactorily, would be likely to vary much in their estimate of the papers presented to them, and thus the success of a candidate might be in some degree imperilled through a simple misunderstanding. He who thought the question called for enumeration of names only, would regard as redundant the fuller descriptions which his *confrère* considered an essential part of the reply. The matter may seem a trivial one, but it is, nevertheless, important to students under examination, and we would suggest that, in their interest, it is but fair that they should have the fullest information about those details over which they will be expected to spend their time; none too much as it is.

## Medicine at Cambridge.

The interest felt in Cambridge in medical subjects considerably exceeds that taken in them at the sister University, the explanation probably being in the fact that Oxford with all its rich endowments, and spite of its nominal possession of paid chairs in the branches of medicine, is nevertheless a medical school only in name. With a flourishing school of medicine it is surprising that until the present time Cambridge has had no special society at whose meetings professional topics should be discussed. It is true the Philosophical Society affords some opening for the introduction of subjects bearing on medicine and surgery, but this has been quite insufficient to supply a need which is now met by the foundation of the "Cambridge Medical Society." Prof. Paget is the first president of the Association, Prof. Humphry vice-president, and Dr. Creighton secretary and treasurer. The meetings will be held monthly, except in September, on the first Friday in each month, the time to be alternately 3 p.m. and 8 p.m. The chief medical men of the town and neighbourhood have already become members.

## The New Registrar-General.

The Government have returned a reply to the protest of the British Medical Association against the rejection of Dr. Farr's claims, which is at once unsatisfactory and unbecoming the dignity of the profession. To be told that the Government had "good reasons" for the proceeding it has followed is to be told nothing; and in this matter the considerations involved are especially such as only those who estimate the importance of sanitary statistics on the progress of hygienic science, can accurately weigh. The conduct of authority in this appointment has been marked by an apparent neglect of the public welfare, which no amount of arrogant refusal to enter into details of explanation will suffice to cover; and now that the grave scandal has become the by-word of the lay journals, there is more than ever reason to demand that a searching inquiry into the facts which decided the appointment, shall be made. An unworthy effort to shift the blame of the affair on to Dr. Farr's own shoulders has lamentably broken down; and we do not see that that gentleman will be at all derogating from his eminent position by supporting the claims he has to the only suitable recognition of his incalculable services to the world. Beyond this, however, the supreme question of public health is involved; and for the Government to whom its safety is committed, the first consideration should be its preservation. That very much of the improvement in sanitation is the direct consequence of Dr. Farr's labours cannot be disputed, and it is a grievous loss that is being suffered by the substitution for those labours of the untried, unknown performances of the gentleman who has been placed in office over Dr. Farr.

## Lay Criticism of Professional Men.

A series of articles on "Our Doctors" is just now appearing in Mr. Edmund Yates' clever monthly, *Time*. The first of these contains a sketch of two practitioners, whose names are given as Sir Wm. Seamew and Dr. Peter Parsons. It is needless to say that the first is intended for Sir William Gull, further proof, if necessary, being afforded by an admirably like vignette of the physician appended to the foot of the article. The author has very happily contrived to give his reader an impression of his subject that will appeal to everyone who has any acquaintance with Sir William Gull; and it is pleasant to note the appreciation of the skill and wisdom born of experience, that is evident on the part of the essayist. Though somewhat sportive in tone, and written in a spirit of pseudo-satire, the article is a thoughtful *résumé* of the principles by which the treatment of the physician is formulated. There is something gratifying in the recognition of worth, and the assurance that the outside public are ready to accord the word of admiration and praise to those who are the healers of their pains; and particularly is this so now, in the presence of those utterances of a few, which are made in the attempt to depreciate the labours of those who have raised themselves by their powers to the summit of professional success. We shall return again to these cheerful little papers, for they are well worthy of being dwelt on.

### The Audiphone.

We recently drew attention to this instrument, which was exhibited at the *conversazione* of the Harveian Society; and we expressed some doubt as to its efficiency in the direction claimed for it. In confirmation of our opinion, the *Chicago Medical Journal and Examiner* says, "Messrs. Sharp and Sons have been carefully testing the audiphone for several weeks, but thus far they have not found any patients benefited by it. Out of 150 successive cases of deafness, in which they have given it a trial, they report that not one single one has noticed any benefit in its use."

### The Lane Testimonial.

The veteran consulting surgeon to St. Mary's Hospital, Mr. James Lane, was presented with a valuable silver centre-piece for the table on January 21st. On the occasion a dinner took place at the Pall Mall Restaurant, the presentation being made afterwards by Dr. Broadbent, who feelingly referred to the services rendered to the St. Mary's School by the guest of the night.

### Royal College of Physicians of London.

At the ordinary meeting of this College on Thursday last, the President brought forward a proposal that had been made to hold a Medical Congress in London in 1881, and it was resolved that it was desirable such a Congress should be held, the President being authorised to take, conjointly with the President of the Royal College of Surgeons, the necessary preliminary steps.

At the same meeting Drs. Dickinson, Brunton, and Ferrier were appointed to adjudicate the Benett-Stanford prize; and Drs. S. Wilks, W. H. Stone, Wilson Fox, and G. Buchanan were elected Councillors of the College. The report of the Examiners for 1879 was next presented, which showed a material increase over previous years in the number of candidates for the College diplomas. The rejections in 1879, compared with those in 1878, point to an improved preparation on the part of those who presented themselves; for although the standard of examination had been maintained, the rejections were much fewer than in the previous year.

### Registration of Military Rank in the Medical Register.

The following resolution has been adopted by the Irish Branch Medical Council:—"That this Branch Council regret to learn that a systematic attempt is being made to introduce into the 'Residence' column of the copy of the General Medical Register, now being printed, the designation of the 'rank' of, or offices held by, naval and military officers, such not being warranted by the Medical Act (1858), or by any of its Amendments."

We had been aware that the proposition herein referred to had been made, but did not think it necessary to notice the fact, feeling assured that the Executive Committee of the Medical Council would see the illegality and inexpediency of adding to or taking from the statement of name, residence, and professional licences which appear in the Register. We know of no authority in any of the Medical Acts for such addition, and if such authority existed, we see no reason whatever why the honour of registering their official rank should be restricted to military and naval officers. If army surgeons are to be specially enrolled, why not the Queen's physicians and surgeons?—why not University professors?—and then what next!—why not *soi-disant* lecturers in every proprietary hospital?

If the law which restricts registration to medical qualifications be ever relaxed, its first extension should certainly be to include degrees in Arts. In these days professional rank greatly depends on Art qualifications. There are M.D.'s and M.D.'s—one class who have won their rank by superadding to their medical degree a full graduation in Arts, gained after four years' continuous study and many examinations in a University; the other class, who have presented themselves at certain Universities one day and come away the next with the degree in their pockets, or who are medical licentiates whose connection with a University was purely the nominal tie of a formal matriculation, the usual preliminary examination, and perhaps a few weeks' attendence on lectures.

If distinctions are to be made in the Medical Register, we are strongly of opinion that the line of demarcation should be drawn between these classes by granting to the *bona fide* M.D.s the right to register their University Arts degree, and we are not without hope that the Medical Reform Act, which we understand will be presented early in the Parliamentary session, may be made to contain a clause for this purpose. Such an amendment was proposed in the House of Lords last year by the Earl of Courtoun, upon the suggestion of the University of Dublin; but it was then withdrawn, in order that the Bill might go to the Commons unopposed, and with the intention of re-opening the question in the Lower House when the Bill came down for committee. As it did not reach that stage, of course the proposal is still in suspense.

### The Prevention of Street Accidents.

The increase in the number of street accidents has caused an outcry which we trust will not easily be stayed. The society started under the auspices of many well-known and much respected noblemen and gentlemen, held its first annual meeting at the Mansion House last week. We are not a little gratified to find that "the Society for the Prevention of Street Accidents," dates its origin from an article in our columns commenting on the lamentable death of a greatly respected member of the profession, John Oakeshott, who, it will be remembered, was killed at the Northumberland Avenue by a reckless driver of a ginger-beer van. Lord Templeton, commenting upon the reckless driving going on in our streets, observed "that the drivers of vehicles had an idea that the roadways of London belonged to themselves, and therefore any man, woman, child, or dog, was looked upon as an intruder on their domain, and deserving of death." Last year no fewer than 237 persons were killed in the streets, and 3,399 were run over and taken to the hospitals. This is, indeed, a fearful butcher's bill, one demanding the most serious consideration of the Government and of those in authority. The Street Accident Society, acting in the interests of the public, demand better police supervision, better lighting, more refuges, justice to those who are maimed, and compensation to the friends of the killed. If the proprietors of cabs, carts, waggons, &c., were fairly brought under Campbell's Act, they would cease to employ reckless drivers. Of the other proposals for lessening the evils, the want of more street lights was insisted on. No other city in the world is so badly lighted as London. The street-lamps are placed too high and too far apart. This fault was felt as a most serious danger during the foggy days and nights of last week, when pedestrians and vehicles encountered each other in all directions. The names of streets should certainly be written on the street-lamps. This would greatly facilitate the benighted and befogged wayfarer. In most of the large Continental cities every vehicle after dark is compelled to carry a lamp. Why cannot this be done in London? In another way a good deal of relief would be obtained if the traffic were placed entirely under the control of the police. In Paris, during fixed times of the day, all heavy vehicles are excluded from the more frequented streets. In London little or nothing is attempted, except about the more fashionable spots and the more crowded thoroughfares. The slow, lumbering waggon and dust-cart, driven by besotted drivers, the reckless railway van and omnibus, all side by side with hansom cabs, butcher's and light carts, which dart about in all directions, defying the most careful person to calculate his crossing from one side of the street to the other. It is lamentable to find that thousands of families are made to suffer mutilation and death from reckless driving. But so it is and will be, until the police are fully empowered to deal with it; until furious driving is made punishable, not merely in theory, but in practice; until some effort is made to regulate the traffic, to put a stop to racing omnibuses and ginger-beer vans, and to loitering cabs; and to thoroughly recognise the positive right of ratepayers to cross the streets, for the lighting and paving and protection of which they are heavily taxed.

## The Census of 1881.

We have been favoured with a copy of the Report of the Committee of the National Social Science Association on the forthcoming Census, a bill upon which will, we understand, be introduced during the present Parliamentary Session, by Mr. Sclater-Booth, president of the Local Government Board. Last week a deputation from the Association waited upon this gentleman at his official residence in order to bring before him the views of the Committee, which may be thus summarised:—1st. That it is essential that all the particulars given in the Census for each part of the United Kingdom, 1871, be repeated in the Census, 1881, with such amendments in detail as may be found desirable. 2. That it is desirable that, as far as practicable, the Census for each part of the United Kingdom contain similar information, and be the same in form. 3. That it is desirable that in the Census of England and Scotland, as in the Census of Ireland, in 1871, the religious profession of each inhabitant be ascertained, and that this inquiry form part of the Householders' Schedule. 4. That it is desirable that in the Household Schedule there be a column for sickness or injury in the following form—"Sickness or Injury." Sick to include all who require medical advice, or who are disabled from following their usual employment. Write the name of disease from which the patient is suffering. 5. That it is desirable that a return of the number of rooms in each house be given in the Census of England and Wales and in that of Ireland, as has already been done in the Census of Scotland. 6. That it is desirable that houses be distinguished between those intended for habitation and those not intended for this purpose. 7. That it is desirable that there be a return of houses intended for habitation which are unlet. 8. That the returns under the head of occupation be amended to show the nature of the employment with greater precision. 9. That for every city and town the concentrated population, and the area which it occupies, should be returned, whether its boundaries be coincident or not with any legally defined boundary or boundaries. 10. That in the case of towns and other areas of concentrated population, summaries of the returns be made up and recorded for each enumerator's district, and be open for inspection at the offices of the Superintendent Registrar. 11. That the Census should be quinquennial, instead of decennial as now, each Census to be complete and to contain full particulars.

## Registrations and Erasures of Qualifications.

The controversy respecting the registering functions of Branch Medical Councils, to which we recently referred, is still in full vigour between the Irish Branch Council and the Executive Committee. Though the point raised is not a very important one to the profession, the principle involved is of interest as affecting the continued existence of the Branch Registration Offices in Dublin and Edinburgh. Our readers remember that by the Duke of Richmond's Bill, it was originally proposed that all the registration work of the profession should be centralised in London, and, although that proposal was struck out, the policy which gave rise to it still exists in the Executive Committee, and it is contested energetically by the Irish Branch.

The chief question now at issue is whether a change of residence or an additional qualification obtained by a person already registered, should be entered in the local office, where the name was originally inscribed, or should be registered in the London office. For instance, A.B. was registered, upon obtaining his qualification in the Dublin office, he being then resident in Ireland. He migrated to England, and notified his change of residence to the London office, where it was duly recorded and published in the Official Register. But no notification of the change was made to the Irish office, which accordingly retained A.B.'s original address. After a time, the Irish office, as required by the Act, sent letters to him at that address, and receiving no reply, removed his name altogether from the Register, and sent note of the fact to the London office, when it was discovered that A.B. was there duly registered for another residence. The Irish Council claims that the London office should either have referred A.B. to it for alteration of address, or at least, should have notified the alteration in order that the books of the Branch might be corrected, and the opinions of several learned counsel have been taken on both sides, all of which opinions, as might be expected, have differed in material respects. The last contribution to the law of the question is from the English Solicitor-General and Mr. Vaughan Hawkins, Q.C., who, while admitting that the alteration must be made in a "local" registry, consider that any local registry will do, and that a Scotchman may register the alteration in the Dublin office, if he pleases, and *vice versa.* This opinion obviously concedes the point which the Irish office contends for, because it would be plainly impossible to carry on the business of registration under such law, unless the three offices made a practice of notifying the changes to each other. But whatever the law may be, there can be no question that registration could not be satisfactorily carried on, and the profession would be seriously inconvenienced, if the refusal of the central office to inform the Branch offices of its entries were persisted in. If the Executive Committee wishes for centralisation it must centralise in a legitimate way (if it can) by a change in the law, but it must not prejudice the accuracy of the Medical Register by attempting to force that centralisation in an underhand way.

## The Archbishop's Medical Degree.

His Grace the Archbishop of Canterbury has conferred a medical degree on Mr. James Rogers, of Swansea, who was Mayor during the recent Church Congress. The medical law of England, by the Act of 1858, only recognises such doctorates as were conferred before the passing of that Act. The Government Bill now before the Select Committee of the House makes no provision for the degree, which three doctors of medicine, two being Fellows of the College of Physicians, recommended. The *Students' Journal* informs us that Dr. Rogers has practised in Swansea and the neighbourhood for nearly 40 years, and is much respected by his neighbours and professional brethren. The expenses of the degree, about 80 guineas, have been more than met by subscriptions, men of all classes in Swansea uniting to pay them.

We should have thought that Dr. Rogers would have got quite as good a proof of professional education from some of the American Colleges for less money, and without having to leave Swansea; and we certainly would also have thought that the head of the English Church would rise superior to the earning of 80 guineas by the sale of an illegal degree. The transaction is certainly a strange one, considering that at the moment when his Grace is granting sham degrees Parliament is about to reopen the general question of medical reform.

## Injection of Corrosive Sublimate in Syphilis.

M. Sterne, of Breslau, recommends the following solution: ℞ Bichloride of mercury, ·25 gramme; chloride of sodium (pure), 2·05 grammes; distilled water, 50 grammes. One cubic centimetre (about 15 grains) to be injected daily. This method causes the syphilitic symptoms to disappear in a relatively short time; it necessitates the employment of only small quantities of mercury; it does not produce local inflammation; the general condition is in no way troubled by it; the stomatitis is insignificant; it is easier and better than inunction.

## Treatment of Pemphigus.

*La France Medicale* says M. Hardy prescribes for pemphigus the following treatment: ℞ Arseniate of iron, 1 gramme; conserve of roses, q.s. to make 100 pills. One to be taken morning and evening at the beginning of breakfast and dinner. After a week, one morning, noon, and evening. Externally, the skin of the patient to be sprinkled with starch powder. If there is suppuration, to be dressed with the following liniment—lime water, 40 grammes; olive oil, 60 grammes. This to be combined with tonic regimen.

## Functional Spasm of the Sterno-Mastoid.

At a recent meeting of the Société Medicale des Hopitaux, M. Desnos exhibited a patient affected with functional spasm of the sterno-mastoid, which she had had for two years. About a year ago, she became pregnant, and during the early months of pregnancy the phenomenon somewhat subsided, returning with increased force after delivery. When she lies down there is noticeable only slight deviation of the chin; but when she wishes to make an effort there is evident spasm of the sterno-mastoid, and also the trapezius, the two muscles supplied by the spinal accessory nerve. Electricity and iodide of potassium have had no effect.

## The Treatment of Lupus by Linear Scarification.

In a paper read before a recent meeting of the Academie de Médecine, M. Vidal after carefully reviewing the subject, concludes that the external treatment of lupus by scarifications is the least painful, the most certain, the best protection against recurrence, and gives the best results with respect to the formation of a regular cicatrix. Though applicable to all varieties of lupus, remarkably efficacious in curing the tubercular forms, ulcerative and non-ulcerative—and even lupus exedens—it is less efficient in lupus erythematosus, and still less in acneform lupus.

## The Irish Certificate System.

We observe from the Minutes of the Irish Branch Medical Council that the replies received from certain of the medical schools and clinical hospitals having been submitted, it was resolved,—

> That the consideration of this subject be postponed to a future meeting, when the returns from all the medical schools and clinical hospitals shall have been received.

The replies herein referred to are the answers to official inquiry as to what steps these schools and hospitals take to record the attendance of students and to ensure the truthfulness of their certificates of "diligent" attendance. It is to be regretted that the Branch Council after the lapse of several months has not been able to collect these replies, and finds it convenient to defer the matter *sine die.* The executive Committee of the General Medical Council is holding just now possibly its last meeting before the assembly of the General Council, and it certainly seems that if the Branch Council had not been unwilling to press inconvenient questions it might have extracted these replies before this date.

## Habitual Drunkards.

On Monday evening Dr. Alford opened a discussion on the legislative restrictions to be imposed on habitual drunkards, at the Social Science Association's Rooms, Lord Shaftesbury presiding. The paper was an exhaustive one, dealing in full with the subject, and containing a very complete *resumé* of the legislative and other action which has already taken place in the matter. As we were at press while the discussion was in progress, we are unable to print a report of it in this number. We shall revert to it, however, in our next issue.

## The Diet in Convalescence from Typhoid Fever.

The caution cannot be too often given to patients and their friends, that the appetite which appears in the convalescence from typhoid must be most discreetly indulged. In the Medico-Chirurgical Society of Montreal, lately, Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head at the bottom of an ulcer.

A marble statue to Bourgelat, founder of the Veterinary School of Paris, was unveiled in that city, October 30th.

The examinations of candidates for the Medical Departments of the Army and Navy will be held on the 9th of February at Burlington House.

The discovery that about forty bodies have been stolen, for dissecting purposes, at Richmond, in America, since cold weather set in, has caused much excitement in that city. The exhumed corpses are supposed to be those of coloured persons chiefly.

An example how memory is not necessarily a high faculty of mind, is illustrated in one of the children in the Pennsylvania Training School for Feeble-minded Children, in Delaware county. So retentive is his memory that, after listening to a sermon or other discourse, he is able to repeat it *verbatim*, even to the intonations of the speaker.

In the principal large towns of the United Kingdom the annual rates of mortality per 1,000 last week were—Oldham 19, Sunderland 19, Brighton 21, Edinburgh 21, Sheffield 22, Wolverhampton 22, Newcastle-upon-Tyne 23, Leicester 23, Norwich 23, Bradford 23, Portsmouth 23, Leeds 24, Bristol 24, Salford 24, Birmingham 25, Glasgow 26, London 27, Plymouth 27, Liverpool 28, Hull 29, Nottingham 30, Manchester 31, and the highest rate Dublin 40.

William H. Appleton, publisher of the New York *Medical Journal*, has been sued for 25,000 dols. damages, for libel, by a dentist named Thomas B. Gunning. It appears that after the attempted assassination of Secretary Seward, in 1865, Mr. Gunning performed an operation on his jaw. An article appeared in the New York *Medical Journal*, a few months ago, which contained reference to Mr. Seward's injury, and Mr. Gunning is of the opinion that it reflected on his competency as a dentist.

Last week the death-rate in the large towns from the seven principal zymotic diseases per 1,000, ranged from 0·7 and 0·9 in Wolverhampton and Oldham, to 8·4 and 10·8 in Plymouth and Hull. Measles showed the largest proportional fatality in Hull, Plymouth, Nottingham, and Leicester; scarlet fever in Dublin, Leicester, Bristol, Norwich, Bradford, and Sunderland; and whooping-cough in Salford, Newcastle-upon-Tyne, Dublin, and London. Small-pox caused 3 more deaths in London, 5 in Dublin, but not one in any of the nineteen large provincial towns.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were—in Bombay 35; Paris 34; Geneva 21; Brussels 29; Amsterdam 39, Rotterdam 30, The Hague 28; Copenhagen 25; Stockholm 24; Christiania 18; St. Petersburgh 45; Berlin 26, Hamburg 31, Dresden 26, Breslau 29, Munich 34; Vienna 31; Buda-Pesth 34; Rome 42, Turin 39; Venice 45; Alexandria 36; New York 24, per 1,000 of the population. Small-pox caused 68 deaths in Paris; and 49 deaths were referred to fever in St. Petersburgh.

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Prosecution under the Vaccination Act at Glasgow.—On the 30th ult., before Sheriff Spens, Mr. James Greig, of Granby Terrace, Hillhead, was charged at the instance of the Inspector of Poor for Govan, with having refused or failed to vaccinate two of his children. Mr. Greig pleaded guilty to the charge, alleging that he did not approve of vaccination for his healthy children, but argued that in respect of one of his children he was not again liable, as he had suffered a penalty for its non-vaccination about a year ago. The Sheriff repelled the objection, and imposed a penalty of 10s. for each offence, with 10s. of expenses incurred in his prosecution.

Prosecuting a "Doctor" in Shetland.—At the Sheriff Court, on the 20th ult., before Alexander Mitchell, Esq., Hon. Sheriff-Substitute, Hector Mackenzie, Chemist, residing in Lerwick, was charged with a contravention of the Medical Act, 21 and 22 Vic., cap. 90, sec. 40, in so far as he inserted, or caused to be inserted in the *Shetland Times* newspaper on the 13th, 20th, and 27th of December last, and on the 3rd ult., an advertisement in which he styled himself Dr. Mackenzie, U.S.A., whereby he wilfully and falsely pretended to be, or took or used the title of, a doctor of medicine, implying that he is registered under the said Medical Act, or that he is recognised by law as a physician, or surgeon, or practitioner in medicine, whereby the said Hector Mackenzie is liable in a penalty not exceeding £20. Mr. Macgregor, solicitor, appeared for Mackenzie, and objected to the relevancy of the libel. Mr. Galloway replied and the Sheriff repelled the objections. The accused pleaded not guilty, and proof was led as to the insertion of the advertisement having been ordered by the accused. John Scott Smith produced the latest edition of the *Medical Register*, and deposed that the name of the accused was not in it. George Mackay, Superintendent of Burgh Police, and Peter Urquhart, of County Police, proved that the accused practised as a doctor. Mr. Galloway addressed the Bench, and held that he had proved his case. Mr. Macgregor, for the accused, maintained that there was no proof that any person had been deceived by these advertisements. The Sheriff said that there was no doubt the Act was passed to prevent the public being imposed upon by unqualified practitioners. He looked upon the advertisements as intended to make people believe that the advertiser was a regularly qualified practitioner. What was Mr. Mackenzie's object in advertising himself as a doctor if he did not wish the people to believe he was one? He found the charge proven as libelled, and sentenced the accused to pay a fine of £10 and the Court expenses. The Sheriff's finding is to be admired. Such "doctors" infest almost all our large cities. Glasgow is rich in them, and the Procurator-Fiscal might be worse employed than in giving these gentry a little legal attention.

Edinburgh Dental Hospital.—The annual meeting of the directors and contributors of this institution was held on the 29th ult. in the hospital, 30 Chambers Street, Edinburgh, the Rev. Dr. Sandford presiding. The Honroary Secretary, Mr. James Robertson, stated in his report—the first since the inauguration of the institution—that the teaching staff had been fully organised, and the full curriculum recommended by the Medical Council, in conformity with the Dental Act of 1878, could now be obtained in Edinburgh. Special classes were commenced on the 4th November last in terms of the prospectus of the school, and had so far been well attended. A lease of the premises at 30 Chambers Street had been obtained for fifteen years from Whit Sunday, 1879, at the annual rent of £100, subject to certain reduction in favour of the directors, and with a break in their favour at the end of five and ten years. The report of the Medical Secretary, Dr. Wm. Chisholm, alluded to the great success that had attended the institution since the amalgamation with the Edinburgh Dental Dispensary. There was now a large increase in the number of applicants for assistance and professional advice, and up to the present time no fewer than 4,500 patients had received advice and treatment. The use of anæsthetics in difficult and protracted operations had been largely adopted. These operations, with the necessary material, had led to a considerable extra expense, but the staff looked confidently to the public to supply those means of assistance to the deserving poor. The Treasurer, Mr. Hepburn, said he produced the report with mingled feelings of satisfaction and disappointment. His satisfaction arose from the fact that although they had had a considerable outlay in furnishing and instituting the hospital, there still was a fund left in hand with which to begin the current year; but he was disappointed the public had not done more to support an institution which was the means of alleviating so much suffering. The receipts amounted to £369, and upwards of £200 of that sum had been contributed by members of the profession, while their Hon. President, Lord Rosebery, had given £60, so that the public had yet done very little. The expenditure amounted to £292, and there was a balance of about £70 in hand. The reports were adopted, and the proceedings terminated with the customary votes of thanks.

Glasgow Eye Infirmary.—The fifty-sixth Annual General Meeting of the contributors to the funds of the Glasgow Eye Infirmary was held on the 27th ult., in the directors' room of the Merchant House, Glasgow, Mr. James King, of Lovernholme, in the chair. The annual report was read by the secretary, Mr. George Black, and represented that the condition of the institution was satisfactory. The chairman remarked on the diminished subscriptions from the employés in public works, and hoped that they would soon resume their old position of being the mainstay of the institution. Mr. King was appointed President of the institution. The clerk was instructed to convey to Mr. Dalglish the thanks of the meeting for his conduct as president of the institution for so many years.

Edinburgh University Court.—The University Court met on the 26th ult., Principal Sir Alexander Grant in the chair. *Inter alia*, Dr. Alfred R. Duffin, F.R.C.P., Lond., Professor of Pathology, King's College, London, was appointed additional examiner in practice of physic, and Dr. William McIntosh, Murthly, was reappointed additional examiner in natural history. These appointments are for the current year, and may be held for five years by annual reappointment. The additional examiners in anatomy, physiology, surgery, pathology, materia medica, midwifery, clinical surgery, clinical medicine, and medical jurisprupence were reappointed for the current year.

Glasgow Royal Infirmary.—The Annual General Meeting of the contributors of the Glasgow Royal Infirmary was held on the 26th ult., in the Accountants' Hall, West Nile Street; Lord Provost Collins presided. The secretary submitted the directors' annual report, which included the medical superintendent's report and the financial statement. The medical superintendent's report stated that during the past year 5,320 patients were admitted into the hospital, being 21 less than the number admitted during the previous year. The daily average in the institution was 486, against 487 in 1878. The total number treated to a conclusion in the medical wards was 2,582, of whom 2,265 were dismissed cured, relieved, or from other causes, and 317 died. In the surgical wards the total number treated to a conclusion was 2,763, and of those 2,617 were dismissed cured, relieved, or from other causes, and 146 died. On the 31st December last there remained in th medical wards 182, and in the surgical wards 294. During the past year 59 patients died within twenty-four hours after admission; or extending the period to forty-eight hours, the number was 97. Deducting the latter number from the total deaths the mortality was reduced from 8·6 to 6·9 per cent. The number of children under 15 years of age treated to a conclusion in the wards was 151 medical and 603 surgical, in all 754, of whom 52 died. At the dispensary the number brought for advice under the same age was 6,258, of whom 3,086 were medical and 3,172 surgical. The number of out-patients treated at the dispensary was 21,251, of whom 12,185 were medical and 9,066 surgical. The total number who received treatment during 1879 in or at the different departments was 32,547, against 29,836 in 1878. Five hundred and eighty-six patients had been sent to the Convalescent Home at Lenzie. The financial statement showed that the ordinary revenue was £17,401 9s. 7d. and the expenditure £23,721 12s. 10d., the excess of expenditure being £6,320 3s. 3d., which was carried to the debit of extraordinary revenue. The extraordinary income amounted to £9,751 19s. 1d., and the extraordinary expenditure to £4,410 11s. 7d. The expenditure was thus £978 15s. 9d. in excess of the total income. The managers expressed their satisfaction that they had been able to treat so large a number of persons with so small a mortality. The Lord Provost in moving the adoption of the report, alluded to the decrease in the rate of mortality among the patients, the resolution of the directors that the medical officers should retire after a certain number of years' service, and expressed cordial approval thereof, and the decrease in contributions to the funds of the infirmary, &c. Mr. James White seconded the motion, which was unanimously agreed to.

## Obituary.

### SIR DOMINIC J. CORRIGAN, BART., M.D.

In the first hour of the first day of the present month this most distinguished physician peacefully passed away. On the 30th of December he was seized with hemiplegia of the left side, but so vigorous was his constitution that notwithstanding his advanced age partial recovery was hoped for. He was educated in Maynooth College, which then admitted lay pupils, and wherein he gained an extensive knowledge of the classics and of physics. Few were possessed of a more terse and vigorous style of English diction. With Dr. O'Kelly, medical attendant of the college abovenamed, he gained some of the rudiments of medical science and pharmacy, and after study in Dublin and Edinburgh graduated in the University of the latter city in 1825. Having shortly after settled in Dublin he successively worked at the Dispensary, Meath Street, Cork Street, Jervis Street Hospital, and the House of Industry. On resigning the physiciancy of the latter great institution he was appointed Consulting Physician and one of the Board of Governors. His earliest and most important contributions to medical literature were his essays on permanent patency of the aortic valves (1832), and on cirrhosis of the lung, which Sir P. Crampton, in an address before the College of Surgeons in 1838, said placed him "among the ablest pathologists of the day." He rapidly gained consulting practice, and in 1836 purchased the house in Merrion Square, wherein his decease has just occurred. Some fifteen years since his professional income exceeded that ever received by any other Dublin practitioner. Besides the essays mentioned his best known writings were a pamphlet on the connection between "Famine and Fever," which in 1846 warned the authorities of the impending tremendous epidemic, and "Lectures on Fevers," 1853. His communications to the Pathological Society were also numerous and valuable. Dr. Corrigan very early in his career lectured in the Dublin School of Medicine, and from 1843 until 1854 held the Chair of Physic in the Richmond Hospital School. There the writer of this hurried notice listened to his portrayal of disease, which for terseness and accuracy have probably never been excelled. He rarely lectured on each occasion for more than half an hour. From 1849, when he was appointed Physician to the Queen, distinctions crowded upon him, notably the Honorary Doctorate of the Dublin University, and the Presidency of the College of Physicians, which he held for the unexampled term of five years. The splendid hall of that body was erected owing mainly to his exertions, and it contains as memorials a stained glass window, a good portrait, and one of the great Foley's finest statues. The Academy of Medicine of Paris elected him corresponding member, but with this exception his conspicuous merit and eminence gained him no distinction in the sister isle or on the Continent. On the establishment of [the Queen's University Dr. Corrigan was placed on the senate, and in 1869 elected Vice-Chancellor. He was also appointed a Commissioner of National Education, and a member of the Board, which on two occasions inquired into the carrying out of the Lunacy Laws in Ireland. He possessed most brilliant powers as a debater, and was best known in England as a member of the General Medical Council, where his speeches were bold and original, tending, it must be confessed, towards obstructive tediousness for the past two or three years. On February 5, 1866, a baronetcy was conferred on him "in recognition of his very distinguished professional position, and also his great and gratuitous services connected with the health and education of Ireland." The title descends to his grandson, whose father, a most distinguished officer of the 3rd Dragoon Guards, died on January 6, 1866, just a month before the baronetcy was created. We may finally mention that Sir D. Corrigan represented his native city in Parliament from 1870 to 1874. In no way does the honesty and independence of his character appear more clearly than in his action at the general election. He was a warm advocate of Sunday closing and a consistent opponent of Home Rule and of denominational education, and it was perfectly well ascertained by political parties that his re-election was certain if he consented to yield, or, as too many did, appear to yield his opinions on these subjects. He firmly refused to do so, and thus sacrificed the great object of ambition for which he had resigned a splendid practice. It has been said that Parliamentary life broke down his health, but so far from the truth is this that it was a common habit for him to leave London by the Friday night mail and drive directly from the Dublin terminus to the Zoological Gardens to breakfast with the Council on the Saturday morning. Of that society he had ever been a most generous supporter, and for many years president.

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## DR. LOCKHART CLARKE, F.R.S.

We regret to report the death of Dr. Lockhart Clarke, who died from phthisis on the 25th January. Dr. Clarke commenced general practice in Pimlico, but soon taking a fancy for microscopical research, he devoted a large part of his time to science. His sections of the spinal cord in health and disease were among the first which attracted professional attention to its diseases, and in 1864 he obtained the medal of the Royal Society for researches on the nervous system. He subsequently engaged himself in consulting practice, taking diseases of the nervous system as a speciality, and attached himself as physician to the Hospital for Epilepsy and Paralysis, Regent's Park. Among his works and scientific papers were the "Spinal Cord," "Nervous System," "Intimate Structure of the Brain," "Structure of Olfactory Bulb and Mucous Membrane," "Nature of Volition," "Locomotor Ataxy" "Paraplegia," "Pathology of Tetanus and of Muscular Atrophy." "Diseases and Injuries of Nerves," "Treatment of Hysterical Paroxysms," "Epilepsy."

From the above list, it will be seen that few men have written more largely on the nervous system. The pathology of these subjects was thoroughly taken up, and the laborious work undertaken by him has led to much good scientific result in the hands of others.

## SIR DOMINIC CORRIGAN'S SUCCESSOR.

By the lamented death of Sir Dominic Corrigan, which we record in another part of our present issue, many offices of honour, though none of emolument, will pass to other hands. The baronetcy which was granted to him in 1866, in recognition of his very distinguished public and professional services, passes to his grandson, the only living child of Captain Corrigan of the 3rd Dragoon Guards. The young baronet attains his majority this year, and, as we understand, is now residing in Silesia. The vacated medical baronetcy, the blue ribbon of the medical profession in Ireland, will, it is hoped, be conferred without delay on one or other of the distinguished physicians of Dublin. Dr. Alfred Hudson, physician to the Queen, Regius Professor of Physic in Dublin University, and Crown representative on the General Medical Council; Dr. J. Banks, a Senator of the Queen's University, and ex-President of the College of Physicians; Dr. Head, the existing President of the same College; and Dr. Samuel Gordon, its President of last year, are spoken of as possible recipients either of the honour of baronetcy or of the office of Physician to Her Majesty which is also vacant.

Respecting the representation of the Queen's University on the General Medical Council, some doubts have arisen as to the capacity of the Senate to elect such an officer, and we are aware that the subject has been under their consideration. The University Education (Ireland) Act, secs. 11 to 15, provide for the continuance of the functions of the Queen's University until its final dissolution, which must take place within two years of the issue of the Charter which has just seen the light. The election of a Medical Council representative is not set forth in the continuing functions of the Queen's University, but, as it is provided that the University is not yet to be dissolved, we presume it is legally competent to send forward its representative to the Medical Council. Of that University Sir Dominic Corrigan was also Vice-Chancellor. He was also a governor of the House of Industry Hospitals, and, until recently, a member of the Dublin Hospitals Board.

# Medical News.

**Royal College of Physicians of London.**—The following gentlemen having passed the required examination, were admitted Members on January 29 :—

Fowler, James Kingston, M.B., Cambridge, 35 Clarges Street, W.
Huggard, William Richard, M.D., Queen's University, Hammersmith, W.

The following were admitted Licentiates of the College on January 29 :—

Alvares, Nicolas Santana, 24 Ampthill Square, N.W.
McKee, Gerald Macklin Eccles, 2 Overstone Road, W.

**Royal College of Surgeons of England.**—The following candidates having passed the required examinations, were duly admitted Members of the College at a meeting of the Court of Examiners on January 22nd :—

Butler, George Robert
Farmer, E. W. White
Gubbin, George Frederick
Harper, Charles John
Harris, F. W. H. Davie
Hatton, George Stokes
Hawkins, F. D. Cæsar
Garrard, Jacob Henry
Peck, Edw. George, M.B. Cant
Powell, Henry Albert
Winterbottom, Charles

The following were admitted on January 23rd :—

Atkin, Charles
Billiald, Richard Atherstone
Bissill, Arthur Kent, L.S.A.
Buckell, Arthur Edward
Gilkes, Malim D'Oyley, L.S.A.
Harries, Arthur John
Henty, Sydney Haviland
Knight, William
Mathews, S. R. Harvey
Palmer, John, Langford
Phelps, Philip
Phillips, L. W. Kinglake
Sers, Clement Henry
Smith, James Snowden
Towlson, Harry Joseph
Whitworth, William

**University of Durham.**—Primary Examination for Degrees in Medicine and Surgery.—The following candidates passed at meetings of the Board of Examiners, January 27th, 28th, and 29th :—

Cheetham, W. H., M.R.C.S.
Giles, B. F., M.R.C.S., L.S A.
Lloyd, G. J., M.R.C.S., L.S.A.
Mantle, A., M.R.C.S., L.S.A.
Pardington, Geo. L., M.R.C.S., L.R.C.P., L.S.A.
Porter, W. S., M.R.C.S., L.R.C.P
Roué, William Barrett
Seager, Herbert West, M.R.C.S., L.S.A.
Wills, Joseph Pearce Budgett
Wray, Charles

fOne candidate referred in botany, and two candidates referred in all subjects, will be permitted to re-enter for examination in April next.

**Association of Surgeons Practising Dental Surgery.**—The annual meeting of this Association was held on Wednesday, January the 28th, when the treasurer's report was received and adopted, showing the society to be in a highly prosperous and flourishing condition. The following Officers and Council for 1880 were duly elected:—*President:* Mr. W. A. N. Cattlin. *Vice-Presidents:* Messrs. J. A. Baker, S. Cartwright, Coleman, Salter, F.R.S., and Dr. Smith, F.R.S. Ed. *Treasurer:* Mr. Edgelow. *Hon. Secretary:* Mr. Craigie. *Council:* Messrs. E. Bartlett, S. H. Cartwright, Fairbank, F. Fox, C. Gaine (Bath), Napier, W. Ranger, and A. Winterbottom. The first dinner of the Association took place in the evening at the Langham Hotel, Mr. S. Cartwright in the chair, at which over fifty Fellows and their friends were present, amongst whom were the Presidents of the Royal Colleges of Physicians and Surgeons, Sir William Gull, F.R.S., Dr. Quain, F.R.S., Mr. Young, M.P., Dr. Andrew Clark, President of the Medical Society of London, Mr. Ransford, Mr. Lister, F.R.S., Mr. Edwin Saunders, &c.

## NOTICES TO CORRESPONDENTS.

A Superintendent.—Letter in "Defence of Private Lunatic Asylums" received as we were at press: will appear in our next.

Dr. Hastings Burroughs, Paris.—Your communication will appear on receipt of corrected proof.

Dr. Wallace.—If possible in our next.

Senex.—Kilmainham Quarter Sessions; sum not material: employ a solicitor, who will give you due notice of date. You *must* be registered

Obstetrical Society of London.—Wednesday, Feb. 4, at 8 p.m. Specimens: New Instruments, by Dr. Heywood Smith.—Moles and Fibroid Tumour of Vagina, by Dr. Herman.—Annual Meeting. Election of Officers. Changes in By-laws. The President's Address.

The Medical Society of the King and Queen's College of Physicians, Ireland, will meet to-day (Wednesday), at 8 o'clock, when the following communication is set down for reading: Dr. Henry Kennedy, on "A Case of Fatty Heart, with exhibition of the recent specimen."

Epidemiological Society.—To-day (Wednesday), at 8 p.m., Dr. Squire will exhibit Micro-photographs, by Dr. Sternberg, of the Blood in Yellow Fever.—Dr. Joseph Ewart, "On Enteric Fever in India, with some Observations on its probable Etiology in that country."

Royal Institution.—Thursday, Feb. 5th, at 3 p.m., Professor Dewar, "On recent Chemical Progress."

Harveian Society.—Thursday, Feb. 5th, at 8½ p.m., Mr. Osman Vincent, "On Congenital Talipes in the Adult."—Mr. Walter Pye, "On the present Position of the Operation of Nerve-stretching."

### VACANCIES.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman of Committee before Feb. 21.

Ballycastle Union, Croagh Dispensary.—Medical Officer. Salary, £100, with fees. Election, Feb. 7.

Hungerford Union.—Medical Officer for No. 3 District. Salary, £80, with the usual extras. Applications to the Clerk of the Union before Feb. 10.

Huntingdon County Hospital.—House Surgeon. Salary, £60, with board. Applications to Mr. P. Tillard, Stukeley Hall, Huntingdon, before Feb. 6.

Ashton-under-Lyne District Infirmary.—House Surgeon. Salary, £80, with board. Applications to the President before Feb. 27.

London Fever Hospital.—Physician and Assistant Physician. Applications, with testimonials, to the Secretary, Liverpool Road, Islington, by Feb. 7.

Middlesex Hospital.—Assistant Physician on the Staff. Applications to the Secretary-Superintendent before Feb. 7.

St. Luke's Hospital.—Clinical Assistant. Board and residence, but no salary. Applications, under cover, to the Secretary, before Feb. 12.

Steevens' Hospital.—Consulting Surgeon and two Physicians. Election, Feb. 5. (See Advt.)

### APPOINTMENTS.

Bond, C. J., M.R.C.S.E., L.R.C.P.L., Resident Surgeon to the Bedford General Infirmary.

Clubbe, C. P. B., L.R.C.P.L., M.R.C.S., Senior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

Forbes, D., M.B., L.R.C.S.Ed., Assistant Medical Officer to the Workhouse, Brownlow Hill, Liverpool.

Graham, B. G., M.R.C.S.Eng., Medical Officer to the Irvinestown Union Workhouse.

Griffith, G. B., M.B., C.M., Medical Officer and Public Vaccinator for the Carnarvon No. 1 District of the Carnarvon Union.

Hunt, H. J., L.R.C.P.L., a Medical Officer to the Harrogate Bath Hospital.

Jones, A. L., M.R.C.S., House Surgeon to the London Hospital.

Kenny, J. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the North Dublin Union Workhouse.

Myrtle, A. S., M.D., L.R.C.S.Ed., Physician to the Harrogate Bath Hospital.

Rendall, S. M., M.B., C.M., M.R.C.S., a House Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

Sainsbury, H., M.B., Junior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

Shapley, F., M.R.C.S.E., House Surgeon to the London Hospital.

Smyth, Dr. P., Medical Officer and Medical Officer of Health for the Stamullen Dispensary District of the Drogheda Union, co. Louth.

Somerville, W., M.D., a Medical Officer to the Harrogate Bath Hospital.

Swete, H., M.D., Physician to the Worcester General Infirmary.

Wade, J. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Lettermore Dispensary, Oughterard Union.

## Births.

Collins.—Jan. 28, at Chew Magna, the wife of C. Howell Collins, F.R.C.S., of a daughter.

Wilson.—Jan. 27, at Portland, the wife of Surgeon-Major F. B. Wilson, M.B., of a son.

## Marriages.

Coghlan—Butler.—Jan. 27, at Inistioge, co. Kilkenny, P. F. Coghlan, L.R.C.S.I., Kilmacow, Waterford, to Katty, eldest daughter of Edward Butler, Inistioge, co. Kilkenny.

Nicholls—Faulconer.—Jan. 27, at St. Matthew's, Oakley Square, Howard H. J. Nicholls, M.R.C.S., L.S.A., of Hailsham, Sussex, to Harriett, eldest daughter of T. Faulconer, Esq., of Hailsham.

O'Farrell—Armstrong.—Jan. 24, at Dunmore East, co. Waterford, Nicholas Sweetman O'Farrell, B.A., M.B., &c., to Emily C. Armstrong, second daughter of Captain William Armstrong, J.P., of Ballydavid, co. Waterford.

## Deaths.

Bell.—On Jan. 15, at Lhanbryde, James Nicholas Bell, M.D., Surgeon-Major, A.M.D. (on half pay), aged 49.

Gibson.—On Jan. 21, George Gibson, M.D., Surgeon, Royal Naval Hospital, Port Royal, Jamaica.

Dyer.—On Jan. 28, at 16 Alexander Square, S.W., Henry Sumner Dyer, M.D., aged 71.

Halton.—On Jan. 25, at Headfort Place, Kalls, co. Meath, Richard Joseph Halton, L.K.Q.C.P.I., aged 40.

Key.—On Jan. 18, at Edinburgh, Thos. Key, late Superintendent Surgeon, Madras Army.

Leader.—On Jan. 28, at Mill Street, co. Cork, John Leader, M.D., J.P., aged 72.

Lister.—On Jan. 26, at Doncaster, Douglas, youngest son of the late John Lister, F.R.C.S., aged 28.

Massy.—On Jan. 15, at Woodfort, Fermoy, co. Cork, Thomas Massy, M.D., aged 75.

Morgan.—On Jan. 17, at St. Giles Street, Norwich, Arthur Morris Foster Morgan, M.R.C.S E., L.S.A.L.

Naylor.—On Jan. 22, at Stockport, James Naylor, L.S.A.L., formerly of Halifax.

Owen.—On Jan. 28, at Oxford, E. R. Owen, F.R.C.S., aged 70. Friends will please accept this intimation.

Osmond.—On Jan. 9, at Thorpe-le-Soken, Thomas Edward Osmond, M.R.C S.E., aged 69.

Robbs.—On Jan. 22, at Grantham, after a few days' illness, Charles Henry Denny Robbs, M.D., aged 47.

Roe.—On Jan. 4, at Malta, Peter Mitchell Roe, L.F.P.S.G., Surgeon, Royal Dockyard, Malta.

Thom.—On Jan. 19, at Brampton, Cumberland, Alex. Thom, L.R.C.P.

Yate.—On Dec. 8, at Shanghai, shot by misadventure, Henry W. Yate, M.R.C.S., youngest son of Frederick Yate, of Godalming, Surrey, aged 23.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 11, 1880.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Laryngismus Stridulus. By W. H. Day, M.D., Physician to the Samaritan Hospital for Women and Children ......... 99
Acute Menstrual Goitre. By E. H. Bennett, M.D., Ch.M., F.R.C.S.I., Professor of Surgery in the University of Dublin 101
Description of Different Varieties of Skulls and of Human Remains referable to the Tenth Century, obtained during the Recent Excavations of a Large Sepulchral Mound near Donnybrook. By Wm. Frazer, F.R.C.S I., M.R.I.A. .......... 103
The Habitual Drunkards Act of 1879. By Stephen Shute Alford, F.R.C.S., &c. ... 106

CLINICAL RECORDS.

Hopital Saint-Louis, Paris—Case of General Melano-derma with Lesion of the Supra-renal Capsule. Under the care of Dr. Hillairet ..................... 107

TRANSACTIONS OF SOCIETIES.

Harveian Society—
Talipes Varus in an Adult .............. 108
Knock-knee ............................ 108
Nerve Stretching ...................... 108
Epidemiological Society ............... 108
Surgical Society of Ireland—
Vesical Calculus—Caries ,............... 109
Acute Menstrual Goitre—Discussion ... 109

DEPARTMENT OF LUNACY.

Dr. Bucknill on Private Lunatic Asylums 110

LEADING ARTICLES.

Does the General Medical Council Represent the Medical Profession ? III 111
The Habitual Drunkards Act of 1879 113
The Senate of the New Irish University ............................. 114

NOTES ON CURRENT TOPICS.

Metropolitan Hospital Sunday Fund ...... 114
Licensed Poisoning ...................... 115
"Time" on "Our Doctors" ............ 115
Prospects of Legislation ................. 115
Institute of Chemistry Prizes ............ 115
Death of Dr. Gibson ...................... 115
The Naval Medical Service .............. 115
Local Temperature in Cerebral Affections 116
Propagation of Arthritis by the Lymphatic 116
The Benzoate Treatment of Tuberculosis . 116
Cold Enemata in Fever .................... 116
A Good Tapeworm Remedy ................ 117
Ablation of the Larynx, Pharynx, Soft Palate, both Tonsils, and Base of the Tongue ............................ 117

SCOTLAND.

Health of Edinburgh ...................... 118
The Mortality of Glasgow ................ 118
Prevalence of Diphtheria in Inverness ... 118
Birth in the Street ........................ 118
Death from an Overdose of Laudanum .... 118
Greenock Medical Aid Society ............ 118
West of Scotland Hydropathic Company... 118
Registrar-General's Returns .............. 118
Lessons on Sick Nursing .................. 118

CORRESPONDENCE.

The Radical Cure of Superficial Varicose Veins by Injection of a Solution of Tannate of Iodine ......................... 118
Literature ................................ 119
An Analysis of Recent Additions to Ophthalmological Literature. By Archibald H. Jacob, M D., F.R.C.S.I. ............ 119
Medical News .............................. 121
Notices to Correspondents ................ 122

# Original Communications.

## LARYNGISMUS STRIDULUS.

By W. H. DAY, M.D.,
Physician to the Samaritan Hospital for Women and Children.

*(Continued from page 80.)*

WHEN the disease is once established, a violent fit of crying, or any attempt at swallowing, or sudden movements will bring it on. Changing the nurse, or giving improper food will invite an attack in a delicate child, especially if it is the subject of convulsions, between which and laryngismus there seems to be a close connection. (*a*) (*b*) The following is a fatal case in point. On the 27th of January, 1875, I was requested to see the male child of a lady residing in a large and well-arranged house in the west end of London. He was five months old, and was born strong and healthy. A wet-nurse was procured for the first three months, when she left, as her milk was supposed to disagree. On examination I found it perfectly healthy. The child was fed with milk and Robb's biscuits, and for a few days before my visit, "Chapman's wheat flour" was substituted, which appeared to agree. The child had been successfully vaccinated on the 25th of December from a healthy infant, and from this time the mother thought it had become pallid and flabby. The general condition seemed, however, satisfactory, and the pallor was probably due to his being shut up in the house. There was a large family of children, but none of the others had ever suffered from a similar affection, or from any illness of importance. On the day previous to my visit the child was seized with what the nurse termed croup, being unable to get his breath for some moments, the attack ending in a crowing inspiration and a wheezing cough. The child was irritable and restless, and could not obtain sleep ; the bowels were sluggish, and the motions dark and offensive. I prescribed a powder consisting of bicarbonate of soda and rhubarb every night, and a mixture of bromide of potassium and sal volatile three times a day. The child to be fed on cow's milk only.

Jan. 28th. 9 a.m.—I received a note to say that the child had had four convulsions during the night. The nurse had carried him in her arms all the night, and if she attempted to put him down he could not breathe. The seizures were marked by fixed eyes, pallor of cheeks, darkness of the lips, and a convulsive movement of the body. Some of these attacks ended in a long crowing inspiration. When I approached the child at my visit he seemed almost electrified, starting in the nurse's lap, and looking dreadfully alarmed. There was some coryza, with running of the nose and eyes ; the skin was moist and warm ; temp. 100°, pulse 156 ; respirations 36, noiseless. At 3.30 a.m. the bowels had acted well, the motion being of a light yellowish ochrey colour, with slimy discharge. The food to consist exclusively of two parts of cow's milk, and one of sweetened barley water. In the shape of medicine a mixture was ordered consisting of citrate of potash, bromide of potassium, and tincture of henbane.

12 a.m.—Sleeping tranquilly, but on being touched he started convulsively ; there had been one attack of crowing since my last visit. At 5 p.m. he was sleeping, and there had been no return of the crowing ; at 9 p.m. he was resting in his mother's lap ; the face was calm and peaceful ; the skin cool ; pulse 120.

29th. 9 a.m.—The bowels had acted moderately three times, but the child was continually drawing up his legs and crying, as though he had stomach-ache ; there had been no sickness and no convulsion. He was rather pale ; pulse 120, respirations 32 ; the skin was cool, and the breathing, as ascertained by putting the ear to the

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(*a*) "Out of 50 cases of laryngismus, of which I have notes, 19 had had eclamptic fits."—Dr. Gee, St. Bartholomew's Hospital Report, vol. 3.

(*b*) "The occurrence of general convulsions in connection with laryngismus, indicates that the morbid action extends to and involves some larger group of nerve-cells than in the local spasm, probably either the whole of the medulla oblongata, or the corpora quadrigemina also"—"On Functional Nervous Disorders," J. C. Handfield Jones, M.B., 1870, p. 631.

back of the lungs, was unembarrassed; the pupils were normal, and he looked round intelligently. I considered he was likely to recover. I went down stairs, and just as I had reached the hall I was summoned again, when the mother handed me the child, whose lips and face were now dark, his limbs relaxed, and he was apparently dead. He did not breathe afterwards, and death must have taken place in a minute from asphyxia.

"Cases are sometimes to be met with which are of a more chronic character, and where there is no immediate danger to life.

Case 2.—On April 12, 1875, a female child, fifteen months old, came under my care at the Samaritan Hospital, which had suffered more or less from laryngismus ever since she was six months old. The child was rickety, with the strumous diathesis strongly marked, the head was large, and the anterior fontanelle wide and prominent; the veins were distended over the scalp; the face was pale and flabby, and there were only six teeth. Three months before I saw the child she had had convulsions, which continued more or less for some time. The child was often breathless, and the respiration habitually accelerated, and frequently croupy. If excited in any way, as playing with other children, the attack was certain to occur, and so bad was it that her mother thought she would sometimes die in it, as her face became dark and purple. Sudden changes of weather, as from heat to cold, or the reverse, were certain to invite a seizure. It sometimes came on in the night. The mother stated that she had suckled the child, having had plenty of milk, but this was certainly not so, as her health was delicate; but till within a short period she had scarcely ever given the child any other form of nourishment. The child made a fair recovery from the fits, but remained delicate when I saw her a year after first coming under treatment.

Death may take place (1) from asphyxia, as in the first case related, where the cavities of the heart are full of blood, and the lungs engorged; (2) from cerebral congestion and serous effusion; (3) from exhaustion, and failure of the vital powers. "The sudden death, which is by no means uncommon in this disease depends, I conceive, on the transmission of irritation along the cardiac fibres of the vagi to the heart, which is then arrested in its action, just as when the pneumogastrics are strongly galvanised." (*a*)

*Pathology.*—The disease appears to depend primarily on irritation of the pneumogastric nerves, which is provoked by disease of the cervical or bronchial glands, or by irritation of the fifth nerve, as from teething, or by disorder of the stomach and intestines.

The irritation is propagated to the inferior or recurrent laryngeal nerve, and the muscles of the larynx are thrown into spasm. The larynx is entirely free from inflammation, and there is no lesion of its mucous membrane. It is a purely neurosal affection, and whatever anatomical changes may be found after death are in most cases consequences, rather than causes, of the seizure. "It seems rather to be an independent affection of the par vagum, or of its recurrent branch, due either to pressure along some part of the course of one of these nerves, or to centric irritation at the root of the vagus; or else we may be compelled to regard its exalted sensibility as a reflex phenomenon arising from excitement of some other nervous trunk. In most cases the pathogeny of this disease is obscure." (*b*) Dr. West likens the disease to hysterical fits in the female, and says that both affections are most common when the processes of life are most active. (*c*) In some cases effusion into the ventricles, congestion of the brain, or even tumours in the cerebral substance have been found after death. Tubercle of the lung and bronchial congestion have been also noticed. Still morbid appearances are sometimes entirely absent.

The *diagnosis* from croup is given in the chapter under that heading, but it may be here stated that the suddenness of the seizure and its departure, the normal breathing in the intervals of the attacks, and the absence of fever and inflammation, are the distinguishing features of this peculiar complaint.

As the disease increases there is a disposition to general convulsions, whilst these occur only at the last stage of croup. The crowing sound is not unlike that of whooping-cough, but in laryngismus there is no expectoration, nor vomiting, nor catarrh in the strict sense of the term.

The *prognosis* may be considered generally favourable in slight cases, when the seizures are not frequent, the health tolerably good, and there is no complication. When the case is mild, and the crowing comes on at long intervals, it usually yields to judicious treatment. Still, the disease is always to be regarded with anxiety, and especially, if severe, from the liability to cerebral complications, convulsions, or sudden death. "Out of fifteen cases of which I have kept a record, eight died. *Rilliet* and *Barthez*, out of nine cases, and *Herard* out of seven, observed in each only one single instance of recovery." (*a*)

*Treatment.*—The first indications are to remove all exciting causes. If the bowels are disordered they should be set right as soon as possible by proper aperients, and healthy digestion promoted. If the child has taken a heavy meal, or indigestible food, an emetic may be advisable; and should the gums be swollen, and dentition appear to invite the complaint, they ought to be scarified. The child should occupy an airy apartment, and noise and excitement be precluded. If seen during the paroxysm it should be kept in an upright position, and the windows opened, so that it may be encouraged to breathe. In severe cases, especially if a convulsion threaten, it may be immersed in a warm bath, whilst cold water is sprinkled at the same time over the face. Dr. Morley Rooke recorded a case of laryngismus stridulus in a child nine months old, where occlusion of the larynx during the fit produced symptoms like those of "a recently drowned person." The little patient "showed no sign of life" when first seen in the seizure; the lips were blue and swollen, the face a livid grey, and the eyes half-closed and glassy. Dr. Rooke thrust his finger between the teeth to the fauces, when the child gave a short heave and a gasp; on repeating the movement inspiration took place, and in a few more seconds breathing ensued. On two more occasions when occlusion of the larynx was equally severe, a similar manœuvre brought round the child. This is a mode of treatment well worth bearing in mind when the child threatens to die from spasm of the glottis. The cure was completed by bromide of potassium, which was taken for eleven months. (*b*)] Dr. Wardell also points out the beneficial effect of "rotating the finger in the throat" in these cases; it induces an attempt to vomit when the laryngeal muscles become relaxed, and air is admitted into the trachea. He says it is the first thing to be done, and he has seen it succeed when death seemed imminent." (*c*)] In extreme cases, where death threatens from asphyxia, the operation of tracheotomy should be employed. The inhalation of chloroform has been recommended in some cases, but then its influence soon passes off, and it cannot be said to have any curative effect. When there is much restlessness, and the child can obtain no sleep, the excitability of the nervous centres must be calmed, and for this purpose small doses of morphia may be cautiously employed. In the intervals of the seizures the bowels must be kept freely open, so as to remove all sources of irritation that might sympathetically excite spasm.

Among the chief drugs are belladonna, in the form of

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(*a*) Handfield Jones, M.B. Op. cit., p. 633.
(*b*) Niemeyer's "Practical Medicine," 1875, vol. i., p. 51.
(*c*) Op. cit., p. 181.

(*a*) Vogel, "Diseases of Children," 1874, p. 272.
(*b*) *Brit. Med. Jour.*, 1868, vol. i., p. 370.
(*c*) Ibid, p. 474.

extract or tincture, which sometimes has the effect of diminishing the glottic spasm, but in most cases it fails altogether. Bromide of potassium is very serviceable given with citrate of potash, sal volatile, or quinine, according to the peculiarities of each case. (*a*) Carbonate of ammonia, henbane, bark, and mild preparations of iron, as the ammonio-citrate, or the syrup of the iodide, are remedies to be selected. If the child is strumous and rickety, or in any way delicate, cod-liver oil is invaluable. It is a remedy which ought to be persevered with, as by improving the general health we may so keep off the disease.

Diet is of great importance, and, when carefully selected, the disease may disappear without drugs. If the child is fed at the breast it is sometimes advisable to change the nurse, or to give cow's or ass's milk. If older, the food must be light and nutritious, and given frequently in small quantities. The clothing should be warm, and if the child is not too ill he ought to be taken out in the open air daily.

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## ACUTE MENSTRUAL GOITRE. (*b*)

By E. H. BENNETT, M.D., Ch.M., F.R.C.S.I.;
Professor of Surgery in the University of Dublin; Surgeon to Sir Patrick Dun's Hospital.

THE earliest—and indeed the most complete—description of the variety of goitre of which I am about to record examples, is given by J. L. Petit (1740). Subsequent writers have most of them omitted all mention of the affection, while others have only made such allusion to it as to prove the scantiness of their knowledge regarding it. One great authority—Virchow—refuses even to admit the disease into the class of goitres. He says :—"Every one is familiar with the temporary swellings which appear during menstruation (lunar or menstrual goitre) and during pregnancy, but these are not goitres at all." His statement is contradicted, so far as the variety which occurs in pregnancy, by the treatises of M. Guillot, M. Ollivier, and most recently by Mr. Lawson Tait, who have all written specially on this subject, one of them—M. Ollivier—dividing these cases into three distinct groups. In the classical descriptions of Graves, Stokes, and Trousseau, accounts are given of the sudden development of vascular bronchocele, but in the cases I am about to record the characteristic features of vascular bronchocele were entirely absent ; nor, indeed, do they appear to have been present in the cases referred to by Petit. His attention was apparently forcibly directed to the subject of goitre, particularly that of pregnancy, for one of his leading cases is that of his own wife, whose disease, after causing him much anxiety, and for a long time, yielded at the end to his own surgical skill.

He says, writing of the goitre of pregnancy and of menstruation, "it often happens to women after their confinement, in consequence of the violent efforts that they have made in giving birth to their children, that the thyroid gland swells, and forms a tumour more or less marked. This disease occurs sometimes in girls who have not as yet menstruated, or in whom the natural evacuation is established with difficulty. In both one and the other, these tumours occasionally disappear by attention to diet, by attention to general and local remedies, &c. I have seen these tumours disappear on the establishment of the menstrual function."

Very different is the modern statement of Billroth : "Goitre cannot be regarded as a product of inflammation, as it never spontaneously retrogrades, suppurates, or shrinks into a cicatrix." Hasse, writing on hypertrophy of the thyroid gland, says : "Both lobes of the gland, and even the middle one, swell, so as to encroach equally on each side, against the trachea and the vessels of the neck. Serious accidents may arise where the lateral lobes enlarge posteriorly, and tend to form a girdle round the trachea. Simple hypertrophy of the thyroid gland is almost wholly confined to youth, and is frequent about the age of puberty in both sexes, more so, however, in the female. Alternations of increase and decrease are especially apparent in this kind of bronchocele, enlargement being most conspicuous at the approach of the menstrual period." I cannot find further information in the recognised authorities, most are blank searches. The facts of my first case are these :—A healthy girl, between fifteen and sixteen years of age, born and bred in Dublin, was admitted about midday on 12th October, 1878, into Sir P. Dun's Hospital, suffering from intense dyspnœa. The presence of a bronchocele of considerable size, and its evident relation to her dyspnœa, rendered the diagnosis easy. However, to guard against possible error, I examined the larynx with the mirror, and recognised at once that there existed neither foreign body nor spasm, and again, no œdema. The mucous membrane was livid, but not distended or swollen. The urgent distress made the exploration of the deeper parts of the trachea not advisable. Nothing could at the time be learned of the previous history from the patient, nor, indeed, from those who brought her to hospital, so much was the attention of all taken up with the impending danger to her life.

After her recovery from this attack, and the tracheotomy which it demanded, I got from her in writing, a short account of her disease. She says, "I will be sixteen years old on the 19th of next March ; my parents and two brothers are healthy ; I am the only daughter and the only delicate one of the family. A year ago the wheezing commenced ; did not feel uncomfortable in any way, unless when doing a little household work or walking quickly, then the wheezing could be heard outside the door. Sometimes the tumour would grow larger, and then go back. I have noticed it specially from Sunday to Sunday, as one day my dress would fasten round the neck, and next Sunday would not. In August last my neck got more swollen, and has remained so ever since. I did not mind it much, as I thought it was a cold. I had been with Dr. H—— on the Tuesday before I came here. He ordered iodine to be applied twice a day, which made my neck a great deal worse." Of course the doctor gets the benefit of the doubt, and is made a scapegoat for the disease. We learned that an abortive attempt at menstruation had occurred about six months before the patient's admission, and that, although in all other respects fully developed, this had been the only sign of establishment of the function. The degree of dyspnœa made me confident that nothing but operative relief would be obtainable. I resolved, however, to try the effect of free vomiting induced by tartarised antimony, with hot stuping over the neck and chest. I wished to obtain the assent of the girl's parents before operating, an assent that could not be obtained at once. So a fair interval for the trial of the remedies we most rely on was obtained. No relief, rather an increase of suffering, resulted. Late in the afternoon, with the assistance of Mr. Colles, and Dr. T. E. Little, I proceeded to open the trachea ; so far towards the sternum did the tumour reach, and so completely did it fill the depression above that bone, it was clearly impossible to attempt an incision to reach the trachea below the isthmus of the thyroid. There were none of the characters of a vascular bronchocele present, no large arteries to be felt, no murmur or thrill, but the bulk of the tumour projected below, and in the middle line, and the trachea could not be reached, except through the middle of it. I could just feel with certainty the resistance of the cricoid cartilage by passing my finger from above behind the tumour. A few whiffs of chloroform were given, and rapidly took effect. I then cut down for the cricoid cartilage as rapidly as I could without wounding

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(*a*) Form—

℞. Potass. Bromid. ʒj.
Tinct. Quinæ ʒij.
Glycerini ℥ss.
Aquæ puræ ad ℥ij.
M. A teaspoonful three times a day for a child one year old.

(*b*) Read before the Surgical Society of Ireland.

the capsule of the tumour. Except for the bulging of the tumour upwards into my incision, I met no difficulty, no vessel of importance. I could not use the tenaculum to fix the trachea or cricoid cartilage, so I was forced to open the air passage without this great help. The crico-thyroid membrane and the cartilage being divided, I tried to open the incision with Chassaignac's instrument, but this failed completely, as the tumour projected, so as to prevent the instrument being placed vertically to the axis of the larynx. I at once put the handle of a scalpel in the wound, and turned it half round, so as to keep the edges of the tracheal incision asunder, but although the girl made faint efforts to breathe, air would not enter freely. There was not sufficient blood to impede the air spilt into the air passages, and as the pressure of the tumour seemed to be rendered more active by the division of the tissues, I determined at all risks to extend my incision downwards. I passed a probe-pointed bistoury on my finger into the trachea, and divided it for some distance behind the tumour. Although these manœuvres had nearly completed the apnœa, a rush of air followed the withdrawal of the knife, and some small blood clots were expelled. A tube of fullest size was introduced, but some moments spent in active stimulation, and of efforts at artificial respiration elapsed before breathing was re-established. Presently reaction followed, and the girl's relief seemed complete. In two hours' time, on visiting her, I found that the dyspnœa had returned almost, to my idea at least, as badly as ever. It was evident that the tumour was pressing hard against the trachea below the tube, but the girl begged to be let alone, urging that she was quite relieved. She evidently feared to face any further suffering. In two hours more her condition was quite as alarming as it had been on the operating table, and she now yielded to my offer to relieve her. I withdrew the tube, and passed a full-sized silver prostatic catheter into the trachea, and availing myself of its long curve, passed it towards the chest, meeting some slight obstruction. As its point passed down beyond this, the air entered with a rush, and all was well again. On a second instrument of the same size and curve, I measured the length of the first instrument outside the wound. Here I cut the instrument across, and made a couple of holes at its sides to enable me to secure it. I then put the tube so extemporised, in the place of the catheter, in the wound, and let the patient go to sleep, which she did with a will. Finding the length and curve of the tube suit, I should probably have continued to use it, but that its eyes appeared too small, becoming choked easily, and again the threads used to fix it caught the mucus as it was expelled. I at once had a tube of the size of a full tracheotomy tube, modelled after the plan of the catheter soldered to a tracheotomy tube. The size of tube and the thinness of its material made a much larger passage for air and mucus, while the eyes were easily made of much larger opening than in the catheter. Considering the length of the tube it was clear that its extremity must reach, when in place, to the bifurcation of the trachea or very close to it. I thought it safe for this reason to close the end of the tube, as a sharp edge so low in the chest was likely to be a source of grave risk should it cause ulceration. Working in this way I got an efficient tube which allowed a free and safe respiration. I attempted to shorten it, but only such as I now exhibit, 5⅜ inches long, would pass beyond the the constriction which impeded respiration. A second tube made to match the first put my patient in a most comfortable condition. After a short time she improved in health, began to menstruate regularly, and with this change a noticeable diminution of the bronchocele occurred. The circumference of the neck fell from 15¾ in. measured over the tumour, to 12½ in. In January I saw these changes so fully established, I considered I should try to get rid of the tube. I kept various devices in the wound, which stopped it so as to accustom the larynx to do its full work, and finally finding no contra-indication I allowed the wound to close. This it did rapidly until only an ordinary probe would pass. Just when this point was reached the dyspnœa recurred and I was obliged to dilate the wound, finally dividing it with a probe-pointed bistoury, and to reintroduce the tube. This job was almost as difficult as the original operation. The girl left hospital on February 22, 1879, wearing her tube and educated to introduce it herself and to change from tube to tube daily. I readmitted her on 25th of June, at her own request, to repeat the trial to give up the tube. Much the same train of events followed; the tube removed; the wound allowed to contract, and finally to close. Then a week of breathing entirely by the larynx, ending in an attack of dyspnœa, brought about apparently by the deformity of the trachea, which prevented the escape of mucus from the bronchi. Again, a troublesome job, and the tube was reintroduced and remains, the girl in perfect health general and menstrual, and free from visible goitre.

A short description gives the facts of the second case.—A healthy girl of 15 years of age, who had had one imperfect menstrual discharge, was admitted under Dr. Purser's care to Sir P. Dun's Hospital, in the end of April, 1878, suffering from a very prominent goitre. She stated positively that it had not appeared, or been observed by any symptom, until six weeks before her admission, it appeared about the time of the first signs of menstrual discharge. She suffered from paroxysms of dyspnœa, but her ordinary breathing was easy, and her voice natural. After she had been some five weeks in hospital, Dr. Purser finding her tumour rather increasing in spite of treatment, and her attacks of dyspnœa being more urgent, asked me to see her with him. We saw her just at the close of an attack of dyspnœa, which had alarmed the clinical clerk and nurse. I found, however, that her breathing was not such as would suggest a tracheotomy, while her lips and cheeks were florid. She had no depression of the ensiform cartilage in inspiration; in short, her paroxysm was over, and did not appear to have been urgent. Her manner was quiet and cheerful and quite free from hysterical excitement. I ascertained the following day that the menstrual discharge had come on, and I expected from the experience of the previous case that relief would follow. In a few days, on the 24th of June, at Dr. Purser's request, the girl was transferred to my ward. On the morning of the 25th on entering the ward I found her asleep, lying with the head thrown back, breathing easily, with a clear florid lip; in fact, but for her bronchocele and her somewhat forced attitude, the picture of health. Unwilling to disturb her, I left the ward, and afterwards, about 11·30 a.m., passing its door on my way out of the hospital, I saw her sitting in bed, laughing. I went and talked to her, cheered her by telling her that I did not contemplate any operation as necessary. I went on my way and she dressed and went upstairs to see the nurse of the ward she left the evening before. She was presently seized with dyspnœa, was laid on the floor, and the resident staff were soon with her; in less than ten minutes she was dead. Meeting a messenger sent after me in haste, I returned to the hospital in a space of time not more than half-an-hour from my leaving it, and found that she had been dead already some minutes. I could make no post-mortem examination. Of this tumour I can only say that it, as the previous one, wanted any sign proper to a vascular bronchocele.

Such, then, are the facts of these two cases, closely similar except in issue, while one at least shows the truth of Petit's description in the disappearance of the tumour as the menstrual function is established.

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It is generally understood that the Duke of Abercorn will be appointed Chancellor of the new University of Ireland.

# DESCRIPTION OF DIFFERENT VARIETIES OF SKULLS AND OF HUMAN REMAINS REFERABLE TO THE TENTH CENTURY, OBTAINED DURING THE RECENT EXCAVATIONS OF A LARGE SEPULCHRAL MOUND NEAR DONNYBROOK, Co. DUBLIN. (*a*)

By WILLIAM FRAZER, F.R.C.S.I., M.R.I.A.

A QUANTITY of human remains were discovered in the vicinity of the celebrated village of Donnybrook early in the month of October, 1879. With these there were mixed the bones of some of our usual domestic animals, which were identified as belonging to a cow of small size, a young calf, sheep and pig bones, and the lower jaw-bones of a large dog, probably a wolf-dog, certainly not a wolf. They were obtained on the grounds that are marked in the Ordnance maps as "Mount Errol," lying to the south of the recently-formed Aylesbury Road, on the field that adjoins Seafield Terrace. An old roadway that is now disused and closed up led along one side of the field, and from this a well-known foot-path went towards Merrion.

The discovery was made owing to necessary excavations for building purposes, and I am indebted to the owner, Mr. Thos. Wardrop, for the ample opportunities I enjoyed for investigating all the circumstances under which this remarkable find was discovered.

In the centre of a grass-covered field, underneath a slightly elevated mound of circular form, lay a great multitude of human skeletons—in fact, several cart-loads were removed and re-interred within Donnybrook churchyard. They lay piled over each other, so far as could be ascertained, over the whole extent in three superimposed layers closely packed together, the lowermost stratum rested upon the surface of the original tough yellow clay soil; into this some of the bones had sunk slightly, becoming imbedded in it, but there was no indication of grave or any excavation for purposes of interment, properly so-called. In the course of time, as decay advanced, these three layers of human bodies had become reduced to a stratum not exceeding sixteen inches in depth; over this had been placed as a covering about twelve inches thick of clay, and in fresh sections it was easy to distinguish this layer from the undisturbed original soil; above all was resting eight inches or so of firm grass sod, that appeared never to have been disturbed or ploughed. I ascertained by measurement that the entire of these slain bodies, with few exceptions, were resting within a circle of fifty feet in diameter, and the total transverse width of the tumulus or clay mound did not much exceed one hundred feet; within this limited space were gathered into a heap possibly upwards of five hundred human skeletons.

The attention of the workmen in Mr. Wardrop's employment was first attracted by their discovering one complete human skeleton placed almost due north and south, its head being to the northwards. This was found outside of and a few feet distant from the great gathering of bodies. It was described to me as having bones of very large size, and at its sides were lying a double-edged iron sword and the rusted head of an iron spear, which were preserved and given to me. At the feet of this man there were found two other skeletons of persons of smaller size, probably women, but all these bones got mixed up with other remains, soon afterwards discovered, and could not therefore be identified. With the sword and spear, I got a skull also given to me that had a sword cut on the frontal bone, and I believe this to be the skull of the first-mentioned body.

The sword is an iron weapon with broad double-edged blade, having a plain transverse iron hilt and pommel. It corresponds in every respect with the shape of the sword which was used by Scandinavians, Danes, or Viking invaders. Examples of such swords are preserved in the Scandinavian museums. The King of Denmark presented one of them to the Royal Irish Academy, and they also turn up occasionally in different parts of Ireland, and are to be found in different museums here. But this special weapon possesses features of peculiar interest, for its hilt and pommel are both richly decorated with an inlaid pattern, worked into the steel, of gold and silver ornamentation; it is thus unique in so far that no other similarly ornamented weapon has been, up to this time, ever found in Ireland, and it corresponds with the celebrated swords we read of in Northern legends, that were borne only by Danish commanders of high rank or distinction. The iron spear-head, likewise, is a recognised Danish form of this weapon, and it still displays on its rusted surface portions of human bone adhering to the rust. More recently three iron arrow-heads were picked up close to the same spot, and also a rude dagger-blade of iron. In the course of the excavations two bronze pins were procured; one had an ornamented top, the other was of the well-known Irish type, with a ring at its upper part. A simple bronze ring was also found upon the finger of a female skeleton, and two iron rings of larger size were also obtained; one of these was taken off from the upper part of the humerus of a girl, which it encircled.

In the classic work upon "British Crania," published by Thurnam and Davis, we have a discovery of much interest recorded that was made at Larne, in the North of Ireland, about November, 1840. In this case a skeleton was obtained buried in a similar manner to the one I have described. The body had been superficially interred without grave or excavation, and covered with soil; at its side lay a spear and sword exactly resembling those I have described, but the sword had no trace of ornamentation. A bronze pin with a ring at its upper part was also found. These were all described by Mr. J. Huband Smith in the Proceedings of the Royal Irish Academy, and the weapons were subsequently further examined and identified by Prof. Retzius as undoubted examples of Norse weapons, and the skull as that of a Norseman. The distinguished Danish antiquary, Mr. J. J. A. Worsaae, likewise claimed the sword and spear as distinctive of Scandinavian arms, and he referred the Larne interment to the period of one of those piratical incursions made by the Robber Vikings to Ireland about the 11th century. In fact, he ascribed it to the period of a battle fought between the Irish and the Orkney Jarl Einar in the early part of that century.

When the excavations advanced southwards into the mound as already mentioned, we ascertained that a great number of human skeletons were contained within it. It included the bones of men and women and children of every age, from the unborn infant to advanced senility, evidenced by finding toothless jaws with absorbed alveolar tissue. Having one day gathered for the purpose all the adult sacral bones that had turned up for some hours of digging, they were examined carefully and measured, and it was found they represented both sexes in nearly equal proportion. The discovery of such quantities of female bones, and of those of children and aged persons, at once showed this must have been a massacre, and not a battle. All the other circumstances observed corroborate this view. Professor McAlister obtained two fœtal femora still resting undisturbed within the cavity of a female os innominatum. This was clearly the remains of a fœtus in utero. I got other bones representing early pregnancies, and have preserved the lower jaw bone and half of the os frontis of an infant at about the seventh month of intra-uterine development, as also the lower jaw of a recently born child.

There were numerous remains of young children, aged from one to nine years; their lower jaws presented every stage of infantile dentition; and from this onwards to youth and perfect maturity, until the last molars are found completely developed, a large series were gathered together. The teeth, as a rule, are found to be unusually strong and healthy. But toothache was not altogether unknown, and sufficient examples of diseased fangs, and even a perforation of the jaw bone from abscess at the root of a tooth, could be recognised. The worn-down

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(*a*) Read before the Surgical Society of Ireland.

condition of the grinding surfaces of these teeth was most remarkable; they show an amount of attrition altogether unknown at present in the British Isles; of course this is best seen in mature jaws, and during advancing life. Excessive attrition is common to all races that use food requiring a considerable degree of mastication; thus it occurs both in those who employ corn ground in hand-querns, in which it becomes mixed with more or less of the sand from the mill; and it has likewise been noticed in tribes that live upon fish diet almost exclusively, as in the neighbourhood of Vancouver's Island. There were further, as I have stated, several jaw bones that had belonged to persons of considerably advanced age, where the teeth had almost or altogether fallen out, and in which the bony alveolar tissue was absorbed, and had disappeared both in lower and upper jaws.

Many of the bodies lay heaped together as if thrown on top of each other in promiscuous groups; but as the excavations were extended towards the east side, Dr. McAlister and I found two rows of bodies lying side by side, placed east and west, on the surface of the soil, the feet of one layer resting upon the shoulders of the preceding skeletons, and several of these skeletons were ascertained to be headless. The heads of some others lay at an appreciable distance from the rest of the bodies, and about this part of the excavation we likewise got groups of human heads collected together, quite separated from their bodies, and put into heaps. Four such groups were uncovered, all arranged along a line north and south, and not far distant from each other. I carefully examined all the heads contained in the last discovered group, which consisted of eight crania. They belonged to persons of advanced age, for the sutures were in process of progressive obliteration, and they had all been injured by perforating fractures of the skull of peculiar character as if caused by some sharp-pointed weapon. After the heads were cut off they must have received rough usage, for all the face bones were broken, so that I could not secure one perfect skull out of the entire. One of the lower jaw bones had also been fractured. I found in another skull not in this group that the nose and part of the upper jaw bone had been cut off.

Amongst the bones which I obtained there are some that appear worth describing, either for their size, or because they present evidences of diseased conditions. The vertebræ and some of the bones of a man were dug up who must have, when living, been of exceptional size. The vertebræ are wider—not thicker—than those preserved in the Anatomical Museum of the Dublin University, belonging to the famous Irish giant, O'Brien, so their possessor was probably a person of great bulk.

Platycnemic tibiæ were also found to be very numerous. Tibiæ of this character are ascertained to be of frequent occurrence in French and English graveyards, referable to dates from the fourth to the tenth century. Their presence and frequency in the Donnybrook find affords us strong additional corroboration as to the early date to which they must be referred. Platycnemic tibiæ were first observed in the family buried at Cro-Magnon in Perigord, referred to the ancient Stone Period, or that when the reindeer roamed over the forests of Southern Europe. From this time they are noticed extending through the ages when polished stone weapons were employed; and out of 200 tibiæ collected near Paris in cemeteries belonging to dates anterior to the tenth century, 5·25 per cent. were of this platycnemic form.

There were some good specimens obtained of bones affected with chronic rheumatic arthritis. The polished eburnation of the head of a femur, its peculiar shape and osseous growths, afford unmistakeable proof that its former possessor suffered from this painful affection, so well described and illustrated by the late Robert Adams. The number of bones thus affected showed that this disease was not uncommon.

There is also a remarkable specimen of depression observed upon the upper portion of the outer surface of a frontal bone. This appears to have resulted from long-continued pressure caused by the growth of some external tumour, most probably a congenital wen of considerable size, or at least one that must have become developed early in the individual's life.

The results noticed of an old fracture of both the tibia and fibula at the upper third are well worth describing. The oblique direction of the fracture is seen, and an enormous mass of callus has united the fractured bones into one, obliterating the interosseous space. The upper end of the tibia is expanded and hollow, and was, it is probable, the seat of a local necrosis.

Two sacral bones of females were picked up, both of which are very crooked, one half being less developed than the opposite, and the coccygeal termination, instead of being in the medial line is at the side. These appear due to some injury sustained in early life.

Portions of the skull of an idiot were likewise obtained; they possess an unusual amount of interest. The frontal bone shows the cranium to have been that of a young person. The orbital openings are placed on a different level, the right orbit being considerably more elevated than the left. The bone itself is imperfectly developed, the entire right half being smaller than the left, and a similar condition is recognisable in the occipital bone. A face such as this individual must have possessed is delineated in Dr. Robert Smith's work on "Fractures and Dislocations." It is described as an example of the rare congenital dislocation of the lower jaw, and on looking at his plate and comparing it with the frontal bone now shown it is impossible not to be struck with their identity of aspect. The subject is so fully worked out by Dr. Smith that it is unnecessary to do more than to refer to his accurate description. He considered this malformation so rare that in addition to his own case he records only one other example briefly noticed by M. Guerin. The case which Dr. Smith published was that of an idiot who died in the lunatic asylum at Island Bridge; the details are consequently most perfect. I regret to say that neither the lower jaw nor any bones of the face are forthcoming of my specimen which I picked out of a mixed heap of bones thrown together, so that although there is every probability of its being an example of the very rare congenital luxation of the lower jaw, we have only the frontal and occipital bones preserved and a portion of the parietal.

Another idiotic skull, that of a microcephalus, is in perfect preservation. It has a fairly elevated forehead, is of neat rounded shape, but the upper jaw is decidedly prognathous, the lower jaw being small and of moderate development; it resembles in miniature in every respect the class of skull which I consider of Celtic or Irish type, and of which I possess several fully developed examples from this find, but it measures in circumference only 438 millimetres. The arrest of its development has not been caused by synostosis, for the sutures are unclosed and perfect, and the age of its possessor is easily calculated, as the third molars are still in process of becoming developed. M. Broca refers to this class of demi-microcephales all non-deformed skulls of males that possess a horizontal circumference of less than 480 millimetres, and of females those under 475 millimetres. If belonging to Europeans they should possess an internal capacity below 1,150 cubic centimetres. This condition of general or partial arrest of cerebral development will commence during the stage of intra-uterine existence, and it therefore constitutes an important anatomical variety of idiocy. The well-known Hottentot Venus, of which I am able to exhibit a portrait drawn to scale, who was exhibited as a show in different parts of Europe several years ago, and whose skeleton is preserved in a Parisian museum, was an example of this idiotic demi-microcephale. Similar skulls are occasionally to be noticed in all our large asylums for the insane and for idiots; and the Aztec children, so-called, who were shown here a few years since, were specimens of microcephalic idiots with dwarfed bodies.

One portion of a skull of unusual thickness was obtained. In some parts it is almost one-third of an inch thick, measuring 15 millimetres exactly. This appears to be a natural and healthy bone, the thickening being caused by no disease whatever.

In considering the shapes of the skulls obtained that belonged to adults for classing them, I have selected out of a large number three specimens which will illustrate the three great divisions of crania which are usually described. Of these No. 44 will represent a dolichocephalic skull, No. 21 an intermediate mesaticephalic form, and No. 22 is brachycephalic.

These classifications, which depend on the relation or ratio that the antero-posterior diameter will bear to the transverse measurement of the skull at its widest part, is calculated by the formula $\frac{\text{Trans. diam.} \times 100.}{\text{an. post. diam.}}$, but such calculations are facilitated by the excellent tables of Prof. Flower, published in the last catalogue of the Museum of the Royal College of Surgeons of England. The index varies from

750 and under for dolichocephali,
750 to 800 for mesaticephali,
800 and upwards for brachycephali.

Now the cranium No. 44 affords us an index so low as 704. This is an exceptionally low result, for the skull of the average Australian savage reaches 71·49, and even the Hottentot amounts to 72·42.

No. 21, the mesaticephalic skull, is found to possess when measured an index of 754; this corresponds with the skulls of the Dolmen builders, and that of the Ancient Egyptians. It also corresponds exactly with the index ascribed by Messers. Thurnam and Davis to the ancient Irish skull. From several considerations I am led to believe this is a typical Celtic or Irish cranium.

But on examining the skull which I first obtained, No. 22, and which, I believe, was that interred with the sword and spear, having the deep sword cut in its frontal bone, the index rises to 833; this is, therefore, a good specimen of a dolichocephalic skull, and it corresponds in its measurements with the skulls belonging to the Croat, different German tribes, and the Finlander. I believe its original possessor was one of the mixed people, who originally came from the shores of the Baltic, and whom we know in Irish History as Pirate or Black Danes.

So far as the general facies is concerned, I think we may safely recognise two different and distinct types. One of these is straight faced or orthognathous; the other possesses a projecting upper jaw, which produces a prognathous appearance. There is no difficulty in distinguishing well-marked specimens of both forms, but some appear with intermediate features.

The skull marked 19 is an example of the orthognathous face,

22 is intermediate,
21 is prognathous.

The little microcephalic skull, as I have already stated, is likewise prognathous. The degree of forward projection of the upper jaw in any skull is ascertained by obtaining the alveolar index, the formula for which is $\frac{\text{basialveolar length} \times 100.}{\text{basilar nasal measure.}}$. Whenever the ascertained index ranges below 980, the face must be classed as orthognathous. An index ranging from 980 to 1,030 is mesognathous, and all above 1,030 fall into the class of prognathous individuals.

When these typical skulls are arranged beside each other, it is easy to see the great and striking differences they present in form, and in the aspect of their faces.

In presenting this brief survey of the leading features of the Donnybrook discoveries, it appears unnecessary to enter more minutely into particular descriptions. I think we can amongst these skulls recognise some which fall under the Scandinavian type of Thurnam and Davis, and that, therefore, will correspond with numerous examples of people still existing in our own land; in Scotland, and in the mratiime districts of the East of England, where Danish settlers planted their numerous colonies. To quote the words of these accurate observers: "The skull is small and regular, has a long slender elevated aquiline nose, closely corresponding with such as prevails in the northern counties of England where Scandinavian blood predominates. A narrow, long, orthognathous face, an upright square forehead, yet neither decidedly broad nor high, having a frontal suture, a long oval outline in the vertical aspect, with distinct parietal tubers, a globose tumidness in the supra-occipital region, and a large foramen magnum."

The lower jaw belonging to this class of skull is distinguished by its massive structure, square outline, and strong everted angles. The lines for muscular attachment are always prominently developed; the chin square-shaped, projecting, and forming a predominating feature, whilst the glossal tubercles are unusually developed, becoming in some even long bony growths.

The second variety of skull is smaller, of mesaticephalic form, and of neat outline, but it presents a prominent prognathous upper jaw, which gives it a very peculiar and distinctive appearance. The nose is short, wide, and often turned up, with depressed bridge. The lower jaw is softer in outline, less massive, rounded, and does not possess the harsh shape and strong markings of the Scandinavian type; the chin is little, if at all, prominent, and the appearance of the face is such as we have numerous examples of still in the south and west of Ireland, especially in inland districts, where the Celt has remained free from intermixture with Danish blood. I believe this form of skull represents a race that inhabited this country from a much earlier date than our Danish colonists.

No such discovery of the remains of races inhabiting Ireland about the 10th or 11th century has been as yet unearthed, and all the circumstances point to about this period as being the time in which they were buried; they, therefore, possess special ethnological interest. They cannot be the remains of persons slain in battle, for young and old, infants and women, idiots and cripples, were alike victims of the slaughter, and that they were also stripped and plundered is shown by the almost total absence of objects of personal ornament or even dress in any form. History, so far as we can ascertain, affords us no record of this exact transaction, but Irish and English annals tell us of similar destructive raids made along all the seaboards of the British Isles from the 8th to the 11th century, by bands of plundering Black Danes or pirates, and whilst we possess tolerably accurate records of such events as then took place in the north and south of this island during these troublous times, unfortunately, all traces of the local events that occurred in the province of Leinster, and especially about Dublin, appear to have perished altogether.

*Additional Notes.*—Since writing the above account I have read over the paper which was published by the late Sir William Wilde, and laid before the King and Queen's College of Physicians in the year 1844, upon the "Ethnology of the Ancient Irish Races." Sir William regarded the question from a considerably earlier period in our history, for his observations relate almost without exception to those forms of crania which are obtained from barrows, tumuli, and kistvaens, all primitive varieties of interment employed by races in Ireland in distant ages, far antecedent to the date at which the Donnybrook mound was formed. The conclusions at which he arrived may be compared, with much interest, along with those that appear justified by our examinations of the Donnybrook remains. Thus he has directed special notice to two different varieties of crania, both belonging to, and distinctive of, our early Irish races, whilst he further figured and described as referable to a much later period in time, the crania of Danish and Scandinavian origin, the latter being similar to those which I have obtained possessing Danish characteristics.

Now of the two primitive Irish races which he designates as Firbolg and Celt, he has given typical figures. One of these, the Firbolg cranium, will, in all probability, correspond with the remarkable dolichocephalic skull that I have described. These "long-headed, black-visaged, dark-haired, swarthy aborigines," possessed skulls that are principally characterised by "their extreme length from before backwards, or what is technically termed the "antero-posterior diameter and the flatness of their sides." He says in addition, "Now we find similar conditions of head still existing among the modern inhabitants of this country, particularly beyond the Shannon, where the darker Firbolg race may still be traced as distinct from the more globular-headed, light-eyed, fair-haired Celtic people who live to the north-east of that river."

The earlier primitive interments of the Celtic race are to be found in kintvaens or sandstone chambers, and probably they were the race that used urn-burial also. Their origin, whence they came, and what countries they inhabited before arriving here, has proved a fertile field for speculation, but still remains an unsettled question. They may be, and probably are, the race termed in old Irish annals the "Tuatha de Danaan," who are said to have invaded and overcome the original Firbolg inhabitants, and they would seem to have introdnced, or at least known the use of, bronze weapons, just as at a much later period, and within historic times, the Scandinavian races were distinguished for their knowledge and free use of weapons made of iron. The crania of these Celts are "better proportioned, higher, more globular, and approach more to the better forms of Indo-European, or Caucasian skulls.

We notice, therefore, in Sir William Wildes' memoir, three separate and distinct classes of skull found in Ireland, the Firbolg, Celtic, and Dane, and it was with much surprise and interest that, after collecting all the crania I could secure from the Donnybrook mound, and submitting them to rigid examination and the most accurate of all modes of testing, namely, careful measurement and calculation, that from the group three different varieties of crania were evolved. One of these—the rarest of all—was a long-headed form of skull of low organisation, that fairly corresponds with that of a Firbolg. Much more numerous were the class of Celtic skulls, properly so-called; and in addition we had types different from both, and ranging themselves with those of Scandinavian origin, and with British skulls derived from Scandinavian ancestry.

I wish to add further, that being convinced from the different osteological peculiarities of the human remains that were obtained in this mound, that further careful research would yield the "humeri with perforation of the olecranon cavity," a characteristic feature of less importance than the discovery of platycnemic tibæ, but still one of much interest and value for corroboration of the primitive period to which these bones must be referred, as it is a condition of bony structure which dates back as an ordinary racial character to the Polished Stone Period, and to that of the Dolmen builders, and might reasonably be expected to be found in conjunction with the platycnemic tibiæ, that I directed the workmen to make special search for these perforated humeri, and they have been accordingly found as I expected they would be, thus affording an additional point of much interest in the history of the discovery and one worth recording.

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## THE HABITUAL DRUNKARDS ACT OF 1879: HOW IT MAY BE ADMINISTERED, WITH AN ACCOUNT OF A RECENT VISIT TO THE AMERICAN INEBRIATE HOMES. (*a*)

By STEPHEN SHUTE ALFORD, F.R.C.S. Eng.

The Habitual Drunkards Act of 1879 is the result of the agitation of a small but influential society, organised on September 22, 1876, when Dr. Alfred Carpenter, of Croydon, presided at a meeting held at the Charing Cross Hotel, and called the "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards." Lord Shaftesbury became the president, Dr. Carpenter the treasurer, and the author of this paper the honorary secretary. To the unwearied exertions of this society the much needed, and at legnth achieved, legislation is mainly due.

The public had long been perplexed by the helpless condition of habitual drunkards, the insane infatuation of their drink-craving, and the consequent abandonment, which tended undoubtedly to the fostering of crime, lunacy, and pauperism; and hence the conviction was entertained that, unaided, they were powerless to extricate themselves.

Mr. Alford showed that the public had long been perplexed by the helpless condition of habitual drunkards. In 1839 Dr. R. B. Grindrod, of Great Malvern, in his prize essay, "Bacchus," showed the great importance of restraining this helpless class, which he held would be an act of mercy. In 1855 and 1857 the Scottish Lunacy Commissioners reported on this question. Dr. A. Peddie, of Edinburgh, from 1858 to the present time, had been continually urging the necessity for legislation for the control and treatment of insane drinkers, and Sir Robert Christison, of Edinburgh, had often brought the subject forward in lectures and addresses.

These had been the pioneers of the movement. An important deputation to Mr. Cross, the Home Secretary, was organised in 1875, and had had a special committee on the question since that time. The more general Society, which was instrumental in framing the Bill and securing Dr. Cameron to take charge of it, was an outcome from this committee. Dr. Forbes Winslow published a pamphlet on "Uncontrollable Drunkenness" in 1866, and Mr. Turner, a solicitor, in 1867, prepared a short Bill as an amendment of the law of lunacy, to include habitual drunkards. In 1868 Colonel Akroyd, with the assistance of the Licensing System Amendment Association, also took up the question, and assisted the late Dr. Dalrymple, M.P. for Bath, who in 1872 obtained a Committee of the House of Commons to inquire into the subject, and framed a Bill on the report of the Committee; but his premature death stopped further progress.

The class intended to be benefited are persons of a susceptible nervous temperament, easily overcome by stimulants, whose nerve-power is soon used up—who, working under pressure, become exhausted, and acquire an irresistible drink-craving, from which, unaided, they cannot extricate themselves. Gross, vicious drinkers are not the class that could often be permanently benefited by this Act. The Act is tentative, only remaining in force ten years, and is in no way compulsory. None can come under its provisions except by their own voluntary act, declared and attested before two justices of the peace. No one can be detained more than twelve months in an inebriate retreat, but during the time of their detention they must submit to the rules of the house. Provision is made for registration and regular inspection, and all retreats are to be specially licensed.

Mr. Alford then gave a detailed account of his recent visit to five inebriate homes in the United States and one in Canada. There are twenty-six inebriate homes in the United States, and charters have been obtained for fourteen more. Most of the local Governments in Canada and the United States have laws recognising and authorising the control of inebriates. The chief obstacle to a more general establishment of these homes, he found, arose from the want of a recognised uniform plan of management. The one inebriate home in Canada is near Quebec, and associated with a lunatic asylum, which hindered its success, but much good had resulted.

At Chicago the author resided for three days in an inebriate home containing 77 patients, with whom he associated and conversed. Many had been sent into the home having no hope or intention of recovery, but from the kind influence exerted had been restored to society. Mr. Alford saw several who had been sent in by justices, who had been

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(*a*) Abstract of a paper read before the Social Science Association, Monday, February 2nd, 1880.

restored for several years, and were most grateful, having full confidence in their permanent recovery, and power to abstain for the future from stimulants.

At St. Louis a sanatorium has been very successful, especially with opium cases, which (the reader found) abounded in America.

At Philadelphia, in the Franklin Home, there were 37 inebriates; much good work had also been done by this Institution.

The author stayed a few days with Dr. Parrish, of Burlington, New Jersey, who had devoted his life to this cause, and who gave evidence in 1872 before the Committee of the House of Commons.

At the Fort Hamilton Inebriate Home, Brooklyn, New York, he resided 11 days. There were 116 patients—90 sent by justices and 26 voluntary patients. This home is subsidised with 15 per cent. on saloon licenses by the State of New York, and receives all hopeful cases committed for drunkenness and crimes which are the immediate result of drunkenness. The Rev. J. Willitt, the superintendent, had had great success, especially in rescuing cases of *mania a potu* from permanent insanity; he considered 45 such cases were saved at that home in 1878. The patients sent in by law do nearly all the work of the institution and grounds, of which there are 26 acres attached to the house. Voluntary patients pay; about £3,000 was received from them in 1879. Fully 35 per cent. of the patients recover and return to society.

The Washingtonian Home, Boston, the oldest in America, had been in operation 22 years, chiefly under Dr. Day, its founder. The author stayed here two days. The plan adopted was chiefly moral, little or no restraint being exercised. Fair success resulted, but more frequent relapses than in other institutions where there is a stricter supervision.

In all the inebriate institutions religious influence was brought to bear, but attendance at the services was voluntary. Six months or more was found necessary for complete recuperation of the will-power.

Mr. Alford then gave examples of several inebriates who had been placed against their will in inebriate institutions; but from the kind and judicious treatment received, and the lengthened period of their forced detention, they had thoroughly recovered—one was then a leading preacher in Boston.

While Mr. Alford was at Fort Hamilton, a meeting was held of influential medical men and others to give him information on the subject. Various resolutions were passed, referring to the successful working of inebriate institutions under proper management. It was considered that there were at least 35 per cent. satisfactory recoveries from confirmed inebriety.

In conclusion, the author of the paper said that several institutions existed in Great Britain for the care and treatment of dipsomaniacs, but their usefulness had been limited by want of proper power of control. Two exist in the south of London, for females of the lower class, at Spelthorne Sanatorium, Feltham, and the St. James' Inebriate Home, Kennington. None exist for males. A society is being formed to establish a "Dalrymple Retreat for the Treatment of Inebriates," under the new Act, to be founded by contributions, but afterwards supported by the payment of patients. This will be at first for males, to meet the demand for such. He hoped the philanthropic public would come forward, and thus afford an opportunity for bringing the Act into operation. He considered £2,000 would be ample for starting such an institution.

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THE fogs in London last week were very destructive to human life; deaths from affections of the respiratory organs rose from 512 to 757. Of these, 531 resulted from bronchial affections, and 149 from pneumonia, besides many fatal accidents in the streets and on railways,

# Clinical Records.

## HOPITAL SAINT-LOUIS, PARIS.

### *Case of General Melano-derma with Lesion of the Supra-renal Capsule.*

Under the care of DR. HILLAIRIT.

THE account of this case was read by M. Gaucher before the Clinical Society of Paris, (*a*) and was that of a woman who died from an affection foreign to the skin trouble, and in whom the autopsy revealed a remarkable lesion of the supra-renal capsules.

The patient, a laundress, æt. 56, apparently of good constitution, and fairly stout, came under M. Hillairit's care at St. Louis, July 1, 1879, for erysipelas of the face, which was cured in a few days without presenting any peculiar features. She had, at the same time, on the left leg, irregular excavated ulcerations, manifestly syphilitic in their nature. There were, besides, on right leg and on the thighs, pigmented cicatrices of a blackish or coppery colour, whose appearance placed the specific origin of these lesions beyond a doubt.

As soon as the erysipelas was cured, the woman was put under iodide of potassium. She did not complain, appeared to have no suffering, her functions were regular, in fact she seemed going to complete recovery, when on the 16th July, during the visit at 10 a.m., her neighbour perceived that she had died suddenly in syncope. Vain attempts were made to revive her by revulsion and even by artificial respiration.

The autopsy was made 24 hours after death with the following results: There was about a glassful of lemon-coloured pus in each pleural cavity, and the same quantity in the pericardium; no adhesions of these membranes.

*Lungs.*—Slightly congested, but no trace of pulmonary embolism.

*Heart.*—Large and dilated, aortic valves sufficient, muscular substance of normal consistence and colour. There were no clots in the heart or larger vessels; the blood on the contrary liquid, diffluent, little changed in colour. There was slight atheroma of the endocardium on the aortic valves and below them. The aorta on the other hand showed advanced atheromatous lesions, at the arch and in the dorsal portion; its internal surface was dull, eroded, and had large calcareous patches. There was considerable dilatation of the vessel, the calibre of which was increased one-half at least. It is probably in this lesion that one must seek for the cause of death.

The arteries at the base of the brain were also slightly atheromatous, but there was no clot in the branches, either thrombic or embolic; not the least alteration of the cerebral substance, or cerebellum.

Except the supra-renal capsules, of which we shall speak presently, all the organs appeared in their normal condition; there was only one calcareous patch on the convex surface of the spleen, and a small supplementary spleen the size of a nut. No lesion of liver or kidneys. No varix of the lower limbs; no clots in the iliac or femoral veins.

These details are given in order that the death may not be attributed to embolism, and there remains no explanation for it but syncope.

*Supra-Renal Capsules.*—These bodies, the alterations in which constitute the interesting part of the case, were of normal size, but fluctuated to the touch. Each of them contained a single cystic central cavity, partly filled, not with liquid, but with a sort of yellowish caseous matter. Under the microscope this matter contained mostly fat, some cellular and nucleated bodies of an undetermined nature, and some granules.

It will be seen that these lesions resemble much those which have been found in a certain number of cases of

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(*a*) *La France Médicale*, Jan. 7, 1880.

Addison's disease, and hence this case appears to me important. It is well, however, to remark that in this case there were no other symptoms than melano-derma, and some of the ordinary phenomena of the "bronzed-skin" disease. Can we conclude that there is a direct relation between a black colour of the skin and lesion of the suprarenal capsules? It is probable, and if these cases multiply we may be able to dissociate in some degree the complete elements of Addison's disease, and to prove that in that affection the melano-derma alone depends upon the suprarenal change; whilst the nervous and digestive troubles, the gradual weakening, and the other symptoms are allied more especially to lesions of the solar plexus and the sympathetic.

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# Transactions of Societies.

## HARVEIAN SOCIETY.

FEB. 5th, 1880.

H. POWER, Esq., F.R.C.S., the President, in the chair.

### TALIPES VARUS IN AN ADULT.

MR. OSMAN VINCENT exhibited a female of 24 years of age, who recently had talipes, her parents having objected to any operation previously. A cast was shown of the foot before operation. She then walked upon a bursa with thickened skin. He first cut the tendons of the tibialis anticus and posticus, and 53 days afterwards the tendo Achilles, there having been much improvement in the meantime. An instrument was exhibited which had been used several hours daily to stretch the tendons and force the foot into its natural form, which is worked by the patient. The patient wore an ordinary boot, and the foot was quite straight, though considerably shorter than the other foot. It was rare now to find an adult case, as almost all are operated upon in infancy. There was no tendency for the foot to relapse in adults.

### KNOCK-KNEE.

Mr. VINCENT also showed a boy of 15, who was born in the country, and who was brought up to London at the age of 6; and who then began to develope knock-knee. He had been treated several times by long splints, but the treatment had never been continued long enough together for success. When first seen by him the ankles could not be brought nearer each other than nine inches. He was first put into a "trough-splint," when he progressed swiftly and steadily; after which he was put into upright splints up to the hips. He can now hold a penny betwixt his ankles with his instruments off. Operative procedures upon the bones in these cases, in his opinion, is unwarrantable when the above results can be attained otherwise.

The PRESIDENT and Mr. WALTER PYE spoke, after which Mr. VINCENT replied.

### NERVE STRETCHING.

Mr. WALTER PYE then read the paper of the evening on nerve stretching. A patient had suffered for many years with severe sciatica, for the treatment of which huge doses of morphia had been used. The patient was in severe pain when not under the influence of morphia. The nerve having been laid bare, it was pulled backwards and forwards forcibly with from eight to ten pounds pressure. The wound healed well, the pain was lost, and some paresis followed. The paresis wore off, and some pain was felt in the lower leg, but there was no return of the sciatica. The patient was able to resume work. The sciatica was probably rheumatic. The list of cases of nerve-stretching yet performed is not large enough to settle the question of the justifiableness of the operation. Mr. Pye then reviewed very carefully the history of the operation. It has been less successful in the treatment of tetanus than neuralgia. When the nerve was compressed by an inflammatory area the operation promised well. In cases where the skin had become altered a change towards the normal condition followed as well as the relief of pain.

The PRESIDENT and Dr. VEREKER BINDON spoke, after which Mr. PYE replied, and the meeting then adjourned.

## EPIDEMIOLOGICAL SOCIETY.

Sir JOSEPH FAYRER, K.C.S.I., M.D., F.R.S., President.

AT a meeting of this Society, held in University College, Gower Street, on Wednesday, Feb. 4th, Deputy Surgeon-General EWART, M.D., read a paper on

### ENTERIC FEVER IN INDIA, WITH SOME OBSERVATIONS ON ITS PROBABLE ETIOLOGY IN THAT COUNTRY,

of which the following is an abstract:—

That enteric fever has long found a congenial home in our Eastern empire may be gleaned from the classical works of Clarke, Annesley, and Twining, but the honour of first identifying it there on the perfected lines laid down by Gerhard, Stewart, and Jenner, belongs exclusively to Surgeon-Major Scriven, of the Bengal Medical Service, who proved the existence of this disease by a post-mortem examination of a case at Meerut, in November, 1851, and who subsequently published notes of cases met with in Burmah and Calcutta. The subjects of the disease were young Europeans. In the latter part of 1855 Dr. Ewart detected enteric fever among the native prisoners in the Ajmeer jail, Rajputana, and published in the seventh number of the "Indian Annals" an epitome of the symptoms and post-mortem appearances found in these cases. In this paper he stated that without scrutinising post-mortem examinations in fatal cases of so-called remittent fever the diagnosis must be doubtful, and he suggested that many of these might be examples of typhoid and typhus fever. Dr. Ewart subsequently recorded well-marked cases of enteric fever occurring in a native regiment in Kherwarrah, Rajputana, and the aborigines of the district, especially in the autumn and early months of the cold or winter season, when the worst forms of malarious remittents abound. In 1860 he noticed the prevalence of relapsing fever, and that many of the so-called malarious remittents were simply typhoid or typhus fever marked by malarious poisoning. Frequently the patient succumbs to the combined influence of the enteric and malarial poisons at an early period of his illness. In three of his patients in Calcutta who died after being ill from eight to twelve days, there was very marked prominence of the agminated glands. Had these patients survived long enough the glands would have ulcerated. In both natives and Europeans who have suffered from malaria the morning remission of temperature is more marked during their attack from enteric fever. In natives the rash is present, but is less obvious than in Europeans. There is no intimate relationship between the alleged potential cause of genuine paroxysmal fevers and the poison of enteric fever. Nor is it necessary to accept in its entirety the pythogenic theory of the origin of the latter disease, yet the intensely insanitary condition of the cities, towns, and villages throughout India renders it inexpedient to dispense with the pythogenic theory as unquestionably the best working hypothesis hitherto advanced to explain the endemic prevalence of the disease in that country. Whether or not the poison can be generated in such a nidus *de novo*, it is in some way or other intimately associated with the presence of animal matter or filth undergoing putrefactive metamorphosis. When he detected enteric fever among the native prisoners of the Ajmeer jail, no word-painting could exaggerate the abominable filthiness of the sleeping accommodation set apart for convicts. A few earthenware vessels were provided as urinals and commodes. The filth was taken away, but much of it was washed into narrow channels leading to a cesspool adjoining the wall from which drinking water was drawn. In Calcutta enteric fever was most abundant in the autumn, and the modifying power of malaria most apparent in the autumn and first half of the cold season, becoming less so in the middle and end and scarcely perceptible in the remainder of the winter and during the hot months. Strangers of the dark and fair races were most exposed to attack. The same insanitary conditions considered to be at the foundation of the disease in temperate regions, exist to a very marked extent in Calcutta. Until the last few years filthy open drains lined the streets of the European quarter as these did down to 1876, and do now in most parts of the native town. The sewers also are faulty in construction, being porous, and not lined with any impervious material. The sanitary defects of the native town exist in an exaggerated degree, the water supply being in many instances very impure. The reports of the sanitary commissioners throughout India show that similar insanitary conditions are common throughout the whole country; but we are met with the assertion that such conditions do not exist in military hospitals, barracks, and stations. They are to be found, however, in unmitigated intensity in bazaars frequented by the soldiery. The sanitary perfection of these parts is, therefore, outside the question. There is no reason to deny that enteric fever in India is due to the same source or causes which in some way or other are considered potential in its production in this or temperate climates. In short, there is nothing repugnant to the Murchisonian doctrine that in its etiology it is intimately associated with the presence of animal or fæcal filth. The fever would be still more frequent in India than it is if the superabundant filth everywhere met with were not exposed daily to the powerful antiseptic influences of the atmosphere and the sunlight. In the Madras Command there has been difficulty in tracing the disease to pythogenic causes, notwithstanding the fact that the military stations are surrounded with filthy bazaars. In this investigation there is no evidence to show that the incubating period of the disease had been sufficiently considered. Until this has been done it is premature to look for other than pythogenic causes. The opposition to the received opinions regarding the causation of enteric fever will do no harm, because, as we already know, it has stimulated research and clinical observation. This is already evident from the fact that in the last report of the Surgeon-General several well-marked cases of the disease are recorded in great detail. In conclusion, Dr. Ewart protested against the present system of deodorising the evacuation of enteric and cholera cases simply by the use of dry earth. Carbolic acid, chloride of zinc, or sulphate of iron solutions should be employed. If not available they should be burnt.

In the discussion which followed the reading of the paper, Sir Joseph Fayrer, Surgeon-General Murray, Surgeon-General Gordon, Surgeon-General Francis, Dr. Norman Chevers, Surgeon-Major Don, Mr. Smee, and Dr. Theodore Duka took part.

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## SURGICAL SOCIETY OF IRELAND.

### SESSION OF 1879-80.

A MEETING of the Surgical Society of Ireland was held in the Albert Hall, Royal College of Surgeons, on Friday evening, January 16, 1880. Dr. MAPOTHER, President of the College, occupied the chair.

Mr. B. WILLS RICHARDSON, Hon. Sec., read the minutes of the previous meeting, which were signed.

### VESICAL CALCULUS.

Mr. B. WILLS RICHARDSON exhibited a specimen of calculus which he removed from the bladder of a boy, æt. 4, a few weeks ago in the Adelaide Hospital, and which was remarkable for its shape, its longest diameter being 1 in. 6-8ths, and its shortest 6-8ths of an inch only. It seemed to have formed a bar across the bladder, both ends being thickly capped with triple phosphates, the middle portion being scarcely at all coated with them. Mr. Abraham, the College Curator, had kindly made a section of, and analysed, the calculus. He states that it is composed chiefly of uric acid deposited in concentric laminæ, the incrustration being triple phosphates. Owing to its great relative length he (Mr. Richardson) thought it might contain a nucleus formed by some foreign body, straw or a bit of stick, for example; but there was nothing of the kind, the nucleus being also formed of lithic acid.

### CARIES.

Mr. WHEELER exhibited the right arm of a lady, æt. 68, which he amputated last Tuesday, for caries. About two years ago she was seized with pain in her arm and elbow-joint, for which she was treated homœopathically. She does not appear to have permanently benefited by that treatment, for an opening formed near the external condyle. On passing a probe the real nature and extent of the disease were obvious. I explained to the patient that amputation would be necessary. This was also the opinion of Mr. Butcher. I promised, however, first to try removal of bone only. To the affection as it appears here some apply the term atonic caries. The points in the specimen are most important to be observed in order to form a correct diagnosis. The opening in the skin is thin and undermined; the edges are sharp, not fungating; there was a serous discharge, commonly called "ichorous pus," not that stringy, pus-like synovia; the cellular tissue and the skin are œdematous, and where I made the examination with the probe I came at once on roughened bone. All these points indicated atonic caries, not exuberant or fungating caries, and therefore less hopeful for conservative measures. Not a vestige almost of the large synovial membrane is to be seen, save where it lines the olecranon depression. The lateral and anterior ligaments are intact. The orbicular ligament is partially destroyed close to where the synovial ligament pouches towards the lesser sigmoid cavity. The olecranon is denuded on its articular aspect, and its posterior surface is rough and worm-eaten. The ulna is diseased for about half-an-inch. The head of the radius has lost its cartilaginous covering, and is carious on its inner side. This portion of bone was lying loose, separated from the outer and anterior part of the much diseased inner condyle. The external condyle is partially separated, roughened, and worm-eaten in appearance, as also the shaft of the humerus for about four inches up.

Professor BENNETT read a communication on

### ACUTE MENSTRUAL GOITRE AND ITS TREATMENT BY TRACHEOTOMY.

which will be found upon page 101.

The PRESIDENT said he was sure anyone who had heard the paper read, or who would hereafter read it, could not fail to feel intense interest in it as dealing with a very original subject, and showing the prompt operative skill with which one of the cases was met. He asked Mr. Bennett if, in reading up the literature of the case, he had found that the disease was confined exclusively to females, and connected with the menstrual functions.

Mr. ED. HAMILTON inquired what was the cause of death in the second case, in which it seemed to have occurred with great rapidity, and could scarcely be accounted for by anything like congestion in the thyroid body. It seemed to him that death had occurred through spasm affecting the muscles. Dr. Henry Kennedy had reminded him of a proceeding by which in such cases a free division of the fascia covering the enlarged thyroid body might be attended with some relief, independent of the operation of tracheotomy. Of course that proceeding would be attended with the danger of hæmorrhage if the deeper structures were wounded. However, he had some recollection of a case in Steevens' Hospital in which the operation was attended with great relief. The patient, who was under the care of the late Mr. Samuel Cusack, was suffering from intense dyspnœa, and the division of the fascia over the gland gave considerable relief. There was another mode of practice also that might afford relief, namely, the application of leeches in large numbers to the gland. Dr. Bennett's paper was of great interest, dealing as it did with a subject that was to a great extent new.

Mr. STOKES asked if there was any special reason why operative interference was not had recourse to in the second case? In reference to the operative procedure in the first case, the patient was still wearing, and likely to continue to wear, a tube in the trachea, and he suggested whether the old practice, now obsolete, of cutting a circular piece out of the trachea and establishing an aërial fistula might not obviate the necessity of wearing an artificial tube in the wind-pipe. He was not aware there had been any similar cases, in Dublin at all events, put on record, and therefore the value of the communication was very much enhanced.

Dr. WM. FRASER said the only case of tracheotomy he ever saw for goitre occurred in the practice of the late Dr. Hutton in a lad, æt. 11. In that case the obstructing cause was considered to be a prolongation of the gland behind the trachea, and between it and the œsophagus. He was long in hospital, and was saved from suffocation by the operation.

Mr. HENRY GRAY CROLY referred to the case of a boy, æt. 14, who suffered from acute goitre, where the isthmus of the thyroid body passed between the œsophagus and the trachea, producing croupy breathing. The symptoms were relieved by the rapid introduction of iodine. He had seen cases where patients, the subject of goitre, were attacked with cellulitis of the neck, and where free incisions dividing the cervical fascia had relieved the symptoms.

Prof. BENNETT replied. He said the President's question was, he thought, answered by Dr. Fraser. In looking through the literature of the subject it was notorious through all authorities, both as to vascular and as to endemic, and also with reference to goitre development at the period of puberty, that the young male to a certain degree was just as liable to it as the young female. Mr. Hamilton had asked how the second girl died. She died, he had no hesitation in saying, of apnœa or asphyxia, indicated by the livid face and bloody froth in the mouth. He saw the dead body, and the lips were frothing just as if she had been strangled. No doubt the division of the fascia had been attended with success. The late Mr. Maurice Collis told him of a case of the kind at the Meath Hospital, where he operated, not so much for enlarged thyroid as laryngeal distress of an unexplained character, supposed to be hysterical. Sir Philip Crampton was present, and said the case was a suitable one for tracheotomy. In reference to Mr. Hamilton's suggestion of leeching, the advisability of such a course of procedure was discussed in the second case, but not in the first, in which the necessity for prompt action was too great to wait for that method; and in the second, looking on the disease as rather anæmic, to establish a complete menstrual flow they did not think leeching would tend in that direction. However, the experience of the two cases would incline him not to leech, but to bleed at the bend of the elbow, and see the result. That course did not occur to them in either of the cases. Mr. Stokes asked why operative interference was not undertaken in the second case. That was a question he could not answer, because he was not present; but he had no doubt if operative interference had been undertaken it might be attended with success. However, no operative interference was attempted, the surgeon present not being willing to undertake it. As to establishing an aerial fistula in the trachea, he was quite satisfied it was not the tracheal opening in which a tube had been worn that contracted, but the skin and superficial parts contracted, so as to close the wound, and he would not trust for any length of time to a fistula in an individual in the condition of the girl in question; he would far prefer to leave in the silver tube. Mr. Croly had alluded to a group of cases where the isthmus of the thyroid body passed between the œsophagus and the trachea, or even behind both; but such cases were exceptional in their nature, and due to the position of the body rather than to sudden disturbance, so that they were not cases in point to consider at present.

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# Department of Lunacy.

## DR. BUCKNILL ON PRIVATE LUNATIC ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to thank you most sincerely for your able leader in defence of an honourable body of gentlemen, whose reputations have been so foully aspersed by Dr. Bucknill. At the same time, I shall be glad if you can accord me space in your valuable columns for a few words on a matter which is of such vital importance to the profession and the community at large. I was present at the adjourned meeting of the Metropolitan Counties' Branch of the British Medical Association on Wednesday last, when I made the following remarks in reply to Dr. Bucknill's attack of the previous meeting. I said:—

"There are few subjects that can engage the serious attention and consideration of the friend of humanity of more importance, and, at the same time, of more painful interest, than the condition of the insane. Degraded below his species, and reduced to the level of the beast which perishes, the hapless lunatic wanders, frail, helpless, uncared-for, on the shores of this great universe, depending for very existence upon the sympathy of those more fortunate. But, alas! too often those under whose supervision he has been placed, instead of being assisted and aided in their sacred mission to bring him back to light and reason by kindness and protection, are harassed and interfered with in their work by unjust accusations and groundless assertions on the part of some persons who are strongly prejudiced.

"I approach a consideration of the subject in no unfriendly spirit with the gentleman who opened the debate on the last occasion. Dr. Bucknill is one for whose opinion I have always entertained the greatest respect and esteem, and from his world-wide reputation and skill, it is with a certain amount of apprehension and diffidence that I find myself, as I do on this occasion, diametrically opposed to his views. I trust that any remarks I may make this evening may be accepted *cum pleno animo*, and in no other way. The question of the abolition of private asylums is one which, from time to time, has cropped up generally as a rule after some sensational case of lunacy which has occupied the attention of our law courts, and has been made a *bête noir* for attacking these institutions and their proprietors. It is an extraordinary fact, however, that in all the recent great lunacy trials private asylums have come out of the attack without a single impeachment against them, whilst their proprietors remain unspotted and unscathed. Notwithstanding this, the cry is still for their abolition. For many years committees of the Houses of Parliament have sat at various intervals to discuss private asylums and their management. Mainly through the exertions of Lord Shaftesbury, we have our present Act, 8 and 9 Vic., cap. 100, sec. 96, and which many attempts have been made to upset. I think, however, I must draw your attention to the late Committee of the House, which sat two years back. After various allegations and accusations had been brought against proprietors of private asylums, and the evidence had been heard *pro* and *con.* the following appears in the Report of the Lunacy Committee as the result of their investigations—that no *mala fides* has been proved against the medical proprietors of private asylums. After this the matter should have ended, at least, for the present. It has, however, been again brought forward with renewed vigour and renewed opposition. In the year 1859 Lord Shaftesbury gave evidence before the then sitting Lunacy Committee, which was condemnatory of private asylums, but at the recent investigation by the Lunacy Committee he said, in reply to a question as to the present state of private asylums—'At present, from a variety of causes, the licensed houses are in a far better condition in every sense of the word. More is expended on them by the proprietors, and I must do them the justice to say that the change is very great, and, so far as the evidence I gave in 1859 is correct, I should not give it now. I can speak in high terms of many licensed houses and their proprietors, but I will add that if you relax your vigilance ever so litte, whether it be of licensed houses or of hospitals, or of county asylums, the whole thing will speedily go back to its former level.' These are the words and the opinion of one for whom we have the greatest respect, as he speaks authoritatively on the question.

I am not here this evening to defend our Act of Parliament, but to endeavour to show that we perform our duties in a right spirit. Is it just that the proprietors of private asylums should be held up to opprobrium? Individually speaking, which may also be taken as the opinion of those physicians and surgeons who are the licensed proprietors of private asylums, I say that when it can be proved that we have detained patients in our asylums longer than is absolutely necessary for their welfare and cure, or have received them when we ought not to have done so, so soon I say erase our names from your medical associations, strike us out from being members of our medical corporations, deprive us of those diplomas which we have so honourably obtained, and of those degrees which we have earned—banish us, I say, from society, and leave us to grovel about the earth as a disgrace to humanity; therefore, anyone who so insults medical proprietors of private asylums, insults the whole of the profession. For have we not studied at the same medical schools? Do we not hold the same degrees? Have we not had the same medical teaching, the same moral and social training as you? Have we not all the same feelings and desire to act honourably? The poor unhappy persons are not now chained like felons to some foul pestilential dungeon, there left to the gaze of those anxious to gratify a morbid curiosity. Gratitude and immortal glory must be given to those who exposed and laid bare these frightful atrocities, and so assisted the physician "in ministering to a mind diseased," and those names will stand prominently and most honourably forward in the history of civilisation. Philanthropy was never more needed or employed to better purpose.

I have no wish or desire to attempt to suggest legislative measures for private asylums; suffice it to say that I shall hail with pleasure my clause in the new Act, which shall be of itself sufficient to protect proprietors from a possibility of accusation. I have simply come here stung to indignation with the unjust stigma, and to maintain and protect what is dearer to an Englishman than his life, his honour—this I have come to-night to vindicate.

"He who steals my purse steals trash,
But he who filches from me my good name,
Robs me of that which not enriches him,
And makes me poor indeed."

I am, &c.,
L. S. Forbes Winslow, D.C.L. Oxon.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a superintendent of a Private Asylum, I cannot refrain from offering you my best thanks, and at the same time expressing my entire concurrence with the article in the *Medical Press and Circular*, January 28th, animadverting upon the statements made by Dr. Bucknill in a paper read at a recent meeting.

The sweeping assertions made against us as a class, by Dr. Bucknill, I think compel all medical superintendents to indignantly repudiate the scurrilous accusations against their honour and integrity.

Enough has been written and said explanatory of the improved means adopted in the present day, for the care and treatment of the mentally afflicted, both by those interested as I am, and by Government officials, to satisfy most ordinary mortals, and convince them of the groundless nature of this attack. The remarks Dr. Bucknill made with respect to our pecuniary motives in keeping private asylums, were most ill-advised and defamatory. What has been the motive of his medical career? Has it been pecuniary gain and celebrity, or simple philanthropy? One feels tempted to ask on what he lived—on "humanity," just as likely as on air. We cannot live on "humanity" without some small concomitants, though I expect we possess that virtue nearly in the same degree as Dr. Bucknill professes to do. We might fairly have expected something more reasonable from a gentleman so long a member of our profession. The old adage, "*Ingenuas dedicissi fideliterertes emollit mores nec sinit esse feros,*" seems to have signally failed in this case. Has he in the course of that period been guilty of such enormities, that he now repentantly judges others by himself?

I am fully aware that in his time the regulations were not so stringent as at present, and that laxity of management in different asylums was often reported; but I can boldly assert that such would not now be practicable, and further that the reports now issued are almost universally favourable.

In conclusion, I may say that I quite agree with Dr. Bucknill that asylums should be acquired by the State. I am perfectly willing to part with my own, though it has been in the possession of the family for many years, but I cannot tamely submit to the insulting arguments he adduces to gain that point.

I am sure that no one member of the general public who understood the amount of anxiety and work arising from the duties of a superintendent would begrudge him his remuneration, much less insinuate, as Dr. Bucknill does, that it was gained disreputably.

I remain, yours, &c.,
Superintendent.

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At the fortnightly meeting of the Metropolitan Asylums Board, on Saturday last, an outbreak of fever was reported on board the training ship *Shaftesbury*. Four boys had been removed to the Homerton Fever Hospital, where one had since died, and steps were at once taken to limit the outbreak to the cases which had already occurred.

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Three coroners' inquests were held in London on Saturday, on the bodies of cabmen who had died from lengthened exposure to the fearful fogs of last week. The number of deaths from this cause, and from accidents occasioned thereby, will probably never be accurately ascertained; but their persistence for a whole fortnight is almost without a parallel, and the increase in the death-rate in consequence exceedingly great.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 11, 1880.

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## DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION?—III.

### THE INDIRECTLY CHOSEN REPRESENTATIVE OF THE LICENSING BODY.

Passing from our criticism upon the Crown nominees, upon the representatives of self-elective cliques, and upon those members who are chosen by executive Councils who are themselves elected by the fellows or medical graduates of licensing bodies, we complete our analysis by reference to the two remaining classes of members of the Medical Council.

The first of these divisions includes the members who are chosen by a mixed constituency of whom but a small proportion are medical men, the vast majority of the voters for a representative being persons who have neither knowledge of the functions nor much interest in the policy of him whom they select.

It will be observed that in these three Universities the representative is elected not by a family party as in Class 1, to which we have already referred, nor by a conclave nominated by the Crown, as in Class 2, nor by an elected council, as in Class 3, but by the direct vote of the entire constituency of graduates, medical and non-medical. Thus the gentlemen returned for these three Universities may certainly claim to speak the mind of the bodies for which they act, and to hold their seats by a constitutional tenure of office.

The following table makes this manifest:—

*Licensing Bodies whose Representative is Elected by a large number of Members.*

| Name. | By whom representative elected. | Number of Electors. | Number of Medical Electors. | By whom Electors Appointed. |
|---|---|---|---|---|
| Oxford University | Convocation | 5,026 | Say 100 | Elected by graduation |
| Cambridge University | The Senate | Nominally 5,500 actually about 250 | Say 100 | Elected by graduation |
| Durham University | Convocation | 280 | Say 25 | Elected by graduation |

But then the mind of the University in such a case is not a medical mind, and it will be plain from the foregoing table that these representatives are not in any fair sense the mouth-pieces of the profession. They are the chosen of nearly 11,000 University graduates, of whom, however, only about 225 are medical men. In other words, these gentlemen are the nominees of, say, 40 clergymen, barristers, and men of property for each medical man, and they therefore cannot be supposed to be even remotely influenced by the votes of the medical portion of their constituencies.

If, indeed, we need an illustration of the open contempt with which the opinions of the profession are treated by certain members of the General Medical Council, we will find that illustration in the person of Dr. Acland, who represented for twenty years the University which stands first on the foregoing list. Dr. Acland has been placed in the Presidential chair of the Council, although he has been at pains to express his entire disregard of the opinions of the profession on all material matters. He has treated with contumely the united remonstrances of English medical men as to his annihilation of the Oxford medical school. He has publicly displayed his carelessness for the opinions of his professional brethren, by his evidence before the Select Committee, and he has by his recently-printed answers to the recommendations of General Medical Council audaciously set at nought the requirements of the body over which he presides. We conclude that if the voice of the medical profession were as strong in the Medical Council and in the elective constituencies as it ought to be, and as it may be supposed by the public to be, Dr. Acland would not dare to treat our feelings and interests in such a way, and we are fully entitled to argue that he and others do so because they feel themselves wholly independent of the doctors and because they speak within a tribunal which itself has no regard for medical opinion.

The constituencies of these five bodies possess to the fullest extent their power over the acts of their representative, and their delegates may claim to be the embodiment of their opinions, interests, and feelings. The representatives of these five bodies are indeed the only delegates out of the whole Council of twenty-four which represent truly the opinions of the voters, in whose behalf they speak.

The last class of the Medical Council to whom we have refer to include the only five members who have any real claim to represent medical opinion. They are as follows:—

*Licensing Bodies whose Representative is Elected by Members of the Body.*

| Name. | By whom Representative elected. | Number of Electors | Number of Medical Electors | By whom Electors appointed. |
|---|---|---|---|---|
| College of Physicians, London .. .. | The Commonalty under Charter of Henry VIII., and Act 14 and 15 Henry VIII., cap. 5 | 307 | 307 | Themselves. |
| College of Surgeons of Edinburgh.. | The Fellows .. | 399 | .. | Themselves, partly by ballot, partly by examination. |
| College of Physicians of Edinburgh.. | The Fellows of the College who are on the roll .. | 73 | 73 | Themselves. |
| The Faculty of Glasgow | The Fellows .. | 170 | 170 | Themselves. |
| College of Physicians in Ireland .. | The Fellows .. | 52 | 52 | Themselves by ballot. |

We must point out, however, that, even in some of these bodies, the representative *locus standi* of the member is not very exalted. We do not consider that those Councillors who are chosen by a conclave to which admission is obtained by a secret vote can boast of representing anything but a family party; and this objection to their representative status is intensified when the family party is a small one. For instance, the representative of the Irish College of Physicians is a nominee of ostensibly 52—actually about 35—voters, and within the sacred precincts of the Fellowship of that College, no one would have a chance of entering if he were known to entertain aggressive views of any sort. We mean no disrespect to the Fellows of that College, they are as all must be who elect themselves, for reasons of which personality is one. We therefore cite the fact simply to show that the Medical Council representative of that College, or of any college similarly placed, does not stand upon ground as firm as that which he would occupy if he were the chosen of those who could prove their claims to the highest qualification granted by his College. He is certainly the direct nominee of graduates who are justly entitled to nominate, and, *pro tanto*, is a true representative and subject to their control, but he cannot be supposed to reflect the views of the profession at large, as we hold that every member of the Council should do.

Having thus concluded our analysis of the constitution of the General Medical Council, we believe we may claim to have demonstrated—

(*a*) That that body is *not* a medical Parliament, whatever it may be.

(*b*) That it represents educational cliques and professional respectability, but certainly not the medical profession.

(*c*) That not much more than one-twentieth (1,384 out of 22,841) of the entire profession have any power whatever of expressing an opinion as to the fitness of individual members, and

(*d*) That that twentieth are, as a matter of fact, utterly overwhelmed by the votes of laymen who know little, and in most instances care as little for the needs and aspirations of medical men.

We shall next week point the moral of our criticism by a few words on direct representation, and on the indefeasible right of our profession to speak with authority in the tribunal which settles our affairs.

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## THE HABITUAL DRUNKARDS ACT OF 1879.

The Society to whose unceasing exertions must be chiefly attributed the provisional Act of Parliament which came into operation on the first day of the present year convened a meeting on Monday, the 2nd Feb., to consider the probable consequences of the Bill. Mr. Stephen S. Alford, F.R.C.S., contributed a paper detailing his experiences of the working of inebriate homes in America, an abstract of which paper is contained in our present issue. From it the assurance is derivable that a very considerable benefit has been effected in the way of reclaiming those patients who have availed themselves of the restraining influence exercised on them, during their voluntary stay in the asylums. The success shown to have been secured in America is a very encouraging indication of the good results which can be expected to come of a healthy and firm system of treatment in these cases; and in the light of the most generally accepted theory that dipsomania is most accurately described as a specific disease, there is a manifest reason in the legislation which would provide for the proper reception and curative treatment of such as are sufferers by it. The tendency of the discussion which followed Mr. Alford's address was to admit the truth of this, but at the same time, to deprecate the halting inefficiency of a measure which stops short of insisting on the compulsory incarceration of those who are evidently permitted to be at large only at the expense of public safety. Too little emphasis, we cannot but feel, was laid on the important truth that the confirmed drunkard is as much a dangerous unit at large as is the lunatic, against whom summary proceedings are at once instituted as soon as his condition is known to the authorities. In hearty sympathy with the unwillingness to advert too harshly to a distressing infliction, and anxious to deal as gently as may be with the delicate considerations which hedge round the question, we are compelled, both from the experiences of ourselves and of numerous other observers, to believe that habitual drunkenness is as deadly a disease of modern life as the most fatal of nervous affections; not directly so much as by the indirect effects it produces on the drunkard himself, and—a far more important consideration—the evil it transmits by heredity. The hereditary tendency to drunkenness cannot be doubtful in face of evidence such as was afforded by Mr. Saunders, who speaking to the motion before the meeting, called attention to a speech of Sir Henry James, reported in the *Times* of Jan. 27th. The occasion referred to was that of the trial at Exeter of a man for the murder of his wife. In defending the prisoner, Sir H. James said there was the clearest proof that the culprit had inherited the passion for drink, and that the commission of the crime was solely attributable to a diseased condition due to its indulgence. Such cases are not uncommon, and are eminently fitted to be dealt with under a compulsory law.

The weak points of the existing Bill are chiefly two. In the first case it can be productive of little general advantage, since it enacts that preliminary to being confined in a retreat, the patient must voluntarily publish his condition before two magistrates, and avow his desire to become subjected to restraint; after which he is bound for a period not exceeding twelvemonths to remain under the rules of the establishment he elects to be confined in. The class of people who are likely to be assisted by the new institutions are just those who will least willingly submit to the indignity an exposure of their want of self-regulating power must entail; and this fatal flaw in what might have been a highly useful measure will go far to make the attempt at legislation an abortive effort to produce a good result. That voluntary seclusion, without the legalisation of compulsory retention for a period, fails of success has already been proved in this country. An experiment in this direction was some few years ago made by Dr. L. S. Forbes Winslow, and, under the most perfect management, being given a fair trial, it resulted in nothing, save heavy loss to the proprietor of the institution. This should go to show the commercial absurdity of the sixth section of the Act, which prohibits the granting of a license to any person who is already licensed to keep a house for the reception of lunatics. The direct connection between insanity and habitual drunkenness should be manifest even to lay perceptions. It is difficult indeed to comprehend how the framers of the Bill could have permitted this clause to be finally included. It is, of course, possible that the ten years which the Act is to be in force, will be a sufficiently lengthy time to demonstrate the shortcomings which are already patent to the majority of the profession; but—and here is the second weak point in the Act—this time-limit will itself be productive of defeat to the whole scheme. It had surely been a better plan to leave the question of its terminability entirely open, for at any time an influential representation of its inefficiency, or a popular outcry against its working, would have secured an inquiry that would effectually expose and amend it. So long as the prohibitive restrictions that now beset alike intending patients, and homes and retreats continue, so long, that is, as the appearance of legislation embodied in the Act of 1879 remains the only basis for the erection of checks on crime incident to habitual drunkenness, so long one of the diseases most inimical to the progress of civilisation will flourish unabated in our midst. That 90 per cent. of American patients in retreats, are voluntary inmates, lends no support to the theory that even 1 per cent. of the better class English dipsomaniacs will publish their desperate condition in the hope of regaining health, which must always be associated with the knowledge of disgrace under such conditions. Common sense reasoning infers that if a dangerous lunatic may be secured, and isolated in the interests of public safety, then equally ought the no less dangerous moral infection of drunken contagion to be forcibly prevented from spreading an injurious influence about. And again, who, more than the experienced in the care of insane patients, is fitter to direct the treatment of cases which are admittedly akin to mania. The original conception of the Act was a sweeping measure, which, it might have been hoped, would do considerable good. But the puerile, faltering fulfilment of the idea, that now tantalises the wretched victim of intemperate habits with the suggestion of cure, while it effectually bars the way to improvement by the erection of ridiculous hindrances, deserves, as it is receiving, the indignant condemnation of the earnest reformer.

Endeavouring to make the best of an unsatisfactory measure, the "Society for promoting Legislation for the Control and Cure of Habitual Drunkards" has decided to open a retreat to which impecunious persons may be sent. Dr. Hardwicke, coroner for Central Middlesex, expressed the opinion that the aims of such a retreat would be assisted if magistrates would offer the option of retirement to it rather than to prison, when cases likely to be benefited thereby were before them in the police courts, and undoubtedly this is true. Much, however, will depend on the judicious selection of the cases at first, for the promoters of the "Dalrymple Home" must be duly mindful of the fact that its success will be taken as a critical test of the value of the Act in operation; and accordingly as they can show a good or an indifferent report the ultimate future of the movement for compulsory powers will be effected. Dr. Norman Kerr rightly declared that the movement is nothing more than a farce until it results in definitive and productive action; but we doubt his estimate that a *small* house even, at all commensurate with the requirements of the scheme, can be maintained ten years for £10,000. However, the appeal has gone forth, and we trust that it will be responded to in a manner that will enable the committee to do something. That this something, under the shadow of an Act that will regulate the conduct of the committee, will amount to much we are less sanguine. But we can at least hope and feel the best that can be done will be done to prove that a comprehensive and consistent measure is necessary, and will be beneficial.

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## THE SENATE OF THE NEW IRISH UNIVERSITY.

SEVERAL speculative lists of the Senate of the New Irish University have been published, but as it is understood that none of them are strictly accurate, we refrain from reprinting them. It is, however, of much importance to the profession in Ireland, that the governing body of the institution which is to supersede the Queen's University, and to compete with the University of Dublin, shall have a sufficient medical and surgical element within it. This is decidedly important, because the terms upon which medical and surgical qualifications are to be granted are not formulated, either in the Act of Parliament or the New Charter, but will be wholly at the discretion of the New Senate; and if that body should be inadequately informed as to the necessities of medico-chirurgical education and qualification in Ireland, the new order of things might raise up a system even more objectionable than that of the Queen's University.

Although, as we have said, the actual list of Senators has not been promulgated, it is known that several Fellows of the Irish College of Physicians have been asked to serve. If we are rightly informed, this offer has been made to Sir Robert Kane, Drs. Banks, Cruise, Lyons, and Hayden, and to Sir Dominic Corrigan.

We observe with astonishment and regret that the rumoured list does not contain the name of a single surgeon, an omission which we hope we may regard as an inadvertence, although it is at best an inadvertence which should not have occurred. The Irish College of Surgeons has always occupied a public rank second to none of its sister institutions, and it has done public service which cannot be forgotten or ignored. Moreover its right to express an opinion on such a subject has been fully recognised when the draft Charter of the Queen's University was submitted to the College by the then chief secretary, Sir Thomas Redington. We hope we may anticipate that the Irish Government will hasten to amend so obvious an error in the constitution of the New University, and wipe away the public slight which that error has put upon the Irish College of Surgeons. We understand that the Council of the College has formally protested. Undoubtedly that protest will receive the approval and sympathy of the profession throughout the kingdom, and we cannot doubt that it will be regarded by the Government as a fair and reasonable complaint.

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# Notes on Current Topics.

### Metropolitan Hospital Sunday Fund.

A MEETING of the Council of the Hospital Sunday Fund took place last week, at the Mansion House. The Lord Mayor (Sir Francis Truscott), on taking the chair for the first time, said that he felt great interest in the movement, and that if his time, energy, and assistance could be of any avail in the promotion of Hospital Sunday he should not grudge giving either to the cause. The secretary having read several letters of regret from members unable to be present, announced the receipt of a donation of £105 from the trustees of the late James Drew, Esq., Professor Marks rose and said, before passing to the business of the day he thought it a duty to move a vote of condolence to Sir Sydney Waterlow, to whom the fund was so largely indebted, in the severe loss he had just sustained by the death of Lady Waterlow. Sir Rutherford Alcock, in a few well chosen words, supported the vote, and it was accordingly carried *nem. con.* The vacancies occasioned by deaths in the Council and the Distribution Committee were then filled up by the election of A. Willett, Esq., as the successor of the late Mr. Callender, whose loss was much to be deplored; the Bishop of Bedford was elected to fill the vacancy occasioned by the death of the Bishop of Guildford, and the Rev. Canon Moore that of Canon Oakeley. Sir Edmund Currie and Mr. Martin having consented to continue to act as hon. secretaries, Lord Stanhope proposed the re-election of the secretary, Mr. Custance, and in doing so, took occasion to speak of his services to the Fund in the highest terms of praise, and as a gentleman always most anxious to perform the onerous and arduous duties of his office to the satisfaction of all with whom he was brought in contact. It was left with the Lord Mayor to arrange a conference with the committee of management of the Hospital for Incurables, in accordance with a resolution passed at the annual meeting, and the proceedings were brought to a close with a vote of thanks to the Lord Mayor.

### Licensed Poisoning.

The Government label affixed to patent medicines is in more than one instance a legal qualification for indiscriminate poisoning. Frequent instances of the truth of this are being brought to the notice of the profession, and one such has just been reported to us, more than usually execrable. A correspondent informs us that a patient recently came to his surgery exhibiting all the signs of morphia poisoning, pupils extremely contracted, brown tongue, nausea, drowsiness, giddiness, frontal headache, and constipation. Inquiry elicited that the man had taken within three days two boxes of Keating's cough lozenges, the directions enclosed with which contain the assertion that no deleterious ingredient is contained in the preparation. In the face of the evidence afforded by the condition of the patient, there can be no doubt that he was actually poisoned by morphia; and the evils daily occurring in connection with the indiscriminate use of patent medicines leads us to insist on some preventive measure in the interest of that large section of society to whom the rough and ready remedy commends itself.

### "Time" on "Our Doctors."

Under the pseudonym of Dr. Peter Parson, Dr. Priestley is the second subject dissected by the pen of the essayist in *Time*. It is less the physician, himself, however, than the nature of his practice, and the manner and appearance of the patients who crowd his consulting rooms, that are sketched. The doctor is described as "the typical ladies' doctor," and is asserted, a little irreverently, to dispense with the services of a secretary, being "content to bell the cat himself" in respect of receiving the two guinea fee for a first consultation; and further, we are told, he follows "the manner of his most illustrious predecessors, preferring the indignity of dealing, as it were, over the counter to submitting his patients to other male eyes before encountering his own." The greater part of the essay on Dr. Parson is taken up with a description of the people who may any day be found waiting their turn to see the consultant; and it must be admitted that the fidelity of the study is something remarkable. Do we not know the mute, steady expectancy which strives to appear a simple unconcernedness and which marks the pose and expression of the occupants of waiting-rooms? There is something, too, peculiarly happy in the ease with which our writer "hits off" the special features of the places he describes. For instance, the details of the house and its internal arrangements, which are so familiar to those who have the good fortune to enter it, are all depicted with a cunning skill. The physician himself is outlined in a few words but here again we note the deep appreciation of scientific excellence which we formerly said distinguished these papers. There is a light description of a few personal characteristics, but there is an under-current of hearty reverence for the skill and learning that constitute the physician's claims to be a gynæcological specialist.

### Prospects of Legislation.

In the House of Lords on Friday last some encouragement was afforded to those who still preserve the hope that the present Parliament will do something to rescue medical education from the chaos into which it has descended. The Duke of Richmond and Gordon, in reply to Lord Ripon, said the Medical Bill passed in the Upper House last year would be introduced into the Commons, and that the Government anticipated it might become law in the present session.

### Institute of Chemistry Prizes.

A prize of twenty-five pounds is offered through the Institute of Chemistry "for the Best Original Investigation on Special Reactions of the Alkaloids, and their Separation from Organic Mixtures." The prize is given by Dr. C. Meymott Tidy, and may be competed for by associates of the Institute, and all persons who, before the close of 1880, have qualified for the Associateship in all respects short of passing the prescribed practical examination, in lieu of which latter, successful competition will be accepted. A prize of £50, under similar conditions of entry, is offered by Dr. Frankland, for the "Best Original Investigation involving Gas Analysis." We venture to think that Dr. Tidy would quite as well have served the interests of medicine if he had managed to secure the consent of the Institute of which he is a Fellow, to an *open* competition for the prize given by him. It may be necessary to stimulate the younger chemists to ally themselves with the rival of the Chemical Society, by means of prize entries to its chambers; but when a prominent member of the medical profession lends his name to a scheme such as that announced, he should take care that professional interests are conserved. There can be no doubt that there are very many medical students who might be willing and able to enter into competition for Dr. Tidy's bonus. Dr. Tidy's connection with the students of the present, should lead him to defend their interests in the matter.

### Death of Dr. Gibson.

Late advices record the untimely death of Dr. George Gibson, Surgeon on the Naval Medical Establishment at Port Royal, Jamaica. The deceased was trying a young horse, when he was thrown to the ground, and received such injuries as resulted in death. Dr. Gibson graduated M.D. at Dublin University in 1878, M.B. 1871, and was a Licentiate of the Royal College of Surgeons, Edinburgh. He was much liked abroad, and his loss will be felt by a wide circle of friends.

### The Naval Medical Service.

The condition of the Medical Service of the Navy could scarcely be worse than it is at present; but great hopes are entertained that the new Director-General will effect a speedy and material change. He cannot, however, in the absence of official warrant do very much in this direction, and it seems as though the Admiralty were still hesitating how far they even now can temporise rather than act. A correspondent writes to the *United Service Gazette* in these words:—"The Admiralty have endeavoured to maintain a reserve at the ruinous cost and involuntary sacrifice of the officers. Old age, sickness, death, and non-entries now threaten the destruction of the source of supply. The time has therefore come when the whole conditions of service in the Navy must be revised for medical men, and it is only too apparent young surgeons will not enter to drift into this reserve, regulated by its present desolating rules."

## Local Temperature in Cerebral Affections.

In presenting before the Academy of Medicine of Paris, the thermometer used by M. Voisin in taking cerebral temperature, M. Peter said that M. Voisin had proved by the use of the instrument that there was no functional cerebral trouble whether from hysteria, dementia, or any other cause, without increase of temperature, sometimes to a considerable extent. In a case of hysteria, for instance, the cerebral temperature was 41° C., while in the axilla it was only 37° C.

## Propagation of Arthritis by the Lymphatics.

M. Verneuil has published a small work on arthritic affections of the knee consecutive to lymphangitis of the lower limb. These cases are somewhat important, since there are some hydrarthroses which easily pass into a purulent condition. The fact is not confined to the region of the knee, but may show itself in other articulations. M. Verneuil has under his care, at this time, a patient who as the result of a lymphangitis of the arm has had a diffuse abscess, perfectly cured by a small incision made into the serous bursa over the olecranon, and who now has a scapulo-humeral arthritis. Many articulations have indeed very intimate communications with the neighbouring lymphatics—and we know that arthritis is propagated by the veins.

## The Benzoate Treatment of Tuberculosis.

In a discussion on a paper by Professor Klebs, read before the Society of German Physicians at Prague, the method of treatment by the benzoates was opposed by Professor Halla. He based his remarks on observations and experiments made from October, 1879, up to date. Of 20 patients treated in his clinic by benzoate, both internally and by inhalation 10, have died; 2 were unwilling to undergo the treatment, and preferred to leave the hospital, 1 was dismissed for insubordination, and of the rest 2 are in such a miserable state that they must soon breathe their last. These 20 cases were purposely selected as moderate ones, those in the extreme stage as well as very slight ones being discarded. The benzoates were administered in large doses both internally and by inhalation, and were well borne, though in some cases they produced much desire to cough, and sometimes hæmorrhage. According to the charts of pulse and temperature (which were exhibited) they had no anti-febrile effect, in many cases an increase of fever even being observed. In only one case has there been an increase of body weight amounting to 4 kilos., and it is right to mention that the patients were taking very rich and nourishing diet, to which doubtless any increase in weight may be attributed.

Professor Halla values the benzoates highly, but thinks they can exercise their antimycotic effect most where, as in diphtheria, they come in direct contact by application to the diseased part. He intends to make further experiments, and will not rashly lay aside a method of treatment which in the hands of other observers has given such good results. Dr. Derblick had treated some cases in the Garrison Hospital, and had gained more encouraging results. Internally, he had administered benzoate of magnesia in 10-gramme doses and 3·5 grammes by inhalation, with the effect of diminishing fever and increasing strength.

## Cold Enemata in Fever.

Dr. Lapin has been making experiments in the clinic of Professor Manasseni, of St. Petersburgh, on the antefebrile action of enemata of cold water. The temperature having been previously taken in the fold of the axilla, at the epigastrium, and in the rectum, a cold enema was administered. This consisted of a litre of water at a temperature of 5° or 10° C. Fifty enemata were thus administered—26 to febrile patients, 12 to patients without fever, and 12 to healthy persons.

The following conclusions were deduced from the experiments (*Le Praticien*, Jan. 12th) :—

1. Cold enemata lower temperature, which lowering lasts for some time : after enemata at 10° C., the lowered temperature in the axilla did not return to its former height until after thirty or forty minutes ; that of the epigastrium after an hour ; and that in the rectum only after an hour and a-half. When the enema was at 5° C., the lowering of temperature lasted still longer, forty to fifty minutes, or even more in the axilla, two hours to two hours and a half at the epigastrium and in the rectum.

2. Enemata at 10° C. are always well borne, and often leave behind them a refreshing feeling which extends through the body. Enemata at 5° C., are only well borne by some individuals ; in others they cause disagreeable sensations in the abdomen, and in cases of recurrent fever may cause shivering.

3. The lowering of temperature is more marked in febrile patients than in those without fever. This lowering varies in the former from between 0·60° and 0·40 in the axilla, 1·5° at the epigastrium, and 5° to 1·7° in the rectum. In non-feverish subjects the diminution is only from 0·40° to 0·30° in the axilla, from 1·4° to 1·3° at the epigastrium, and from 2·60° to 1·40° in the rectum.

4. Not only is the temperature lowered, but the pulse and respiration are reduced in frequency.

5. The lowering of temperature is most marked in the rectum, less pronounced at the epigastrium, and least in the axilla.

6. One advantage of cold enemata as adjuvants of other antipyretic agents is that they may fulfil other indications besides their antifebrile action. They soften the fæces, diminish meteorism, and facilitate the intestinal movements. Up to a certain point also, they diminish the afflux of blood to organs in the vicinity of the rectum, especially the uterus and bladder.

7. The stools appear at a variable time after the injection, from two to two and a-half minutes.

8. Cold enemata may therefore be used, even in patients without fever, when we desire besides emptying the intestine, to obtain a tonic action on it, or when we wish to diminish congestion of the pelvic organs.

## A Good Tapeworm Remedy.

DRS. R. ELBEN and J. MAINZER, of Stuttgart, in the *Wurt. Cor. Blatt.*, report excellent results from the administration of the etherial extract of filix mas, or male-fern, in 10 gram (ʒiij.) doses, for the expulsion of tapeworm.

Dr. Elben was first led to use it in the following way: After having administered 20 grams of kousso to a patient suffering from tapeworm, a large portion of the worm was expelled, but no head could be found, and in about six weeks small pieces began to make their appearance again. He next determined to try the fresh pomegranate root bark, when the patient requested his permission to try the secret nostrum of the tapeworm specialist Lutze, of Braunschweig, to which, for several reasons, he consented. The patient received two vials, the contents of which were to be taken one immediately after the other, before breakfast, in the morning. The tapeworm passed away, with its head, causing no pain or distress. Dr. E. now had the medicine analysed, and it was found that one of the vials contained 10 grams of ext. fil. mar. æth., and the other 15 grams of ol. ricini with a little raspberry juice. He afterwards obtained similar results with an extract prepared by a druggist in Stuttgart, and Dr. Mainzer likewise succeeded in ridding himself of a tapeworm after having failed with kamala and pomegranate. Both earnestly recommend it to the profession for trial.

The following directions accompany each package containing Lutze's tapeworm remedy.

The remedy should not be taken during the menstrual period or during any severe illness. In the evening, before taking it, the supper should consist of oatmeal gruel, and a cup of wormwood tea with a tablespoonful of Epsom salts should be drunk. The remedy must be taken before breakfast in the morning. The contents of vial No. 1 (ext. fil. mar. æth. ʒiij.) should first be swallowed, after having warmed it a little, and vial No. 2 (ol. ricini, ʒivss.) must be taken two minutes afterwards. After the first stool, another cup of wormwood tea with Epsom salts should be drunk. A cup of coffee without milk or sugar may be taken immediately after the medicine, or a lemon may be sucked, to remove the disagreeable taste.

## Ablation of the Larynx, Pharynx, Soft Palate, both Tonsils, and Base of the Tongue.

As *Le Praticien* remarks, after reading this long title one feels inclined to add "etc., etc."; and it is impossible to avoid remembering Professor Verneuil's outspoken condemnation of the operating mania. Yet this extraordinary mutilation has apparently been successful. The operator was Dr. Azzio Cazelli, who received for the feat the gold medal of the Academy of Medicine of Bologna. The patient was a young woman, æt. twenty, suffering from epithelioma of the parts named. We may observe that such an epithelioma is very rare at that age.

After the administration of chloroform, Dr. Cazelli commenced by performing tracheotomy by means of the galvano-cautery. He then proceeded to denude the larynx, which he carefully isolated and removed, with the cricoid, by the galvano-caustic loop. He then detached the pharynx as far as the tonsils, and amputated it; then divided the hyoid bone, removed the base of the tongue, penetrated the cavity of the mouth, detached the soft palate, and lastly excised the entire pharynx and both tonsils.

The treatment consisted in deep suture of the hyoid muscles, the employment of the œsophageal bougie, the maintaining in the larynx of Trendelenburg's canula, and union of the two upper thirds of the wound.

The operation, performed in accordance with Lister's plan, lasted three hours, and the loss of blood, thanks to the galvano-cautery, was almost *nil*. During the whole time the respiration, pulse, temperature, and colour of the face were satisfactory. A young Nice physician, Dr. Conguet, has just inquired of Dr. Cazelli, a fellow-student of his, with respect to the patient. The young surgeon informs him that he has been able not only to adapt to the patient a caoutchouc tube to replace the œsophagus, but that he has managed to invent an apparatus enabling her to articulate sounds.

THE proprietor of Siegel's curative syrup offers to any chemist who will purchase a gross of his preparation a plated cake-basket of handsome design.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Wolverhampton 16, Portsmouth 21, Sheffield 21, Bradford 24, Sunderland 25, Bristol 25, Norwich 25, Edinburgh 25, Birmingham 26, Glasgow 26, Leeds 27, Newcastle-upon-Tyne 27, Brighton 27, Leicester 29, Oldham 30, Nottingham 30, London 31, Liverpool 32, Plymouth 32, Salford 32, Manchester 35, Hull 35, and the highest rate 49 in Dublin.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were—in Calcutta 33, Bombay 35, Madras 38; Paris 36; Geneva 33; Brussels 33; Amsterdam 39, Rotterdam 35, The Hague 29; Copenhagen 30; Stockholm 22; Christiania 13; St. Petersburgh 45; Berlin 25, Hamburg 29, Dresden 21, Breslau 32, Munich 35; Vienna 29, Buda-Pesth 37; Naples 29; Venice 42; Alexandria 40; New York 24, per 1,000 of the various populations. Small-pox caused 56 deaths in Paris, and 9 in Vienna.

LAST week the death-rate from the seven principal zymotic diseases in the principal large towns ranged from 0·0 and 0·4 in Wolverhampton and Portsmouth, to 9·7 and 11·2 in Plymouth and Hull. Whooping-cough showed the largest proportional fatality in Salford, Plymouth, and London; measles in Hull, Plymouth, Nottingham, and Leicester; and scarlet fever in Norwich, Dublin, and Sunderland. Ten deaths were referred to diphtheria in London, 2 in Dublin, and 3 in Birmingham. Small-pox caused 12 more deaths in London and in its outer ring of suburban districts, 2 in Dublin, but not one in any of the other large towns.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—For the week ending Saturday the 31st ult. the mortality in Edinburgh rose from 89 to 110, giving a death-rate of 26 per 1,000. Chest diseases proved fatal in 58 cases, and zymotic diseases in 8. Only one death from fever was reported.

The Mortality in Glasgow.—The deaths in Glasgow for the week ending Saturday the 31st ult. were at the rate of 26 per 1,000 per annum, against 26 in the preceding week, and 29, 25, and 25 in the corresponding periods of 1879, 1878, and 1877.

Prevalence of Diphtheria in Inverness.—A special meeting of the Inverness Police Commissioners was held on the 4th inst., Bailie Macdonald presiding. Councillor R. Macdonald made a long statement, in supporting a motion asking that inquiry should be made as to the alleged impurity of the water supplied to the town, and whether the prevalence of diphtheria in the burgh could be traced to that source. It was, he said, undeniable that the purity of the water had been called in question by many of the consumers, and it was equally certain that diphtheria had for some time been prevalent in all parts of the town. After consideration it was unanimously agreed to inquire into the character of the water supply.

Birth in the Street, in Calton, Glasgow.—At an early hour on the 6th inst. a woman was delivered of a child, in the Calton, under the following unfortunate circumstances. About one o'clock a woman named Janet Anderson, or Porter, aged thirty-eight, was observed in George Street East, in a state of some distress, and around her there were three crying children aged respectively two, six, and eight years. Her condition being apparent, the aid of several matrons was called in, and not too soon, for shortly after their appearance on the scene the poor woman gave birth to a male child. Mother and baby were removed to an unoccupied house close by, and medical and other assistance were at once procured from the police office, until the parochial authorities were communicated with. Mother and child were conveyed to Bamhill Poorhouse in the course of the forenoon.

Leith.—Death from an Overdose of Laudanum.—Early on the morning of the 2nd inst. Morrison Edmond, warehouseman, died in Leith from an overdose of laudanum, which he had bought from a druggist, and had taken to alleviate pain.

Greenock Medical Aid Society.—The annual meeting of this Society was held in the Temperance Institute on the 4th inst., Dr. Marshall in the chair. The secretary, Mr. William Auld, read the annual report, which stated that during the year the Home had been removed from Union Street to a self-contained cottage in Roxburgh Street, which had been found much more suitable than the old premises. There had been two deaths in the Home during the year, and there were now in it five inmates, four of whom had been discharged from the infirmary as not likely to improve. The total expenditure for the year was £279 11d. 4d., but notwithstanding the increase in subscriptions and various handsome donations received, the income had fallen short of the expenditure by £32 12s. 9d. It was feared that unless the subscriptions came up things would fall behind still more.

West of Scotland Hydropathic Company.—The directors of this Company have appointed Dr. George Lade, Consulting Physician to the Priesstnitz House, London, to be manager of their establishment at Kilmalcolm.

Registrar-General's Returns.—According to the return of births, deaths, and marriages for the week ending with Saturday, the 13th inst., the death-rate in the eight principal towns was 26·8 per 1,000 of estimated population. This rate is 2·0 under that for the corresponding week of last year, and 1·6 above that of the previous week of the present year. The lowest mortality was recorded in Perth—viz., 19·5—and the highest in Paisley—viz., 36·1. The mortality from the seven most familiar zymotic diseases was at the same rate as in the preceding week—viz., 3·4 per 1,000. Hooping-cough was again the most fatal of these diseases, having caused 38 deaths, of which 25 occurred in Glasgow. Eleven deaths from violence recorded in Dundee were the result of the Tay Bridge accident. Acute diseases of the chest caused 187 deaths, being almost the same number as was recorded the previous week. The mean temperature was 40·3°, being 8.0° above that of the corresponding week of 1879.

Edinburgh Royal Dispensary.—The annual general meeting of this institution was held on the 31st. ult., Bailie Rowatt presiding. Mr. Robert C. Gray, S.S.C., the newly-appointed Secretary read the annual report of the managers, which stated that no fewer than 10,684 persons had during the past year received entirely gratuitous medical advice and assistance, while, at a cost to the institution of £145 19s., they had received without cost to themselves, medicine, bandages, &c. Not only were 7,220 patients, exclusive of 1,686 vaccinations, midwifery, and other cases, prescribed for at the dispensary, but 1,778 patients unable to come to the institution were attended at their own homes. The total amount of subscriptions was only £75 2s. 7d., and it seemed to the managers that even with the many demands upon the public, this state of matters simply required to be known to insure an immediate and hearty response to the appeal for increased support. In the absence of Dr. James Andrew, Mr. Gray also read the medical officer's report to the managers, which gave details as to the kind of cases treated. The treasurer reported that the income from all sources for the year was £307 1s. 11d., and the expenditure £343 1s. 3d. The chairman, in moving the adoption of the report, spoke of the great amount of gratuitous labour bestowed on the sick poor by the medical gentlemen of the city, and said they deserved the warmest thanks of the community.

Edinburgh.—Lessons on Sick Nursing.—The first of a course of lectures on sick nursing was delivered on the 4th inst., in Edinburgh, to a large audience of ladies, by Miss Pyne, of the Royal Infirmary. The Albert Gallery Hall has been engaged for the course.

# Correspondence.

## THE RADICAL CURE OF SUPERFICIAL VARICOSE VEINS BY INJECTION OF A SOLUTION OF TANNATE OF IODINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The number of procedures in use to obtain the radical cure of varix is considerable; but the most of these operations, founded very often on false theories, expose the patient to grave dangers; thus are they for the most part rejected, and not without reason. Two surgeons in France contributed to this result, Bonnet, of Lyon, and Verneuil. The latter described minutely the pathological anatomy of this affection, and in showing the real and original seat of the disease in the deep veins, proved how useless it was to expect a radical cure by attacking the superficial vessels alone. Bonnet, *à propos* of the treatment, declared that all operations should be conducted in such a manner as that the air would not come in contact with the wound. To arrive at this result he invented *cauterisation*. Later, thanks to the active ingenuity of the Lyons surgeons, the injection of a coagulating fluid into the vessels was adopted, the liquid used being generally muriate of iron. But the inconvenience, sometimes very serious, that attended and followed the injection of this liquid made M. Delore, of Lyon, seek for another fluid which, while having the same properties, as far as coagulation is concerned, would not be so uncertain or dangerous in its action. He was fortunate enough to find it in a solution of tannate of iron, which he calls "liqueur iodo tannique." This solution is prepared by rubbing together in a porcelain mortar until entirely dissolved, seventy-five grains of iodine and eleven drachms of tannic acid in thirty-three ounces of water, the latter to be added gradually. The solution is effected in a very short time, the iodine uniting readily with the tannic acid. It is then to be filtered and evaporated down to three ounces, when the preparation is ready for use. To inject this liquid an ordinary Pravaz syringe is all that is required, and the amount to be injected at one time is from *five to seven drops*, but sixty drops or more have been used without producing any evil consequences; however, in most instances the former dose will suffice. Three or four injections might be made on the limb at the one sitting if required. In operating the surgeon should take care to push the needle of the hypodermic syringe a little way under the skin before piercing the vein, on the principle of the valvular incision for the opening of cold abscesses. To be sure that the needle has effected an entrance into the vessel, the glass part of the syringe might be unscrewed, and immediately blood will appear. The operation finished, a bandage should be put on above and below the wound in order to prevent the displacement of the clot, while over the wound itself a piece of cotton is laid, fastened down by a strap of adhesive plaster. The patient is then put to bed, and not permitted to rise before the fifteenth day, when the cure is complete. In about twelve hours after the operation the usual symptoms of phlebitis appear, the pain in some cases being severe, but is eased by poultices. After the fifth day the inflammation abates, and on about the eighth it has subsided. The first few hours after the injection, and while the first symptoms of phlebitis are appearing, the clot can be felt under the skin; but under the violence of the inflammation it seems to disappear, but reappears about the eighth day, presenting the size of a pigeon's egg. The days following it diminishes little by little until the fifteenth day, when it is reduced to the size and hardness of an almond. This little tumour remains a long time stationary, several months being necessary for its complete disappearance.

M. Delore, who has operated on over sixty patients by this method, declares that his success in each case was complete. Three cases, it is true, caused some trouble, but it was owing to the patients leaving the bed before the prescribed fortnight. He also states that where the varix was complicated with ulcers, as was frequently the case, the latter healed up almost magically after the injection. The advantages claimed for this solution are: freedom from any evil consequences; a harder and firmer clot than that obtained by the muriate of iron; and the cure in all cases rapid and complete. I think this method of treating varicose veins might be tried with advantage in Ireland. Apologising for trespassing on your valuable space,

I am, sir, yours, &c.,

Hastings Burroughs, L.R.C.S.I.
Surgeon to the English Dispensary, Paris.

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# Literature.

## THE YEAR-BOOK OF PHARMACY FOR 1879.

The "Year-Book of Pharmacy," the annual publication of the British Pharmaceutical Conference, is just to hand, and appears to be compiled more carefully than usual. This book may be divided into two parts. The first is an abstract of all the contributions to pharmacy, materia medica, and chemistry, both at home and abroad, which have appeared during the preceding year. In our notice of this part of the Year-Book for 1878, we had occasion to animadvert upon the evident restricted source of information, and we think we can see a marked extension of this source in the present compilation. The abstracts render this volume an extremely useful work, not only to the pharmacist, but to the medical man. It is, in fact, almost an essential adjunct to the physician's library, as it gives him in a concise form and well indexed, information essential to his practice. This information, when given at all, is difficult to get at in the medical journals.

The most important part of the Year-Book, however, is the second, or the Transactions of the British Pharmaceutical Conference.

From a perusal of this latter part we are enabled to draw an inference as to the progress of pharmacy in this country, unfortunately that art is much behind our Continental brethren in its development. However, as long as we can single out of the pharmaceutical transactions of this country such papers as the following we need not despair.

Dr. Alder Wright's researches upon the Aconite Alkaloids are still followed up, and have become valuable and classic papers for reference. He deals in this last research with the alkaloids of the Japanese aconite roots—Atis roots—and the products of the flower, leaves, and stalks.

Mr. Thresh's paper on the "Proximate Analysis of Ginger" shows an immense amount of research, and exhausts the subject.

The same may be said of Mr. Symes' paper on the "Polarimeter and its Use in Pharmacy." An extremely valuable paper on the "Chemistry of Saponine," by Mr. Collier, gives us an insight into this curious principle, which will, in a great measure, account for the contradictory results of previous experimenters. It is followed up by a very practical paper upon the emulsifying properties of this curious body. Of many other valuable papers, those worthy of special mention are on the "Extract of Philocarpine," by Mr. Gerrard, and one on the "Chemistry of Chaulmoogra," by Mr. J. Moss.

What brings such a paper as that "Upon the Capacity of Different Organs to Absorb and Retain Arsenic in Case of Chronic Poisoning" in the Transactions of a Pharmaceutical Society we must leave to the Committee to decide; and we also think that the paper on the "Gelatinisation of Tincture of Kino" might have been left out with advantage.

We regret to see that Dr. Attfield, who has been so long and so directly associated with the success of this society, is about to retire. We hope this retirement will not militate against the good work which the British Pharmaceutical Conference is doing.

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## AN ANALYSIS OF RECENT ADDITIONS TO OPHTHALMOLOGICAL LITERATURE.

### By ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

*(Continued).*

In his 4th chapter (*a*) M. Landolt proceeds to devote much care and space to the subjective estimation of squint by means of the perimeter and its objective estimation by prisms, and condemns emphatically the measurement of the degree of deviation by linear scales, objecting therefore to the ordinary graduated strabometers, whether curved or straight. He urges the superior advantages of estimation of the deviation by angles as more scientific and more accurate, and describes his methods, which—if more troublesome—have certainly the merit of being more reliable.

The Lecture 5, which deals with Muscular Asthenopia and Tonometry, is somewhat bald, and contains nothing new save a suggestion for a method of testing intra-ocular tension, which, however, the author has not reduced to practical form.

In his elucidation of the subject of astigmatism, which is

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(*a*) "Practical Examination of Eyes." By Prof. Landolt. Translated by Dr. Burnett. London: Baillière, Tindall, & Cox.

presented in a very intelligible yet precise form, M. Landolt dwells upon the universal monocular polyopia which arises from the astigmatism of the various sectors of the crystalline lens, and which was first recognised and described by Vulpian and Donders. He says:—

"It is this same irregularity in the structure of the lens which causes a luminous point to appear to us as if radiated. Indeed, is it not surprising that the luminous heavenly bodies, in spite of their spherical shape, make on the human eye, not the impression of round luminous points, but the impression of bodies with rays? From this circumstance we have the extension of the word *stellate* to all bodies presenting a similar appearance. This fact is a proof that human eyes have for all time presented the same irregular astigmatism. There are only two examples known of men having possession of their crystalline lenses that were exceptions to this rule. One was a tailor, named Schoen, of whom Alexander von Humboldt reported that the stars appeared to him as points clearly rounded. The other is in the person of one of my own pupils. Mr. D. has never been able to understand why the stars are compared to figures with radiating lines. They appear to him as luminous points without any rays. The lenses of Schoen and Mr. D. must have been constructed with great exactness, or the irregularities of the anterior surface of the lens must have been neutralised by the irregularities of an opposite kind on the posterior surface."

The chapter on the Diagnosis of Ametropia and the means of distinguishing the various causes of myopia is well worth reading, and gives the facts as clearly as is possible, having regard to necessary brevity. In treating of the influence of age on the amplitude of accommodation, which he does very comprehensively, the author deprecates the use of the term presbyopia, and includes senile loss of accommodation as a sub-head of hypermetropia; and he urges that it is a decided error to adopt any definite standard of presbyopia at a definite age, considering that "it is much better in all cases to guide ourselves, in making a selection of glasses, by the requirements of the individual, and not by any conventional ideas of presbyopia." To this creed we fully subscribe, having seen many instances in which the patient was either under or over-accommodated for his needs in deference to his theoretic position on the Donder's scale of presbyopia. At the same time we recognise the advantage of retaining, in ophthalmological nomenclature, the term presbyopia, inasmuch as it implies a clear distinction between the optical and structural anomaly known as hypermetropia and the physico-symptomatic derangement known as presbyopia.

Much care is given to the chapter on Acuteness of Vision, and the author descants upon the necessity for having regard, in diagnosis, not to the size of test type which can be distinguished, but to the size of the retinal image. He points out that the image of an object of given size at a given distance is by no means equal in the hypermetrope, the emmetrope, and the myope, although it may be produced by the same size of type, and at the same distance in each, and, inasmuch as visual acuteness is an expression of the size of the retinal image, he urges that, in careful investigation, the result should be corrected to compensate for this error. There is, no doubt, much truth in this, but as the required compensation has to be made by an optometer — an instrument the inefficiency of which is well known—we entertain suspicion that the attempted correction by its means may rather increase the error, and, therefore, that more reliable results may be obtained by accepting the test type as the standard, and, if necessary, making a small allowance for the varying size of retinal image in the various forms of ametropia.

(*To be continued.*)

## THE PHYSICIANCY TO THE QUEEN IN IRELAND.

THE interest of the profession in the selection which Her Majesty may make of her Physician for Ireland in the place of Sir Dominic Corrigan is, as may be presumed, very lively. In addition to those whose names we mentioned last week as being current amongst the profession in Dublin, Dr. Benjamin G. MacDowel, who for many years held the physiciancy to the Richmond and Hardwicke and Sir Patrick Dun's Hospitals, and the Professorship of Anatomy and Chirurgery in the University of Dublin, is spoken of as not unlikely to receive distinction from Her Majesty.

## THE LATE DEPUTY SURGEON-GENERAL PORTER.

WE understand that it is proposed to place a memorial in the chapel at the Royal Victoria Hospital, Netley, to this officer, who died as principal medical officer of the Cabul field force, at the Sherpur cantonments, on the 9th of January, 1880, in consideration of his high professional and departmental reputation, and his very estimable personal character. The following officers have been nominated as a committee to carry out the necessary arrangements:—Surgeon-General T. Longmore, C.B., president; Surgeon-Major R. Tobin, treasurer; Surgeon-Major J. Lane Notter, M.D., hon. secretary.

## THE VACANCY IN THE IRISH LOCAL GOVERNMENT BOARD.

THE appointment vacated by the death of Mr. Bellew has not yet been filled. The name of Mr. George Morris, M.P., is still mentioned as that of its most probable occupant; and it is said that he would long since have been gazetted, but that, by his election to office, the Government would be almost certain to lose a supporter in the House, for it is pretty certain that a Nationalist or Home Ruler would replace him in the representation of Galway.

By the death of Major O'Reilly, a Commissionership of Intermediate Education becomes vacant. It is hinted (and devoutly to be desired) that Mr. Morris might be satisfactorily provided for in the Educational Department, leaving the Local Government Board for a working commissioner.

## THE RIGHT OF ELECTION OF THE MEDICAL COUNCIL REPRESENTATIVE OF THE IRISH COLLEGE OF SURGEONS.

A SPECIAL general meeting of the Fellows of the College has been called by the President for Saturday next, in conformity with a requisition presenthd to him by nineteen Fellows, for the purpose of deliberating and consulting as to the elective rights of the Fellows in regard to the Representative of the College in the General Medical Council. The requisition is signed by Drs. Robert MacDonnell, Brunker, Chaplin, Stoker, and A. H. Jacob, Members of Council, and by Drs. Martin (Portlaw), Darby and Whistler, of Bray, John MacDonnell, Corley, Meldon, Cranny, Pearsall, Stack, and Browne, of Dublin, Jacob (Maryboro'), Bellew Kelly (Drogheda), and Drs. N. Duncan and Tagert.

The right of election of a representative of the College in the General Medical Council has been exercised by the College Council ever since 1859, at which time the office was created, although at that period the right of the Fellows at large was asserted, and was sustained by the best legal advice. The question has now again arisen in connection with the propositions for reform of the constitution of the Medical Council, which came last year before the Select Committee on the Medical Bills, and the arguments in support of the exercise of that right by the Fellows at large will be laid before the College on Saturday. The subject is one of extreme interest both to the Fellows of the College and to the profession at large, on whose behalf it is desired to establish the principle that the representative of a licensing body should be chosen by the free suffrages of its members and not through the indirect agency of an executive Council.

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## Medico-Parliamentary.

### LUNACY LAWS.

In the Queen's Speech at the opening of Parliament on Thursday last, promise was made of fresh legislation to amend and consolidate existing laws in lunacy.

### MEDICAL LEGISLATION.

In the House of Lords on Friday last, the Marquis of Ripon asked what steps the Government proposed to take this session with reference to medical legislation.

The Duke of Richmond and Gordon.—A Bill on this subject will be introduced in the other House of Parliament. A measure on the question passed your Lordships' House last year, and the Bill of the present year will be referred to the same Committee which considered the measure of last year, in the hope of our being able to legislate on the subject; but of course that will depend very much on the progress which may be made in Committee.

### OBNOXIOUS GASES.

In the House of Commons on Friday last, Mr. Sclater-Booth, President of the Local Government Board, gave notice that he intended to ask for leave to bring in a Bill to provide for the more effectual condensation of obnoxious and offensive gases.

## Medical News.

**The Cancer Hospital, Brompton.**—The annual general meeting of the governors of this hospital was held on the 4th inst., David Mocatta, Esq., in the chair. From the twenty-ninth annual report of the committee, which was read by the secretary, Mr. Jupp, it appeared that although there had been a falling off in the items of legacies and old annual subscriptions, additional interest and vitality were indicated by an increase in donations and new annual subscriptions. During the past year 1,027 new patients were received, 306 being in-patients and 721 out-patients. It was hoped that ere long greatly increased accommodation would be provided for the treatment of the patients as well as to supply increased facilities for the study of the disease. Patients were advised to present themselves in as early a stage of the disease as possible. Thanks were accorded to the treasurer, the weekly board, medical officers, lady visitors, secretary, to the chairman for kindly presiding, and all those interested in the welfare of the charity.

**Maltine.**—After an extensive trial of the maltine preparations of the Maltine Manufacturing Company in private and dispensary practice, we are convinced that it is one of the *most valuable* remedies ever introduced to the profession. Our exalted estimate of the maltine is confirmed by all of the many practitioners who have expressed to us their opinion of it. Wherever a constructive is indicated *maltine* will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions it is invaluable. In convalescence it is a delightful and efficient cordial. We have invariably found it liked by children. The maltine wine with pepsine and pancreatine has yielded us the happiest results in apepsia and atonic dyspepsia and in general muscular and nervous debility. The preparations of maltine and hypophosphites of ferrated maltine, of maltine with pepsine and pancreatine, and plain maltine we especially commend. It is prepared in a variety of combinations. *Maltine* deserves to stand in the front rank of the constructives; and the constructives, by their preventive, corrective, and curative power, are probably the most widely-useful therapeutical agents that we possess.—*Louisville Medical News.*

**Steevens' Hospital, Dublin.**—The board of governors of this hospital met on the 5th inst. for the purpose of electing a consulting physician in the room of Dr. Burke, deceased, and two physicians, rendered vacant by the retirement of Dr. Grimshaw, recently appointed Registrar-General for Ireland, and Dr. Bookey, deceased. Dr. Grimshaw, Registrar-General, was elected consulting physician, and Dr. Tweedy, Professor of Medical Jurisprudence, and Dr. Hayes, Demonstrator of Anatomy in the school of the hospital, were elected physicians.

**Poor-law Medical Officers' Association.** — At a meeting of the Council of this Association, held on Feb. 3rd, at their rooms, 3 Bolt Court, Fleet Street, attention was directed to the hardship of the case of Mr. J. J. Terry, of Wittersham, Kent, who after upwards of forty years' service as Poor-law medical officer, was refused superannuation allowance when incapacitated for further duty. It was resolved that a communication be addressed to the President of the Local Government Board on this subject, he having promised to a deputation of Poor-law medical officers on June 12, 1876, his willingness to investigate any case of this kind which might be brought before him.

**National Hospital for Consumption, Ventnor.** — The annual meeting of governors and subscribers to this charity was held on Friday last, Viscount Eversley presiding. The report showed the receipts for 1879 to have been £8,374, and the expenditure £6,935. A donation of £1,000 (included in the above) was acknowledged from a friend, "E. P. P. J.," and also legacies amounting to £1,000. The medical report stated that 570 in-patients had been treated during the past year, and 368 had left much improved; the mortality was only 15, or at the rate of 2.63 per cent.

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## NOTICES TO CORRESPONDENTS.

**An Army Medical Officer.**—Medical officers of the Army at home and foreign stations will be permitted to exchange to the same extent as combatant officers under the qualifying conditions as to promotion specified in Articles 15, 18, and 21 of the Royal Warrant of the 27th of November, 1879, clause 1 of the Army Circulars of 1880. Except under special circumstances exchanges between medical officers serving in the United Kingdom will not be permitted, unless the officers have been at least two years at their respective stations.

**Harveian Society of London.**—Thursday, Feb. 19th, at 8½ p.m. Dr. Alfred Meadows, "Cases of Gynæcology."—Dr. Broadbent, "Venesection."

**A Colonial Student.**—Bryant, Erichsen, or Gant, either of these Text-books on Surgery is good, will be a reliable guide during your student career, and an excellent assistant after you have reached the object of your studies.

**National Orthopædic Hospital, London, W.**—The Secretary asks us to announce that the operation day at this Hospital will be changed in future from Tuesday to Wednesday at 10 a.m.

### A KNOT IN THE UMBILICAL CORD.

*To the Editor of the* Medical Press and Circular.

Sir,—I am anxious to know if any of your readers have met with a case of the following description:—

Some few weeks ago I was called to attend Mrs. G—— in her second confinement. The case was perfectly straightforward, and my patient was but a short time in labour. On the expulsion of the head, I found the cord passing from left to right over the child's shoulders. The face was much cyanosed. The uterus contracted well after the birth of the child, readily expelling the placenta, when, to my surprise, I noticed a complete knot in the cord at about 4 inches below its placental attachment. I may add that the cord in this case was not unusually long.

I am, &c.,

Inquirer.

**Dr. E. Donaldson.**—Your interesting case will appear in an early number.

**Dr. Isaac Ashe.**—1. Many thanks. 2. We shall be glad to receive it when most convenient to yourself. We are quite in accord with your opinion on their relative merits.

**Night-caps.**—A correspondent writes us, as a practical protest against the use of narcotics to obtain sleep, from which several deaths have been recently chronicled in our pages. He says: "I have been in the habit of using for some time as a soporific, a most admirable and successful 'night-cap,' against which no objection can be raised, and which in a large number of cases effects the desired end. Immediately before getting into bed, or better still, when in bed, take a breakfast cup of hot beef-tea, that made from half a teaspoonful of Liebig Company's Extract of Meat. This soothes and settles the stomach, allays brain excitement, and induces sleep."

**Royal College of Surgeons of England.**—This day (Wednesday), at 4 p.m., Prof. Parker, "On the Structure and Functions of the Vertebrate Skeleton."

**Hunterian Society.**—This (Wednesday) evening, at 7½ o'clock, Annual General Meeting for the Election of Officers.—8 o'clock. Hunterian Oration, by Dr. Pye-Smith.

**Royal College of Surgeons of England.**—Friday, Feb. 13, at 4 p.m., Prof. Parker, "On the Structure and Functions of the Vertebrate Skeleton."

**Quekett Microscopical Club.**—Friday, Feb. 13, at 8 p.m., Conversation and Exhibition of Objects.

**Hunterian Society.**—Friday evening: Annual Dinner at the Albion, Aldersgate Street.

**Clinical Society of London.**—Friday, Feb. 13, at 8½ p.m., Mr. Henry Morris: "Traumatic Salivary Fistula treated by passing a fine Catgut Bougie from the Mouth along Stenson's Duct."—Mr. Hulke, "On a Case of Sutural Union of the Median Nerve in the lower part of the Forearm five weeks after division by a broken glass bottle, followed by return of function."—Dr. Sangster: "Disturbed Nutrition, with Suppuration and Exfoliation of the Nails, probably of Strumous origin."—Mr. Heath, "On Two Cases of Popliteal Aneurism Cured by the Application of Esmarch's Bandage."

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## VACANCIES.

Ashton-under-Lyne District Infirmary.—House Surgeon. Salary, £80, with board. Applications to the President before Feb. 27.

Birmingham.—Resident Assistant Workhouse Medical Officer. Salary, £1[illegible]0. Applications to the Guardians, under cover, to the Secretary, Parish Offices, Paradise Street, before Feb. 19.

Great Yarmouth Hospital.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before March.

Irvinestown Union, Edernes Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Feb. 21.

Kells Union, Kells Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Feb. 21.

Leeds Union.—Assistant Medical Officer. Salary, £100, with board. Applications, under cover, to the Clerk to the Guardians before Feb. 17.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman of Committee before Feb. 21.

Margate Royal Sea Bathing Infirmary.—Resident Surgeon. Applications, under cover, to the Secretary before Feb. 21. (See Advt.)

Richmond Hospital, Surrey.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary before Feb. 18.

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## APPOINTMENTS.

**Burd**, G. V., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital.

**Cleghorn**, Dr. H., an Additional Examiner in Botany at the University of Edinburgh.

**Grimshaw**, T. W., M.D. Univ. Dub., F.K.Q.C.P.I., Consulting Physician to Steevens' Hospital.

**Gulliver**, G., M.B., Resident Assistant Physician to St. Thomas's Hospital.

**Hayes**, R. A., M.D. Univ. Dub., F.R.C.S.I., Physician to Steevens' Hospital.

**Kenny**, J. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the North Dublin Union Workhouse.

**Mullins**, E. A., L.K.Q.C.P.I., L.R.C.S.I., re-appointed Medical Officer and Medical Officer of Health for the Bangor Dispensary District of the Belmullet Union, co. Mayo.

**Myles**, Mr. H. G., Resident Apothecary to the Hospital for Incurables, Donnybrook.

**Noble**, C. J., L.D.S., R.C.S.E., Dental Surgeon to the Hospital for Consumption and Diseases of the Chest, Brompton.

**Powell**, B. C., M.B. Univ. Dub., L.R.C.S.I., Medical Officer to the Roscrea Dispensary and Union Workhouse.

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## Marriages.

**Healy—Foley.**—Feb. 4, at St. Savour's Church, Dublin, Joseph K. Healy, L.R.C.S.I., Miltown Malbay, to Mary Vincent, eldest daughter of Wm. Foley, M.D., Kilrush, co. Clare.

**Phillips—O'Reilly.**—Feb. 3, at Castletown, co. Meath, Edward Phillips, L.R.C.P.Ed., to Mary, only daughter of John O'Reilly, Esq., Brittas, co. Meath.

**Wade—Power.**—Feb. 4, at the Parish Church, Tooting, Dr. Willoughby Francis Wade, of Birmingham, to Augusta Frances, only daughter of the late Sir John Power, Bart., of Kilfane, co. Kilkenny.

**Walshe—Mulcahy.**—Feb. 2, at the Dominican Church, Waterford, John L. Walshe, L.R.C.S.I., Kilmacthomas, to Lizzie Mary, only child of Francis Mulcahy, Esq., Durrow House, Stradbally.

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## Deaths.

**Evans.**—On Jan. 27, at Bath, Evan Evans, M.R.C.S.E.

**Godson.**—On Jan. 19, Henry Godson, M.R.C.S.E., of Coldhurst, Oldham, Lancashire.

**Hay.**—On Feb. 2, at Porlock, Somersetshire, Richard Francis Hay, M.R.C.S.E., eldest son of W. H. Hay, M.D., of Bridport, aged 33.

**Henn.**—On Jan. 30, at Winton Avenue, Rathgar, Edmund Poole H. Henn, L.K.Q.C.P.I., aged 23.

**Kay.**—On Feb. 5, at 7 Prince's Buildings, Clifton, Mary, widow of William Kay, M.D., of Clifton, Bristol.

**Leader.**—On Jan. 28, at Keale House, Mill Street, co. Cork, John Leader, M.D., aged 72.

**McCarthy.**—On Jan. 8, at the Royal Naval Hospital, Jamaica, Dr. Wm. McCarthy, A.M.D.

**Skelton.**—On Jan. 31, at Plymouth, John Skelton, L.R.C.P.Ed.

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A choice prepared Cocoa.
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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 18, 1880.

## CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Sclerosis of the Nervous Centres, mainly Cerebral. By A. Harbinson, M.D., M.R.C.S., Assistant Medical Officer, co. Asylum, Lancaster ........ 123
Zymotic Diseases in Dublin. By Dr. J. P. Nowlan ........ 125

CLINICAL RECORDS.

Richmond Surgical Hospital — Under the Care of Mr. Stokes—Labial Epithelioma. Zeis' Cheiloplastic Operation .. 127

DEPARTMENT OF LUNACY.

Suicidal Nicety ........ 127
The Lunacy Inquiry Commission—III. ... 128
Dangerous Lunatics ........ 129

SPECIAL.

France ........ 130

TRANSACTIONS OF SOCIETIES.

Clinical Society of London—
Traumatic Salivary Fistula cured by Passing a Fine Catgut Bougie from the Mouth along Stenson's Duct ........ 180
Case of Sutural Union of the Median Nerve in the Lower Part of the Forearm, Five Weeks after its Division by a Broken Glass Bottle, followed by Return of Function ........ 180
Case of Disturbed Nutrition, with Suppuration and Exfoliation of the Nails 131
Two Cases of Popliteal Aneurism by Esmarch's Bandage ........ 181

LEADING ARTICLES.

The Elective Rights of Fellows in Regard to the General Medical Council ........ 132
The Gardner Bequest for the Blind 134

NOTES ON CURRENT TOPICS.

Dr. Farr and the Government ........ 135
Toxic Effects of Tea ........ 135
"Time" on "Our Doctors" ........ 136
The Dover Hospital ........ 136
The Appointment of the Queen's Medical Advisers in Ireland ........ 136
Exchanges of Army Surgeons ........ 137
High Rate of Mortality ........ 137
The Coroners Bill ........ 138

PAGE

SCOTLAND.

The Mortality of Glasgow ........ 138
Health of Edinburgh ........ 138
Govan Death-Rate ........ 138
Mortality in Partick ........ 138
A Healthy Town ........ 138
Registrar-General's Monthly Returns ..... 138
Leith Hospital ........ 139

LITERATURE.

Lectures on Bright's Disease of the Kidneys 136

CORRESPONDENCE.

Mrs. O'Connell's Paper on Delicate Children in Workhouses ........ 140
New Medical Officers' Stethoscope ........ 140

The Vacant Irish Medical and Surgical Baronetcies ........ 141
The Election at Dr. Steevens' Hospital, Dublin ........ 141
The Late Dr. Benson, of Dublin ........ 142

OBITUARY.

Dr. O'Leary, M.P. ........ 141

Notices to Correspondents ........ 142

# Original Communications.

## SCLEROSIS OF THE NERVOUS CENTRES MAINLY CEREBRAL.

By A. HARBINSON, M.D., M.R.C.S.,
Assistant Medical Officer, Co. Asylum, Lancaster.

A peculiarly hereditary form of this complaint associated with chorea has, during the past few years, come under my notice in three instances. Two of these ended fatally, and in both sclerosis of the corpora striata was found on post-mortem examination. The third case is still under treatment.

The following are the most salient features of the affection elicited by inquiries into the history of these cases.

1. It occurs from 4 to 40 years of age; affects males and females nearly equally, runs a slowly progressive course, is invariably fatal, and is always attended by increasing paresis, and more or less mental weakness or disturbance.

2. Its hereditary character. This is notorious in the district to which the families belong, and several explanatory stories, ostensibly traditional, are current, such as "the forefather of the family committed a dreadful murder, and the victim in the agonys of death called on the Lord to bring this dreadful malady on his race." These legends at all events show that its hereditary nature is popularly well known.

3. The motor manifestations. These are generally a prominent feature, usually described in such words as "he shook and was paralysed," "he shook fearfully." In rare instances there was paresis without "shaking," and in still rarer cases insanity without either. In the three following cases the motor disturbance was choreic in character, probably due to the particular seat of the lesion.

Case 1.—J. C., æt. 33, labourer's wife, was admitted into this asylum on September 3, 1873. The medical certificate of admission stated that "she is the subject of chorea, and is frequently violent in her conduct to others. . . . . . Her language is indecent, and her habits immoral."

On admission she was described as "in poor bodily health and somewhat emaciated. There is general spasmodic action of the limbs producing choreic movements, and there is considerable twitching of the facial muscles succeeded by a vacant look. The movements of the upper limbs are at one time simultaneous, at another alternate with twisting and contortion of the hands and fingers. The lower limbs are sometimes dragged, but are capricious in their movements. The tongue can be protruded by an effort, and the articulation is somewhat impeded, pupils equal, mental faculties much enfeebled." The muscular action was deliberate, without trembling or oscillation, and produced complete movements of flexion, extension, &c., in succession and in every possible combination. In picking up a pin the hand and arm would go through all sorts of fantastic manœuvres and gyrations, but would seldom be plucked in an opposite direction to that desired. The movements ceased when she was *completely* at rest—emotionally and otherwise, but recommenced on the slightest movement or nervous excitation.

At first she could walk about and feed herself with difficulty, twisting, twitching, and jerking in a very grotesque manner. After a time decided muscular weakness was added to the motor disturbance, she lost weight, began to cough, and her condition slowly deteriorated. Her gait became more uncertain, she was less able to execute any purposive act, and was a more passive slave to the capricious movements which continued up till her death without material alteration. Increasing helplessness and paresis, together with pulmonary tuberculosis, confined her entirely to bed for the last year of life, during the latter half of which deglutition became seriously embarrassed. What little intelligence she possessed at first became gradually more clouded, until finally she answered "yes" and "no" indifferently to all questions.

Various modes of treatment, including arsenic, quinine and iron, cod-liver oil and phosphorus, chloral and bromide of potassium, and ether spray to the spine, were adopted from time to time during the progress of the case, but without any appreciable benefit. She died on October 11, 1878, five years after admission.

*Autopsy*, 10 *hours post-mortem*.—Both lungs tubercular, at the lower border of left base, a gangrenous patch the size of half a hen's egg, surrounded by a margin of condensed white tissue—close beside it an apoplexy with plugged vessels—higher up a cavity size of a pea, containing mucilaginous matter, and a collection of round calcareous granules. Pericardium contained 1 oz. of straw-coloured serum. Heart 5 ozs., frothy bubbles of gas in right auricle—cavities full of white clot, very adherent to walls. A few vegetations the size of pinheads on margins of mitral valves; calcareous degeneration at the attached borders of aortic valve, and some atheroma at origin of aorta; some cutaneous branches of the internal mammary artery, utterly rigid and calcified. Blood coagulated in all the organs. Left kidney contained small infarction white in centre, with darkly congested outer zone.

Calvarium dense, of normal thickness. Encephalon, 39½ ozs. Arachnoid and pia mater opaque, and strip readily, convolutions normal. A small neuroma in anterior region. The caudate nucleus of each corpus striatum was small, flat, and wasted, slightly increased in consistence, of a greyish or yellowish brown colour and translucent gelatinous appearance. On section, its thickness from above down was reduced to ⅛ of an inch in the anterior part (about half its normal thickness), while farther back it tapered rapidly and disappeared altogether. The outer nucleus seemed of normal dimensions.

Microscopic sections of the internal nucleus were submitted to Dr. Pepper, pathologist and tutor to St. Mary's Hospital, who kindly examined them and reported the lesion to be "a good case of sclerosis."

From inquiries made regarding the history of this case it was found that the affection had appeared in five successive generations, viz.:—

1st generation—Patient's great grandfather (grandmaternal) died of it.

2nd generation—Patient's grandmother (maternal) died of it. Two sisters and one brother unaffected.

3rd generation—Patient's mother and mother's six sisters and four brothers died of it. There were two others in the family—one healthy, the other died of consumption.

4th generation—Patient herself was one of a family of five, of whom one was a criminal lunatic. "He became imbecile, and fearfully choreic." The other four (1 male and 3 females) all died in this asylum, three of them choreic. The fourth appears to have been paralysed, with little or no chorea. One had a family, healthy but young. Another had 13 children, of whom 8 died in fits. The other two not recorded. Three of the patient's cousins (2 males and 1 female) died of the complaint, as did also four other male relatives (probably cousins). Three other cousins are ill at present—one of them is the mother of four children who "seem to possess little mind;" another is the subject of Case 3. The third is brother to the latter. He is 32 years of age, and has been choreic for 6 years, but is able to work still. One of his children, æt. 4, is affected, and constitutes the

5th generation—"He shows it quite plain."

A few cases of insanity occurred as well, for "there are other branches of the family that were very singular in their ways. Three individuals committed suicide—two by hanging, and one by cutting his throat. The woman M. R. (the subject of the following case) is descended from one branch."

Case 2.—M. R., æt. 44, a cooper's wife, was admitted January 15, 1875. She had enjoyed fair health until the present illness began, never had rheumatic fever, but for some years suffered much from headache. Her family consisted of 11 children, of whom 7 were living and healthy, the youngest being 6 months old.

The medical certificate described her as "choreic, and of weak mental capacity, excitable, very quarrelsome, frequently violent, often noisy and abusive, and under the impression that all about her are unkind to her."

On admission she was spare and weakly, but able to get about and take quiet exercise. There was no lung or heart disease. Common sensation was not appreciably affected, nor were the special senses. The motor disturbance partaking more of the character of chorea than of sclerosis or other affection, was general and of considerable severity at first, the movements being sudden and jerking, and without tremor, rhythm, or order. In walking the legs would be jerked and drawn in every direction, the body at the same time undergoing all sorts of contortions. On any emotional excitement, to which she was very prone, her whole person formed a curious spectacle of violent, disorderly, muscular agitation. The motor symptoms had existed, more or less, for five or six years and for a considerable time before any mental symptoms were observed. Speech and deglutition became progressively affected, the former high-pitched, explosive, uncertain, uncontrollable, and ultimately unintelligible, while the latter for several months previous to death was so bad as to involve considerable responsibility in feeding her.

Her mental condition described accurately above, underwent but little change. She grew more peevish, noisy, and clamorous, but her intelligence, although considerably weakened, continued pretty uniform. Notwithstanding a liberal dietary, and an insatiable appetite, she became more emaciated and debilitated, and her condition went slowly from bad to worse. With advancing paresis the motor symptoms became more harassing and ungovernable, while any feeble attempt at voluntary motion, or more especially any emotional excitement, gave rise to a distressing exhibition of muscular agitation, often so exhausting as to cause copious perspiration. Worn out by the nearly constant muscular activity, chronic abscesses and whitlow added further to the prostration, and she died on January 29, 1879.

Treatment by Peruvian bark, quinine, and arsenic was of no benefit. Conium seemed of slight use as a sedative, but not otherwise.

*Post-mortem Examination*.—Both lungs emphysematous, left slightly congested, old adhesions of both pleuræ. Heart normal, 7½ oz. Only one patch of atheroma in aorta near iliac bifurcation, but small vessels much affected and some cutaneous branches of the internal mammary extremely degenerated.

Calvarium dense with little diploë, very thick in front, and not filled by the brain, which weighed 37½ oz., thickening and opacity of membranes, which strip readily, much sub-arachnoid fluid, wasting of convolutions; ventricles dilated and full of serum. Internal nucleus of each corpus striatum markedly flattened, and deficient in plumpness, about ⅛ of an inch in its thickest part, of a greyish or yellowish tinge and gelatinous appearance, through which the white peduncular fibres could be seen. Vessels pretty healthy, those in lumbar region of the cord congested; other organs apparently normal.

Microscopically, the appearances of the internal nucleus were those of sclerosis in a less advanced stage than in the preceding case. In addition to this, Dr. Pepper found in sections of the cervical cord "diminution in number and size of ganglion cells in grey matter (anterior cornu), and also sclerosis of central part of grey matter."

*Hereditary History*.—Patient was one of a family of 10, of whom 3 became choreic and weak-minded, viz., patient herself, a brother who died at 42 years of age, and another brother, aged 35, who is ill at present. A brother became weak-minded at 17, and was drowned in consequence. Of the other members of the family, two died of unknown causes, one of consumption, one of "water on the brain," and two sisters are living and healthy. Her father (who was a patient here), and his brother, sister, and cousin (male), were affected like M. R. Beyond this point the hereditary history becomes the same as that of the preceding case, some common relatives, subjects of the affection, already described in Case 1, uniting the two families. Although "in fact they were as to their forefathers one family," I have hitherto been unable to ascertain the precise relationship.

Case 3.—D. T., æt. 25, single, servant, was admitted July 30, 1877, on the following medical certificate: "She has a vacant expression, and is of low mental capacity, and subject to paroxysms of excitement and violence; she is scarcely able to take care of herself, being afflicted with chorea."

Her father's family history is good. Her sister and mother died of consumption. Her brother and his little son are affected like herself, as were also her maternal grandmother and great grandfather, as described in Case 1.

The causes assigned for her illness are, in addition to the hereditary predisposition, an aggravated matrimonial disappointment and the subsequent birth of an illegitimate child, followed soon afterwards by an attack of small-pox.

She has always been rather weakly and delicate, but on the whole wiry and tolerably healthy. Her health and condition have scarcely altered since her admission. She is spare and ill nourished, but free from lung or heart disease, and as yet there is no decided paresis.

There have been no troubles of the special senses, or of ordinary sensation, except in the direction of slight hyperæsthesia. (Hammond mentions cutaneous hyperæsthesia as an occasional symptom of cerebral sclerosis). With her eyes shut she can touch any part of her face with tolerable accuracy. She complains of "rheumatic pains" in her limbs and joints; but it is difficult to get a reliable description of them from her.

The motor disturbance is of a mild but decidedly choreic character, and entirely devoid of tremor rhythm or to-and-fro movements. It is, however, manifested only during muscular action, or on nervous excitation of some sort; it can be restrained considerably by an effort of the will, and a glass of water can be carried steadily to the lips even with the eyes closed. The movements are general, but the trunk and shoulders are most affected, the face but slightly. Respiration is frequently spasmodically interrupted. The voice is monotonous, and speech gives the impression that the tongue and parts concerned in vocalisation are constrained and restricted to movements of slight extent. Each sentence is hurried as if to avoid the pause following or interrupting it. The pause seems due to spasm of the respiratory muscles, and of the parts more immediately concerned. Laughing is interrupted by peculiar stridulous inspiratory sounds.

The appetite and digestive powers are indifferent, and bodily nutrition is below par; the intellect is weakened and possessed of few ideas; there is emotional depression with an irritable, peevish, unhappy disposition; she cannot bear loud sounds or strong light, and she habitually complains of cold even in the warmest weather (her temperature is about normal). These symptoms might be taken as indicating hyperæsthesia and functional impairment due to nervous irritability and mal-nutrition.

She has no delusions apart from erroneous impressions concerning herself, her fitness for home treatment, and the unkindness of her relatives and everyone else towards her.

This patient and that in Case 1 were cousins, and the subject of Case 2 was related to both, so that the same hereditary history applies to each of the three.

Compared with multiple sclerosis of the brain and cord, or mainly of the cerebrum, the affection in the foregoing cases presents certain interesting features in regard to—

1. Heredity. By most authors this is not even mentioned. Charcot knows of one case (communicated to him by M. Duchenne) in which heredity played a certain part. Erb, in Ziemssen's "Cyclopædia," says that "hereditary influences may in many cases be regarded as predisposing to multiple sclerosis. Duchenne observed hereditary transmission of the disease in one case, and I have myself observed the same thing. Frerichs saw a brother and sister who were suffering from the disease, and a similar case has come under my own observation." Under hereditary transmission of chorea, Ziemssen gives the following note: "Huntington, of Long Island, with his father and grandfather (also physicians), says he has observed entire families of choreic persons, in which the disease was propagated until once a generation had been overleapt, when the hereditary disposition in that family ceased. In these cases the chorea began between the twentieth and fortieth year of life, attacked men and women alike, and usually led to mental disease, often associated with suicidal tendencies, and finally to death." Here the cause was almost certainly sclerosis, and the similarity of these to the foregoing cases in other respects renders this note particularly interesting.

2. The early age at which it may occur (4 years). Erb says "relatively few cases have been known to occur in children under 10 years of age." Charcot "observed it in patients aged 14, 15, 17 years." He cites a case from M. Leube, in which it affected a child at the age of 7 years. Hamilton, of New York, saw the disease begin in one case at the fifth year.

3. Its nearly equal distribution between the two sexes. Of the total 36 cases 20 were males and 16 females. Charcot has met with it more frequently in females (25 females, 19 males, in 34 cases.) Erb thinks "there is no marked difference between the two sexes." Hamilton and Hammond have seen it more frequently in men.

4. The motor disturbance. This in the three cases given above is unlike that usually present in sclerosis in that the movements resembled those of chorea more than any other complaint; they were not tremulous or oscillatory. In one case they could be somewhat controlled by the will; in two they continued up till death without decided alleviation. As in sclerosis, however, they ceased during perfect rest; they were greatly intensified by any emotional disturbance, and they affected the muscles of the face but little. Rigidity and contractures of the extremities did not occur, owing probably to the slight implication of the cord. Muscular unsteadiness appeared before the paresis (a diagnostic point, according to Hammond and Jaccoud, between cerebral and cerebro-spinal sclerosis). These cases illustrate Charcot's remark that sclerosis is *par excellence* a polymorphous affection.

5. The preference of the affection for the corpora striata, as found in two cases on post-mortem examination. This furnishes the probable explanation of the choreic character of the motor disturbance, for all authorities agree in localising the immediate cause of chorea in or in and about this region. Drs. Broadbent and Fox look upon the symptoms of chorea as pointing to the seat of mischief, not to its nature, the latter believing "that any lesion that interferes with the nutrition of this region of the brain may cause choreic jactitation, if only the interference with nutrition is not of sufficient extent to cause paralysis."

I refrain from noticing in connection with this point, the various cases of chronic chorea associated with gross lesions of the corpora striata to be found in medical journals and elsewhere, and will only in conclusion draw attention to Erb's remark regarding sclerosis, that its "differentiation from chorea minor is, as a rule, easy, since the volitional tremor differs very essentially from the choreic movements. One case that came under my own observation has, however, convinced me that the choreic motor disturbance can, like ataxia, occasionally occur as a concomitant symptom in multiple sclerosis."

## ZYMOTIC DISEASES IN DUBLIN. (a)

By Dr. J. P. NOWLAN.

Since my connection with the North City Dispensary, now past four and twenty years, the various epidemics of zymotic disease that have come under my notice have

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(a) "Zymotic Disease as observed in No. 1 North Ci District since 1855." A paper read at meeting of the "Society of Metropolitan Medical Officers of Health" on 10th December 1879.

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presented so many features in common, viz., their gradual approach, arriving at an acme and graduated decline, above all, the prevalence of one to the extinction of the others, have forced me to conclude that an unvarying phenomenon must imply a fixed causation. In the present day, even in the ranks of the profession we hear the cry that disease should be stamped out; the public re-echo the cry; in fact, sometimes I regard myself as a sort of medical Rip Van Winkle, who having slept several years, a medical revolution has occurred, leaving me in my waking moments behind the age. In school days, when reading Homer, in the first book of the Iliad, we read of Apollo sending a plague among the Greeks, as they sat around the beleaguered city, which is said to have attacked equally men and beasts. The world's history but repeats the tale—as the human race spread, cities and nations rose, epidemics followed often in their track. In bringing a paper like this before a Society composed as it is of men who have the same field for observation as myself—some my seniors—the idea suggested itself to me that I was performing the familiar feat of bringing coals to Newcastle. However, in reading the words of the late Dr. Stokes, when speaking on the subject of preventive medicine, I felt somewhat confident that the effort I was about to make, however feeble, had the sanction of his high authority. I will first take the epidemic of cholera which occurred in 1866. During the year 1865, it became apparent that cholera was on the march; it followed almost the lines of 1832. From 1855 to 1876 the whole line of quay, from Carlisle Bridge to the Light House at North Wall, was in No. 1 North City District; it is the great centre of the cross Channel trade. Cholera was epidemic in Liverpool in July. On the 2nd August a man and woman, arrived from Liverpool, took lodgings at 8 Mayor Street. The woman took ill a few hours after arrival, and died of well-marked Asiatic cholera. The man went down to Newbridge to see a friend of his in the Scott's Greys, then stationed there; took ill in the railway carriage. On arrival in town was brought to Green Street Hospital, and died there. It is worthy of remark that no other case occurred in this house. From the 3rd to the 7th inst. no further case occurred; on the 8th inst. three cases were reported. The first case I visited was a man named Larkin, living at Church Place; the second, at Spring Garden West; the third, at Beaver Street. It is, I think, important to fix the exact locality of these cases. To be brief, I may say, if you formed an equilateral triangle, each of these cases would represent the angle of the triangle; the sides would be about a mile in length. It struck me as strange that three men living apart should be attacked simultaneously. On inquiry, I learnt the following facts:—They were in the one employment the day before, engaged in collecting clay, used in the manufacture of bottles. Their mode of working was as follows:—They went down the river at full tide to the Bull Wall; as the tide fell the boat grounded; they then loaded the boat with this clay (found there), when the boat floated with the returning tide. They returned back; they were engaged at this work on the 7th inst., returned to their respective homes, took ill during the night. From that time forward cholera and diarrhœa became epidemic; they were treated at the dispensary—106 cases of Asiatic cholera, and 722 cases of diarrhœa; it lasted five months, assumed its acme in the third month, began to decline in the fourth, subsided in the fifth. On the night of the 5th of October I awoke with a feeling of great depression, which I could not shake off. Knowing what was about, my thoughts were not of a very pleasant character; however, I kept my ideas to myself. The night passed over without any result to myself or household. I then lived in 11 Hardwicke Street. On the following morning I learnt that in Hardwicke Lane, in a straight line across the street, a man named Fitzpatrick was attacked during the night. Further on, in a direct straight line, across Dorset Street, three cases occurred during the night in Whites Lane. At 9 o'clock each night I used to go round any cases seen during the day. On entering some streets I became sensible of a peculiar state of atmosphere, as it were breathing a heated mist, a peculiar odour. The only similitude I can think of is that peculiar smell which we find in a field of potatoes recently struck with blight. Whenever I found such a condition of atmosphere, I inferred the occurrence of cholera during the night; my gloomy forebodings were generally realised. Now the first case of cholera in Dublin occurred on the 27th July in No. 4 South City District, which contains the south line of quays from Carlisle Bridge. It is strange, a case occurred in Wexford the same day. Graves remarked that in the cholera of 1832, Wexford was the last place attacked. The cholera reached Dublin the 22nd March, 1832, Wexford 21st August, 1832. Graves attributed the fact to there being no steam communication between Dublin and Wexford, the absence of passenger traffic, the trade being only export. Steam has increased since Graves' time, and now we have the railway, bringing Wexford within a few hours of Dublin. In my district several steamers passed daily between Liverpool and the quay. The two fatal cases occurred on the 2nd, yet the epidemic did not assume its form as such until the 8th. Now I may at once say that I believe that these three men working at the mouth of the river encountered the cholera cloud as it entered Dublin. That cholera follows the line of river and the roads of commerce will not be disputed. Now it may be asked, what do you mean by a cholera cloud? I mean to say that the materies morbi is in the atmosphere; but at present I do not believe it exists as a cloud of germs or bacteria. I incline to the belief—that it exists in a gaseous form and obeys a simple law of chemistry—that it has its special solvent; as its atmospheric existence is general, its application, if elective, must be determinable. Now the atmosphere of each house is special, and may supply its solvent menstruum. Now when cholera enters a street it takes its side and special houses. I believe it finds its solvent in the air of the household, and takes its victims from the weakest, or the strongest predisposed by fear. As to the night of the 5th of October, I believe the cholera cloud passed over my house, but finding neither localisation or receptivity, passed on, and soon found its victims. As to my general experience of the choleric atmosphere, I may remark, Mr. Glaisher has demonstrated the appearance of a peculiar blue cloud, and the absence of ozone. Neither scarlatina or other zymotic prevailed during the epidemic. I will next take the epidemic of scarlatina. In 1855 I found an epidemic of scarlatina in the district. It was characterised by the occurrence of diffuse inflammation of neck, ending in destruction of the skin and cellular tissues, the muscles laid bare, as if dissected, and the occurrence of arterial hæmorrhage. In one instance two sisters died in the third week from smart arterial hæmorrhage. The blood was projected per saltum; death ensued ere any effort could be made to save them. To show the effects of constitution in modifying the disease, I attended the brother some years subsequently in another locality; he died of malignant scarlatina. In the epidemics observed by Graves he inclines to the belief that the strumous diathesis does not modify them. My experience of the epidemic since that time is that it does so in a marked manner. One example I will give. Four children in one house; three children of healthy parents passed through the disease; the fourth, a nurse child and strumous, was attacked with diffuse inflammation of the neck, and died. I invariably find the ages, two, five, and ten, as extremely fatal, and my experience in registration confirms my own observation. I believe the law of Mr. Simon in his lectures of Pathology may account for this fact. In 1871, 1874, 1876, epidemics occurred, each differing from the other, and presenting type and form distinct. In the year 1868 we were congratulated on the stamping out of small-pox in Ireland, showing the good effects of compulsory vaccination. The epidemic of 1871-72 rudely dispelled the flattering delusion. As the epidemic of scarlatina, 1871, subsided, diarrhœa set in. In September small-pox appeared; prevailed as an epidemic five months; continued on until September, 1872. During its prevalence scarlatina disappeared; in 1873 almost nil. Now lately it has been stated that the prevalence of small-pox in Dublin implies defective vaccination. That vaccination controls small-pox, and of its good effects, there can be no question; but the mitigation of small-pox and its utter extinction are two different things. For the last two years small-pox has appeared in the district, but never as an epidemic like 1871-72. As small-pox increased scarlatina decreased in a marked manner. Now I think in a well-vaccinated community small-pox is a disease easily treated. I can with perfect truth say that, having vaccinated over 5,000 people, not a single death occurred among them. Some have taken modified small-pox, but the disease was trivial, and readily yielded to treatment. Now I ask, what control have you over scarlatina?—a disease that kills in twenty-four hours; like cholera, it baffles all treatment. West, in his work on "Disease of Children," and other authorities, have pointed out, it would be well for those people to consider what the extinction of small-pox would entail. Take London for the last month; deaths from small-pox some weeks nil; scarlatina increasing from 70 to 106 per week. Week ending the 29th November as follows:—Small-pox 3; 78 from measles (an increase of 21); 102 from scarlatina. Thus wealthy London and Dublin obey the one law. I could adduce authority and figures to prove the proposition, but I think I have adduced enough at least to induce a calm consideration of the subject. As to measles, fever, I fear to enter into this subject; in fact time, and having regard to the time reasonably to be occupied in reading a paper—but I may say they would but confirm my previous observations. In 1855 typhus fever prevailed. I met with cases of large cervical abscess as a result. I have not since encountered such. Where matter formed the cases recovered, confirming the remarks of Graves. Latterly the typhoid type prevailed. Comparing the death-rate in England, Ireland, and Scotland, under these heads, localising power, receptivity, and recuperative power, I believe from all combined causes, of which we lately have heard so much, that Dublin—if I may use the expression—is tenacious of epidemics. As to receptivity, I believe Dublin has a largely acquired one. The habits of the people, above all intemperance, leads to it; but in fact everything that lowers the constitution opens the door to contagion. As to recuperative power, it follows from the above that a broken constitution cannot possess it. Sanitary authorities and our own profession may exert themselves to their utmost without effect if the community live regardless of sanitary laws. In conclusion, I have to express my regret that I had not that time at my disposal to give to the preparation of the paper which the extent of the subject called for, and to show the interest I take in this Society, which I believe is well calculated to raise preventive medicine from the present unsatisfactory condition in Ireland.

# Clinical Records.

## RICHMOND SURGICAL HOSPITAL.

### Cases under the Care of Mr. Stokes.

*Labial Epithelioma. Zeis' Cheiloplastic Operation.*

The following cases afford examples of the satisfactory results obtained after the removal of extensive labial epithelioma by Zeis' cheiloplastic operation, a procedure the details and steps of which Mr. Stokes has already described in the *Dublin Medical Journal*, 1872.

Case 1 (From Notes taken by Mr. J. Sullivan).—Garrett Leech, æt. 70, a labourer by occupation, was admitted into the Richmond Surgical Hospital on the 16th of last August, under Mr. Stokes' care. The disease was of seven years' standing, very extensive, and involved not only the entire of the red border of the lower lip, but also the tissues below this to the extent of fully one-half to three-quarters of an inch. The general health of the patient was good, and there was fortunately no evidence of glandular contamination. On August 21st, Mr. Stokes performed Zeis' operation. The edges of the flaps were united by two strong hare-lip pins at each angle of the mouth, and six fine entomologist pins were used to bring the rest of the flaps in accurate apposition.

On August 24th, Mr. Stokes removed the pins, when excellent union was found to have taken place.

On September 1st the patient left hospital, the result being in every respect eminently satisfactory. The patient's temperature throughout was normal.

Case 2 (From Notes taken by Mr. Skerrett).—Michael Ryan, æt. 56, by occupation a labourer, was admitted into the Richmond Surgical Hospital under Mr. Stokes' care on December 15, 1879, suffering from extensive labial epithelioma complicated with several enlarged sub-maxillary glands. He stated that twelve months ago a small, hard spot appeared on the lip, which was whitish in colour. This increased slowly in size, and he was then persuaded by his friends to consult a "cancer doctor," who applied a paste which in the patient's opinion had a marked effect in causing an increase of the disease. He then came into the Richmond Hospital, when it was found that the whole of the lower lip was extensively and deeply involved in the disease. A cluster of enlarged glands in the sub-maxillary region was found.

On December 17 Mr. Stokes operated by Zeis' method, and when the flaps were brought together in a manner similar to that adopted in the first case, he proceeded to excise the enlarged glands. This was accompanied with greater difficulty than was anticipated, but eventually was satisfactorily accomplished. The patient's temperature on the evening of the 17th was 100·2° F., and he complained of some pain.

On the following day Mr. Stokes applied fresh dressings, and was quite satisfied with the appearance of the wound and the progress towards union that had already been effected. The patient was suffering no pain, and both his pulse and temperature were normal.

On the 19th Mr. Stokes removed the needles and sutures, and the union was found to be perfect.

A few days subsequently an abscess formed in the situation where the enlarged glands had been removed, but was attended with little local, and no constitutional, trouble. The patient shortly after returned home, the result of the operation being all that could be desired.

# Department of Lunacy.

## SUICIDAL NICETY.

To those insane patients who contemplate self-destruction "the bare bodkin" is sometimes more deterrent than "the dread of something after death;" and in them "the native hue of resolution" is sicklied o'er by physical cowardice rather than by reflective subtleties.

A lady who was constantly proclaiming her suicidal tendencies, and was therefore watched night and day, was recently an inmate of a lunatic hospital. Her great desire was to end her life by drowning, and it was therefore necessary for three nurses to hold her when she was having the warm baths that constituted part of the medical treatment in her case, to prevent her from putting her head under water, which she frequently attempted to do. After many tiresome contentions the chief nurse, a woman of expreience and resource, feigned to be weary of the conflict, and ordering the other nurses to stand aside, told the patient that she might do her worst, as they would not interfere any further. The poor lady at once put her head under water, but as speedily pulled it out again. Several times she repeated this manœuvre. At length, seeing the nurse smile, she exclaimed, "It's no use! I could drown myself in soft water instantly, but not in nasty hard water like this." After that she did not again speak of drowning herself, nor make the most distant attempt to do so.

The incident is quoted not to suggest a method of treatment, for it would be rash indeed to allow lunatics to approach the suicidal act, in the expectation that they would finally shrink back from a close contemplation of it; nor to point the moral that suicidal lunatics as a rule protest too much, for it is wise to err on the safe side, and to regard ever what are suspected to be empty threats as if they were real determinations; but to illustrate the manner in which insane impulses are sometimes suddenly turned aside, and the curious irrational reasons that are given for the deviation.

## THE LUNACY INQUIRY COMMISSION.—III.

According to the 27th Report of the Inspectors of Lunatic Asylums, there are at present 3,365 of the insane in workhouses. As the supervision of these patients seems to be very imperfect, as they appear to have arrived in their present position in a very accidental sort of fashion, and to be, indeed, very much "nobody's children," it might have been anticipated that the Lunacy Inspectors would have found much reason to complain of the treatment and management of this unfortunate class. But exactly the reverse appears to have been the case—at least, for the last few years. We are agreeably surprised to find nearly five folio pages of the Commissioners' Report filled with notices extracted from the Inspectorial Reports of various workhouses. These are all favourable, some absolutely flattering. It may be said, "they are a selection chosen for a purpose." Even if this were true, the very fact that such notices could be culled from the Inspectors' Reports more than proves the case which the Commissioners advocate. Almost everything connected with the detention of the insane in workhouses is at present imperfect. It is confessed that due inspection is often difficult, sometimes impossible. The buildings occupied by the insane have, certainly in most cases, never either been erected for their accommodation, or subsequently modified to adapt them for that purpose. Those who have practical experience of the matter will often have noticed that a considerable number of the insane occupants of workhouse wards are but sojourners pending the commission of some slight assault which will enable them to be transferred to the nearest lunatic asylum as "dangerous lunatics or idiots." In spite of all this, the Inspectors are able to say that those patients whom they visit in workhouses are "duly attended to," are "humanely attended to," are "kindly attended to," &c. Further they praise the cleanliness and comfort of the wards, the scale of diet, the clothing and bedding, the ventilation, &c., and in several passages express themselves well pleased with the manner in which the general health of the patients is looked after.

It is evident, then, that the further provision for lunatics in adapted portions of workhouses has *primâ facie* this in its favour, that it is merely an extension with improvements of a system which has been already in work, and which, even under most disadvantageous conditions, has met with the approval of the heads of the department. But if the recommendations of the Commissioners be carried out, most of the disadvantages under which the present system works will be removed. Isolated cases of insanity will not be scattered about through workhouses in a manner which sets a thorough supervision at defiance. On the contrary, special buildings set apart and prepared for the purpose will be reserved for the reception of considerable numbers of the insane of a particular class, and it is hard to see in what way this plan will fall short of the older usage, while the facilities for complete inspection and systematic treatment that it offers are obvious.

It is scarcely necessary to remind our readers that the Commissioners do not desire to place in workhouses all the lunatics at present needing accommodation, but only those of them who can be classed as imbeciles or idiots. The space at disposal is far more than sufficient for the reception of all such who are at large and neglected, and it is recommended that the surplus room be utilised for the accommodation of the numbers of idiots and imbeciles who have drifted into our district asylums. While the Inspectors, as we have seen, are lavish in their praise they bestow upon the workhouses, there is one fault or imperfection in our district asylums, to which they are never weary of calling attention. In report after report—both at individual institutions, and in the yearly summary for the whole department—they deplore the evil of overcrowding. It is much to the credit of the Irish inspectors that they have never been inclined to look upon our public asylums merely as places of safe detention for lunatics, but have always seemed to consider that the first and most important function of these institutions is to be hospitals for the cure of the mentally afflicted. To this view they have steadily adhered under the most discouraging circumstances, and have persistently and conscientiously expressed their opinions when their voice was but as one crying in the wilderness. The attention that the Government and the public usually pay to these matters is essentially rhythmical. At the end of a long period of individual effort, public feeling is stimulated to some philanthropic outburst. This outburst is almost always ill-considered, often misdirected, and once it is over, is invariably followed by a lull, during which popular sentiment refuses to answer to the most urgent stimulant. In the case before us, when the call for some proper place, where some of the heretofore neglected lunatics could be guarded and taken care of, had at last made itself heard, decisive action was taken by the construction of a number of lunatic asylums throughout the country. When this was done it was scarcely to be expected that any further attention would be given to the subject for a few generations more. To be sure the department has increased, but, in a polypoid sort of fashion, by an "irrelative repetition of similar parts." There has been no change of plan, no improvement, no development. Not the less on this account, nor because they received no encouragement and apparently no hearing, did the Inspectors continue to deplore the swamping of the asylums by the detention in these institutions of incurable cases whereby their powers as curative establishments have been grievously crippled. The resident medical superintendents of the various asylums have confirmed the view taken by the the Inspectors, and the Commission of 1857, having reviewed the evidence of both, reported—

"At present the district asylums are, to a great degree, deprived of their utility as curative hospitals for the insane, by the large proportion of probably incurable cases which they contain;" and proceeded to recommend that portions of workhouses should be appropriated for a certain class of the probably incurable.

No action of any kind has followed this recommendation, and the evil has gone on increasing ever since. The only remedy applied to the overcrowding complained of so continually, has been to build new asylums, or additions to those already built,—in either case, at an expense which, considering the poverty of the country, may be well termed enormous, and in view of the evidence adduced before successive Commissions seems utterly unjustifiable and uncalled for.

As has been already pointed out, there are "at large" and "neglected," a very considerable number of curable cases of insanity,—cases which it is neither humane nor expedient to permit to fall into an incurable condition. All these cases could be easily provided for in our district asylums, if the latter could be relieved of their present plethora of incurable patients, and in this manner (the idiots and imbeciles at large having been accommodated in workhouse auxiliaries) the class of neglected lunatics would disappear from the country, while, at the same time, one of the most serious drags upon the efficient working of the district asylums would be removed.

It remains to consider the evidence of the medical men connected with asylums, whom the Commissioners have questioned as to the feasibility of this scheme. When the Commissioners visited Ennis, they examined Dr. Daxon, the superintendent of the asylum there, and Dr. Cullinan, the visiting physician. Both gentlemen expressed their approval of the plan, the latter indeed, claiming the credit of having made a similar proposal long ago. But more than this, "the Ennis Asylum," the Commissioners say, "is not crowded, as the harmless and incurable are drafted to the workhouses by the resident medical superintendents." In his evidence Dr. Daxon states that he has now sixty patients who could be transferred to adapted workhouse buildings.

Here then we see, that one who has tried the experiment as far as it was possible under present conditions, is so far satisfied that he is ready to go further than present circumstances permit. The superintendents of the asylums at Mullingar and Monaghan express decided approval of the scheme, while the superintendent of the Richmond Asylum, Dublin, seems also to approve of the principle on which it is framed, though personally he would prefer to see a few large special asylums (like those of Leavesden and Caterham) in place of several smaller buildings set apart for imbeciles. Sir Dominic Corrigan was a member of the Commission of 1857, whose recommendation as to the establishment of workhouse asylums has been above referred to, and we find from his evidence before the present Commissioners that he "concurs entirely with their view" in this matter, though he is far from looking favourably upon the system which scatters lunatics by twos and three's through workhouses in such a manner that they are often grossly neglected. Dr. MacCabe, now Local Government Board Inspector, formerly an asylum superintendent, also expresses himself decidedly in favour of the establishment of auxiliary asylums in connection with workhouses. We have above referred to his very remarkable evidence with reference to the working of the lunacy department in Cork Workhouse, which shows what can even now be done in workhouses under favourable circumstances and clever management.

We are not surprised, however, to find that he is very strongly of opinion that the accommodation for lunatics in workhouses in his district has hitherto been generally insufficient in quantity and defective in structural arrangement.

Again, Dr. Hatchell, one of the Inspectors of Lunatic Asylums, though he had much to say against the manner in which lunatics are at present accommodated in portions of workhouses ill-adapted for the purpose, and often so placed that sufficient inspection is impossible, seems on the whole to approve of the plan recommended by the Commissioners, and to see no insuperable difficulties in the way of carrying it out. In fine, the evidence in favour of the establishment of auxiliary asylums as recommended is very strong, while we are unable to discover that any really important objections have been brought forward on the other side.

In the work we have been reviewing, the plan for adapting portions of workhouses for the reception of imbeciles and idiots is closely associated with a further scheme recommended by the Commissioners for the division of the district asylums into two classes:—Curative hospitals and asylums for incurable cases requiring special care who could not well be treated in workhouse auxiliaries. As, however, a number of points arise in connection with this matter, which are quite distinct from those involved in the question of workhouse adaptation, we have thought it well to treat the two subjects separately.

In our next number we will return to this Report, and consider the classificatory scheme suggested.

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## DANGEROUS LUNATICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly state in your next issue, if, in case of a supposed dangerous lunatic brought before two justices, the said justices cannot *legally* accept the certificate of any medical man other than that of the medical officer of the dispensary district in which they may be at the time, or in case he may not be available, that of the nearest available medical officer of a neighbouring dispensary district? If so, is it not rather hard upon the medical attendant of the supposed lunatic who may have been called upon to visit him?

Yours, &c.,

"LUNACY ACT."

[The clause of the Act of Parliament is as follows:—"*Dangerous Lunatics and dangerous Idiots to be sent to Asylums.* 10. Whenever any person shall be brought before any two justices and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting a derangement of mind, and a purpose of committing some crime for which, if committed, such person would b liable to be indicted, the said justices shall call to their assistance the medical officer, or, if there be more than one, the nearest available medical officer of the dispensary district in which they shall be at the time, and if there shall not be any such medical officer available, then the nearest available medical officer of any neighbouring dispensary district, who shall examine such person."—Ed. M. P. & C.]

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## Special.

### FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Feb. 6.

The Chamber having recently decided on the creation of an ophthalmic *clinique* at the National Hospital Quinze-Vingts, the Minister of Public Works has addressed a letter to the different railway companies inviting their co-operation as far as granting free passes to every indigent who would be desirous of entering the establishment. In return for this favour the directors of the Quinze-Vingts would engage themselves to admit gratuitously all the servants of the railway companies who suffer from eye diseases.

*Treatment of Chest Diseases by Petroleum.*—Dr. Moubré, writing to the *Gazette des Hopitaux*, gives his experience of petroleum capsules in simple and chronic bronchitis. This balsamic had been brought before the Therapeutic Society by Dr. Blache a year ago, at the instigation of a Paris chemist, who named it Gabian oil, in order to prevent public prejudice. Each capsule contains twenty-five centigrammes of pure petroleum, the ordinary oil not being used, as it has to be distilled in contact with sulphuric acid to render it fit for lighting purposes. At the Hospital Beaujon, where these capsules have been freely ordered for chronic bronchitis, a rapid diminution of the secretion and fits of coughing were observed. In tuberculosis this medicine gave encouraging results.

At the Société Medical des Hôpitaux, M. Besnier read the Quarterly Report on Current Diseases, from which it appeared that pleurisy had considerably increased, the number of cases exceeding that of pneumonia, whereas formerly there were five cases of the latter for one of pleurisy. One of the members commenting on this increase, would not ascribe the increase of mortality due to this disease as much to thoracentesis as to the augmented gravity of pleurisy. M. Bucquoy remarked that pleurisy was certainly a graver disease than pneumonia from its results, but that was not due to the puncture.

*Treatment of Aphthæ by Corrosive Sublimate.*—Dr. Vivier in the *Journal d'Accouchements*, recalls the treatment recommended long ago by Bazin, which consists in the employment of bichloride of mercury in the form of lotion for aphthæ, and which in Dr. Vivier's opinion is without comparison more efficacious than all other remedies. The following is the formula :—Corrosive sublimate, 12 grains ; alcohol 1 drachm ; distilled water, 7 drachms. A camel's hair pencil dipped in this solution and applied to the aphthous spots two or three times a day succeeds invariably in curing the sores. But this treatment has one drawback—it is that it could not be entrusted into the hands of parents, and consequently it necessitates a greater number of visits, but which, according to Vivier, is amply compensated for by the rapidity of the cure.

Dr. Haussmann publishes two observations demonstating the good effects of compresses of phenic acid on the fissured nipples of nurses. The solution he employs contains five per cent. of phenic acid. At the Lying-in Hospital, Berlin, this agent has been largely experimented on by Dr. Steiner, who has drawn up a report containing observations of forty patients who were treated advantageously by this method. However, the mode of application differed in that the solution was brought in contact to the affected nipple by means of a hair pencil, and not by compresses.

Dr. Chéron, attached to St. Lazare, recommends for epithelioma of the vagina the following injection :—Chlorate of potash, one ounce ; laudanum a drachm ; water six ounces. A table-spoonful of this solution in a pint and a-half of warm water to be used in injection twice a day.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

The last meeting of this Society was held on Friday, Feb. 13th, Dr. E. Headlam Greenhow, President, in the chair.

Mr. Henry Morris on

#### TRAUMATIC SALIVARY FISTULA CURED BY PASSING A FINE CATGUT BOUGIE FROM THE MOUTH ALONG STENSON'S DUCT.

A shoemaker came under my care in the Middlesex Hospital on June 24, 1879, for bleeding from several incised wounds, one of which was about two inches along, and vertical in direction, on the right cheek. On June 28th saliva was seen trickling from the lower end of this wound, which was all but healed. The patient now stated that since the injury the right side of the mouth had felt very hot and dry, and that he had constantly to moisten it by carrying the fluid from the left side over to the right of his mouth. A fine catgut bougie was introduced at the oval aperture of the duct, and passed onwards towards the parotid gland until it emerged on the cheek through the fistula. The newly-healed wound was laid open, and the proximal end of the injured salivary duct searched for, and found by squeezing the parotid gland until a little saliva was forced out of the duct. Into this the point of the bougie was inserted and pushed onwards for about half-an-inch. The edges of the wound were brought together with three hare-lip pins and twisted sutures, and the bougie cut short, so that a short end, not long enough to be caught between the molar teeth, was left protruding into the mouth from the slit-like orifice of the duct. The patient at once appreciated a marked difference in the feeling of the right side of the mouth, which was now in all respects like the other side, and he could distinctly feel saliva trickling into it. On July 4th the bougie came away accidentally. The wound on the cheek had been all but healed for four days, but a little discharge still escaped at its lower end. On July 9th a little saliva was escaping still ; cotton wool and collodion were therefore continued over the wound until the 15th of July. By this date the wound was securely healed, and all the saliva flowed freely into the mouth. The man was retained in hospital for a few days longer, and was then discharged well. The facility with which a bougie can be passed along the parotid duct from the mouth encouraged the author to think that the same treatment would prove successful in most cases of parotid salivary fistula, meaning by salivary fistula a fistula of the parotid duct as distinct from a fistulous communication with the parotid gland itself, such as occasionally follows abscess below or behind the ear ; and also as distinct from an opening into the cavity of the mouth, such as sometimes occurs after necrosis of the jaw, and in cancer. If the orifice of the duct, which is its smallest part, becomes obstructed after long disease, the mucous membrane of the cheek may be punctured, and then a bougie might be passed into the dilated part of the duct, which is just where it pierces the buccinator muscle, and urged along it beyond the fistulous opening. In operations for the removal of tumours of the face, when an incision must be made so as to divide the duct, it would be well to pass a parotid bougie whilst the patient is still under chloroform, so that the potency of the duct and the flow of saliva into the mouth might be secured during and after the healing of the wound.

Mr. J. W. Hulke on

#### A CASE OF SUTURAL UNION OF THE MEDIAN NERVE IN THE LOWER PART OF THE FOREARM, FIVE WEEKS AFTER ITS DIVISION BY A BROKEN GLASS BOTTLE, FOLLOWED BY RETURN OF FUNCTION.

A bottle washer, by the bursting of a Seltzer water bottle, received a deep gash across the the front of forearm, just above the wrist, which severed the median nerve, the radial artery, and several tendons. Five weeks later, on 23rd July, there having been no return of nerve function, the nerve was exposed by dissection. The ends were found ¾ inch apart, the upper bulbous, the lower pointed. Enough was cut off each end to get plane surfaces at 90° to long axis of nerve. The upper end was pulled down in order to lengthen it, and the ends were brought together by four stitches of very fine silk passed through the sheath ;

the forearm and hand were fixed on a splint. On 15th August he was discharged; sensibility had returned in the parts before numb, except the last phalanges of index and middle fingers. Later further improvement took place.

Mr. HOWARD MARSH said he hoped soon to record a somewhat similar case which had been under Mr. Holden's care. In it the nerve had been injured for some time, but there had been a recovery of function within twenty-four hours after the operation. He desired to know if Mr. Hulke had stretched the nerve, and to be told the nature of the suture employed.

Mr. HULKE said the nerve ends had been brought together with considerable force; the suture was a silk one, consisting of what is known as 3-plie China twist. It is an excessively fine thread.

The PRESIDENT remarked that the case presented many interesting features to the study of the physician.

Dr. A. SANGSTER on

### A CASE OF DISTURBED NUTRITION, WITH SUPPURATION AND EXFOLIATION OF THE NAILS.

E. K., æt. 7, came under observation October 16th, 1879. There was a history of "chest complaints" on the mother's side. The mother looked healthy; she had had seven children, three of whom had "lumps in the throat;" three died in infancy. The patient was a delicate-looking little girl; her mother brought her to the hospital for the affection of the nails, and ulcerative stomatitis. The terminal phalanx of the middle finger of the left hand was about twice its natural size, hot, red, and very painful, so that the child held the finger with the other hand in a vertical position, to keep it from being jarred. The nail was greenish-black, curved talon-wise, and raised from its bed, from which oozed a very fœtid purulent discharge. The skin in the immediate neighbourhood was ulcerating. The other nails showed changes such as may be seen in the drawing. Some were ridged transversely, and discoloured at the distal portions; others were stunted and misshapen, evidently new nails; some were separated from their beds half way towards the fold. A piece of paper could be slipped beneath them, showing that there was no massing of epidermis between the nail and its bed. The separated portion of the nail was blackened with dirt, but its texture was unaltered. The toe-nails had been stunted and misshapen for some time; none had suppurated. The mother's statement was, that the finger-nails presented no unusual appearance until twelve months ago, when certain of those on the right hand gradually turned black (presumably by separation from their beds and discolouration). When the blackened portion reached the fold, the finger-ends festered, and the nails were shed. Some of the nails of the left hand, not corresponding with those affected on the right, underwent similar changes. There were no signs of syphilis in the patient or other members of the family (father not seen); no history of dartrous affection (psoriasis, eczema, &c.); no traumatic cause for the disease was discoverable; no fungus found; appearances were in favour of the correctness of the mother's statement. The disease seemed to consist essentially in a separation of the nail from its bed; the onychia condition being possibly due to accumulated dirt, most probably in some instances to the contagion of pus.

No discussion on this paper taking place,

Mr. MORRIS exhibited a patient, whose case is described in the tenth volume of the Clinical Society's Transactions, from whom he removed a large myeloid tumour of the radius by excising that bone from the wrist to the insertion of the supinator brevis, together with the lower four inches of the ulna. He brought her under the notice of the Society as an encouragement to surgeons to excise rather than amputate for such growth of the bones of the upper extremity. It was now four years since the operation, and yet there was no sign of recurrence of the disease. The degree of usefulness of the hand thus preserved to the patient was very considerable. By the aid of a simple leather splint she was able to nurse, dress, and wash her children, do all her household work, wash linen, and carve her own and her children's food. She could also stitch and darn, and was able to take up a pin from off a table between her index and middle fingers, and pin her shawl together. Without her splint, since the contraction of the soft tissues between the hand and the end of the bones of the forearm had taken place, she was able without support to hold her hand out straight from the elbow. Mr. Morris remarked that before the operation he determined to remove a considerable part of the ulna, so as to avoid the great and permanent abduction which must have resulted if the lower end of that bone had been left untouched; and that at the time of the operation he found that, owing to the firm adhesions between the tumour and the outer side of the ulna, he would have been obliged to remove the lower part of that bone if he had not so predetermined. His only regret now was that he had not taken away as much of the ulna as of the radius, for the retraction of the hand had been so great that the lower end of the remaining ulna slightly overlapped the back of the carpus, and gave rise to some friction between the splint and the skin covering the bone, almost to the extent of forming a subcutaneous bursa. Indeed, for a time he thought a bursa had been formed, but this appearance had subsided of late. It would be admitted, he was sure, by any surgeon who examined the limb, that so far from being useless or an encumbrance, it was a very useful and serviceable member, and such was the conviction of the patient herself.

Mr. CHRISTOPHER HEATH on

### TWO CASES OF POPLITEAL ANEURISM CURED BY ESMARCH'S BANDAGE.

The first patient was a coal-miner, æt. 32, with a small popliteal aneurism. Flexion of the knee having been tried without effect, Esmarch's elastic bandage was applied below the knee, and an elastic bandage and cord above the knee, so that the sac was kept tense with blood and pulseless. This was borne for one hour without anæsthetics, and for two hours under the influence of bichloride of ethylene, and at the end of the three hours the sac had become solidified. The patient had been exhibited to the Society at a previous meeting, and had now gone home to Wales. The second patient was a potman, æt. 37, with a small popliteal aneurism, presumably tubular. Esmarch's bandage was applied above and below the knee, but it was noted that though pulsation was arrested, the sac was not rendered as tense as in the former case. On removal after three hours pulsation returned as strongly as before. Digital compression of the femoral was then maintained for three hours with marked effect, but without curing the aneurism. A second application of Esmarch's bandage rendering the sac tense, and producing local ecchymosis, was successful in stopping the pulsation permanently. Mr. Heath laid stress upon the importance of putting no pressure upon the aneurism itself, and of keeping it tense with blood in order to induce coagulation of the contents of the sac.

Mr. SYDNEY JONES said the cases were remarkably interesting, in showing that a limb may be submitted to compression for a lengthened period without impairment of nutrition. He had employed Esmarch's bandage in one case of axillary aneurism, and in two others of popliteal aneurism. In the latter he kept the bandage on for one hour only, resorting then to digital compression. In the second case he was driven to reapply the bandage after some continuance of digital compression. He put on the bandage, tightly from below up, but left it loosely applied over the aneurism, and then tightening again above, completed by adjusting the elastic ligature in this situation. He could not agree entirely that distension of the sac facilitates clotting within it, and believed that the contraction of the sac was an important part of the process. The remedial measures which favour distension of the sac interfere with its vitality. In Hunter's operation the tying of the artery brings about contraction of the sac.

Mr. HULKE thought that there might be danger of rupturing the sac if it became too greatly distended. It could not be foretold to what extent any sac might be distended with safety.

Mr. HOWARD MARSH wished to know the reason why the bandage was removed last of all.

Mr. JOHN CROFT said he had reported a case of aneurism cured by the use of Esmarch's bandage in January, 1878. It was the first in which he adopted this plan of treatment, and the result was very successful, cure occurring within six hours. The bandage had been employed for one hour only, and at the end of six hours the aneurism was a solid tumour. In another more recent case, that of a man 36 years old, syphilitic history, a tumour size of a small orange had been noticed for ten weeks. Being treated on a similar plan, the bandage was applied for one hour. At the end of this time, the tourniquet (used in place of the elastic cord, above the aneurism) being removed, pulsation returned, but to a much less extent than was apparent before. Digital compression maintained for two and a-half hours sufficed to produce a solid tumour, the whole time occupied in securing this good result being thus three hours and a-half. He (Mr. Croft) had carefully watched the reports of cases, and was much interested in the records of time occupied by operation. He thought it unwise to submit the patient to a lengthened application of the bandage, or to long continued anæsthesia, as these could not fail to exert an injurious influence, the latter especially as being likely to retard coagulation of blood. It was not absolutely necessary to cure that complete coagulation should occur. It was essential only that this should be sufficient in extent to promote the after and total solidification of the sac's contents. He wished to know if Mr. Heath had come to any conclusion, as to the influence on the course of the treatment, of bichloride of ethylene, and ether respectively.

Mr. **Thos. Smith** said Mr. Sydney Jones had shown that no harm was done to the nutrition of a limb submitted to continuous pressure for one or two hours. He thought the use of the elastic cord, tied over the bandage to protect the limb, an improvement on the use of the Italian tourniquet. He remembered two cases of paralysis consequent on the non-observance of the precaution. He noticed that the clot following the use of Esmarch's bandage is not always permanent. On three occasions a seemingly firm coagulum had disappeared, and necessitated ligature of the vessel. In another the coagulum vanished, and left the patient in a condition similar to that he was in before treatment. He did not think it was possible to allot an average time, and agreed with Mr. Heath that the tensing of the sac is the correct plan to follow. In his own experience, patients said to have been cured have been compelled to reapply for treatment. Referring to anæsthetics, Mr. Smith related the history of a case, that of a medical gentleman, in whom a popliteal aneurism was cured with the aid of no other pain-killer than an evening paper. The time occupied in treatment was three hours.

Mr. **Hulke** remarked, in connection with the question of the non-interference with nutrition, even under continued compression, that skin grafts in great numbers succeed, even when taken from corpses as long as four hours dead.

Dr. **Mahomed** suggested that coagulation of the contents of the aneurismal sac might be hastened by puncturing the distended wall with a galvanic needle. He thought the introduction of this plan might lead to valuable hints for treatment of thoracic aneurism; also, he suggested, a weak solution of tinct. ferri perchlor. injected into the sac might facilitate clotting,

Mr. **Morrant Baker** had had one case of cured aneurism by means of the bandage which had been applied for one hour, and followed by digital compression for one hour; then again Esmarch's bandage was put on for half-an-hour, and subsequent digital compression resorted to for four or five hours. No anæsthetic was employed, and a solid tumour resulted, and remained. He would like to hear what special advantages were possessed by bichloride of methylene.

Mr. **Smith** said he had been unable to use any sufficien force in compressing the artery of the patient he referred tt until the latter was provided with a pipe of tobacco. Ho then supported the treatment well, and the pulsations, hitherto uncontrollable, were entirely overcome.

Mr. **Croft** said that in neither of his cases was any anæsthetic used beyond one-third grain of morphia.

Mr. **Heath** wished to correct an error into which several speakers had fallen. The anæsthetic he employed was bichloride of ethylene, not methylene, which is far too dangerous an agent for the purpose. He did not believe that its employment retarded coagulation It had been asserted by the Dublin school of surgeons that the pain in the sac, at the moment of cure, is extreme, and in order to enable the patient to bear this, and thereby preventing interference with the plan of treatment, he was favourable to the use of anæsthetics. Both his cases had been small, thick-walled tumours, and one distinctly tubular. No danger, therefore, was to be feared from distension, but he quite thought a large, thin-walled sac would be a dangerous subject to treat so. His second case was the more interesting one. It was not cured at the first attempt, because the sac was not tensed. This plan of cure is diametrically opposed to the ligation treatment, during which the sac is emptied for a time. The collateral circulation then gradually fills it, and successive layers of fibrin are deposited. Broca condemned the coagulation of a passive clot, as leading to suppuration, an opinion falsified by clinical experience. He (Mr. Heath) was convinced the sac must be made as full as possible and kept so. The time is a purely empirical matter. He thought the limb might be kept even longer than any term named under compression, with no evil consequence following. A case had been recorded last year in which gangrene succeeded treatment, but in it there had been extensive vascular disease also. In reply to Mr. Howard Marsh, Mr. Heath said he removed the tourniquet first, purely for convenience, it being advisable not to disturb anything beyond the sac till the latest possible moment. With respect to the proposal to puncture the sac, he would be loth to resort to any such plan, but in any case he would leave the needle in the sac, and not extract it again at the risk of reducing its tension.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, FEBRUARY 18, 1880.

## THE ELECTIVE RIGHTS OF FELLOWS IN REGARD TO THE GENERAL MEDICAL COUNCIL.

In the special general meeting of the Royal College of Surgeons in Ireland, which was held on Saturday last, "to deliberate and consult about the election of a representative of the College in the General Medical Council," a question was for the first time formally raised second in interest and importance to none of those issues which, in connection with the reconstruction of the General Medical Council, now agitate the profession. Our issue of last week informed our readers that the Fellows of the Irish College had availed themselves of their chartered prerogative to call the College together to debate this subject, and in the *Medical Press and Circular* for Feb. 4 we discussed generally the legal and moral rights of

Fellows to choose their own representative, maintaining that the assumption of the elective prerogative by an Executive Council was a clear violation of both the intent and the letter of the Medical Act. This view of the law, and of the rights of the Fellows, had been put forward some weeks ago in the Council of the Irish College by Dr. Jacob, and a resolution moved by him that, before proceeding to the re-election of Mr. MacNamara as representative, legal advice should be taken as to the validity of the Council's electoral act. That resolution was not seconded, and in appealing to the judgment of the Fellows at large, it devolved upon Dr. Jacob to lay before them his interpretation of the Medical Act, and of the College Charters and Bye-laws, and to submit a *prima facie* case for further inquiry. The following resolution was therefore moved by him, and seconded by Dr. Robert MacDonnell:—

"That, in the opinion of the College, it is desirable that any doubt which may exist respecting the right of election of the representative of this College in the General Medical Council should be removed; and the College, therefore, recommends to the Council to take, without avoidable delay, the best legal advice as to the rights of the Fellows in such election.

"That the Council be requested to report to the College, as soon as convenient, whatever action it may adopt upon this recommendation, and to submit with such report copies of any case which may be laid before Council, and of the legal opinion thereon."

It is worth while to follow briefly the line of argument offered by Dr. Jacob, and based upon the terms of the Charters and Bye-laws of the College itself.

On the 2nd of August, 1858, the Medical Act became law. The only words in that Act which determine the point raised are (sec. 4)—"The General Medical Council shall consist of one person chosen from time to time by each of the following bodies"—amongst others, the Irish College of Surgeons—and (sec. 6), "the Members chosen by the medical corporations, &c., &c., shall be the Branch Councils." In no part of the Act, nor in any part of the seven Medical Bills which preceded it, is an election by an Executive Council referred to, but, on the contrary, the words "body" and "corporation" are always used to define the elective tribunal. Thus it is plain that the moot point resolves itself into the question, what is, in each particular licensing institution, the "Body?" In the case of some Universities the "Body" is the Convocation, a mixed assembly of clergymen, barristers, and other professional men, with a small leaven of medical men therein. In other cases the Body is a senate partly nominated by the Crown, partly elected by the graduates. In other cases the Body is a small number of privileged medical voters. In the case of the London and Dublin Colleges of Surgeons, the question arises whether the Executive Council is or is not, in point of law, the body corporate.

Confining ourselves to the case of the Irish College, we must, to decide this question, examine the terms of its Charters and Bye-laws. The College is governed by two Charters, granted at 1828 and in 1844, and by such bye-laws as have received the approval of a Secretary of State, and are not repugnant either to public law or to the terms of the Charters. The Charter of 1828 says in the preamble, "And, whereas we are graciously pleased to approve of the said institution and foundation . . . so as to constitute a corporation . . . and further empowering the corporation to create a fund. . . . . Know ye, therefore, that we . . . by these presents . . . do grant A. B. and C., and such others as shall from time to time be elected, to be for ever a body politic and corporate, and which, at all times hereafter . . . shall be called by the name of 'the Royal College of Surgeons in Ireland,' and by the aforesaid name shall . . . to do and execute all other things lawful, necessary, and convenient for the common profit of the said College."

In the preamble of the Charter of 1844, the powers thus given to Members are confined to the Fellows. It says, "and whereas the body politic and corporate of the said College at present consists of persons named and created Members of the said College. . . . And whereas the governing body of the said College consists of the Members of the College. And whereas . . . it appears to us expedient that the several persons who are now Members of the said College should be called Fellows, and that other persons may be appointed or elected Fellows." Know all men, &c.

"1. That all persons who are Members at the date of these presents, together with such persons . . . as shall be elected and admitted, shall be and become Fellows of the said College, and be called or known by the name or style of 'the Fellows of the Royal College of Surgeons in Ireland,' and shall exercise and enjoy all and singular the gifts, grants, liberties, privileges and immunities . . which might be exercised and enjoyed by them as Members for the time being, of the said College, and not hereby altered or amended."

Again, by the following clause, all the powers given to the Members by the Charter of 1828 were continued to the Fellows:—

"And we do hereby further declare our will and pleasure to be that, except in the respects hereby altered, the said College shall continue to have the same jurisdictions, powers, authorities, and discretions, for and with respect to the government of the said College, as such College now has, under or by virtue of the said hereinbefore recited Charter."

Thus it is shown that the Fellows are the "Body" of the College and enjoy all the prerogatives conveyed to the corporation by its Charters. Now, in what do these Privileges consist? and how much of them does the Charter of 1844 relegate to the Council?

The preamble of the Charter of 1844 says:—

"And whereas, it is expedient that . . . . all the powers and privileges of the said body politic and corporate *for the government thereof, and the superintendence and advancement of surgical education and practice*, should be vested in and exercised by an Executive Council of the said College, to be constituted and chosen as hereinafter mentioned."

Again, section 7 says:—

"And it shall be lawful for the Council to exercise their powers and privileges and perform the duties of the said body politic and corporate as to Governing or Executive Council of the said College, and in all respects to act for or on behalf of the said College as lawfully representing the same, and so to make and publish . . . . . such by-laws . . . . as to them shall seem requisite *for the regulation, good government, and advantage* of the said body. . . . . And in case of any emergency to make provision for such emergency, and direct the manner of assembling, electing, or other act or transaction *for the government, discipline, or continuance* of the said body corporate."

It will be deduced from these quotations that the prerogative of the Council is strictly confined to those matters which are conversant with the "regulation and good government," which we interpret to mean the domestic and general administration of the College affairs in which the Fellows have no opportunity of intervening, and we do not find a single word in any Charter or By-law to enlarge the Council prerogative beyond this limit, or to encompass within it the electoral rights inferentially belonging to the Fellows.

The rights possessed by the College and its Council respectively in the election of officers, we find determined by the following clause of the Charter of 1828 :—

"The said President, Vice-President, and Members of the said College lawfully convened may, by the majority of votes of those so convened and assembled, from time to time, elect and appoint a Registrar or Secretary, and elect and appoint such other officer or officers as to them shall seem meet and necessary for the better regulation of said College."

Again, the 11th section of the Charter of 1844 says : "It shall and may be lawful for the . . . . . Council of the said College from time to time to appoint a Secretary (? of the Council), and also to elect and appoint a Registrar and such other officers or servants, for such periods, and at such salaries, as to them may seem meet *for the better regulation of the said College*." And, in pursuance of this power, we find that the College has made bye-laws which provide for the appointment of Secretary of Council, Registrar, Librarian, and Professors, but make no mention of the representative of the College in the General Medical Council.

This is evidence upon which we maintain the right of the Fellows to elect their Medical Council representative, and we are confirmed in our opinion by the well-considered verdict of one of the highest legal authorities in the United Kingdom.

When the first representative of the College was chosen by the Council in 1859 a letter, in the nature of a protest, was addressed to the Council by Dr. Robert MacDonnell, and that letter was strengthened by an opinion given by Lord O'Hagan—then Mr. O'Hagan, Q.C. The question submitted was simply—

"Clause 4 of the 'Medical Practitioners' Bill' provides that 'the General Council shall consist of one person chosen from time to time by each of the following bodies' —among others the Royal College of Surgeons in Ireland. On comparing the clauses of the Charters, do you form the opinion that the right of electing the representative of the College on the General Council belongs to the Council of the College, or should it be exercised by the Fellows ?"

Lord O'Hagan's reply was as follows :—

"The Council has large powers—*all* the powers of the corporation which are necessary for the discharge of its own functions, *i.e.*, for the management and control of the College, the making of its bye-laws, &c., and its general administration. But I do not think that those powers extend any further, or that they are available for a purpose not contemplated by the Charter, and not immediately connected with the government of the College. I do not think that the Council and the College are identical and the same, with perfectly co-extensive privileges under all circumstances ; and it appears to me the better opinion that the Act to which I am referred, in committing a new appointment to a new General Council of Medical Education, which did not exist or was not thought of when the Charter of the College of Surgeons was granted should be held to belong to the College itself, and not to its Council, and that accordingly the right of election should be exercised by the Fellows."

This reply appears to us to be a straightforward answer to a plain question submitted without bias and answered without prejudice. We have heard it said that another and contrary opinion was given by one other eminent lawyer, but, on further inquiry, we learn that that opinion, if it ever existed, was a mere conversational judgment upon a verbal inquiry, and that no one knows either what was the inquiry or what the reply. We are, we think, justified in disregarding such a legal judgment.

We have confined ourselves to a strictly technical statement of the law bearing upon the electoral rights of the Fellows of the Irish College, but we are not to be understood as defending those rights on purely legal grounds, for we contend for the morality, the equity, and the expediency of giving to them the right to choose their own representative, and we maintain our proposition as a matter as much of benefit to the College as of fairness to its constituent members. The College evidently thinks with us, for it has voted the resolution which we have quoted above in a meeting of the College from which the extra-metropolitan members (who are most interested in asserting the right) were almost altogether absent.

The law, when decided by competent advice, may be against our view, but the equity never can be so, and, in any event, we shall feel that somtthing has been gained in the assertion of a principle which, if carried out, will be a valuable aid to General Medical Council Reform.

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## THE GARDNER BEQUEST FOR THE BLIND.

Our daily contemporaries have lately devoted considerable space to the consideration of an important question, the Gardner Bequest for the Blind. If this be wasted in bricks and mortar it will, as our facetious friend *Punch* says, lead to a "disorganisation of charity." It is upwards of four years since we forcibly and prominently brought to the notice of our readers and the public the neglected condition of the blind. We then pointed out that asylums are an utter mistake for this class of the afflicted ; for of these we have more than enough and to spare. No greater misapplication of funds could be made than that of founding another palatial building for those amongst our fellow-creatures who, above all others, require to pass their lives with the sighted and in the enjoyment of home associations. To herd them together in asylums is to compel them, for the most part, to lead listless and useless lives. The directors of the old asylums have long ago discovered this, and would gladly see their asylums applied to a better purpose. The aggregation of the blind, equally with other classes, is quite as certain to lead to the deterioration of the health of mind and body, and become a focus for infectious diseases. Why, then, perpetuate the folly and vanity of charity-mongers, and found an asylum where the least deserving of the blind shall be lodged in idleness?

The chief problem to be solved in respect of the blind is how best to render them useful members of society. It is perfectly certain that the blind, when properly educated, can compete successfully with the seeing. The contention that has long been going on with reference as to which is the best type for the learner is of little consequence, as Mr. Fawcett, Dr. Armitage, and other successful blind men, so usefully engaged in various walks of life, invariably assert. There is, however, a greater difficulty with regard to the blind, both young and old, it is that of getting them taught thoroughly what they have to learn, at the best age and by the most scientific methods; this, again, is a difficulty which, under the School Board of London, is fast vanishing. There are in the United Kingdom about 30,000 blind, the majority of whom are to be found in the agricultural and mining districts. Parents very naturally refuse to part with their afflicted children, and consequently asylums are shunned. The voting system adopted by charitable institutions makes it difficult to act at the best time and to the greatest advantage in the educational training of the child. But where this is not the case there seems to be considerable objection to the asylum system. The schools do not fill for the reason we have intimated, as seen in Sheffield, where in September last a new school was opened for both sexes, capable of affording accommodation for 100 pupils, and at present not half the number have as yet been brought in. The several London asylums are almost exclusively occupied by a class (the pauper class) already well provided for by the Poor-law of 1870. The School Board of London, assisted by the Rev. Mr. Stainer, is now making a further effort to deal with all classes of the blind, inclusive of the well-to-do classes, all or any of whom are received into these schools, where they will obtain the best possible education. The School Board Visitors of London had some months ago found 183 blind children, and they hoped soon to bring all the blind children of the metropolis into their schools, and at the very trifling cost to the parents of the majority of 2d. per week. There can be no question, then, that if all those persons who feel interested in the education of the blind were to act in concert, and help in carrying out the provisions of the Legislature,(a) the whole question of the education, up to the age of fourteen, would be amply cared for, and that charitable funds, so far as children are concerned, would be set free to further the education of the more promising amongst the pupils of the School Board, provide scholarships, and continue their education at the normal college at Norwood or Worcester. As to the adult blind, it is now generally admitted that they, as well as children, should be taught to live and work with the sighted; that they should not be placed in institutions or asylums, but taught in workshops, and helped to live in their own families and neighbourhood. The great want of the blind is the establishment of a sufficient number of these workshops throughout the country. We are assured by the secretary of the Sheffield Institution that the workshops there have for six years been entirely self-supporting. At present, in the few workshops in London, with the aid of all the charities there are only 127 blind employed out of about 900 able and willing to contribute towards their own support. It is therefore perfectly clear that the Gardner bequest could not be better employed than in founding workshops and educating the better classes in science and other ways, and in founding pensions for poor and deserving blind persons, or such like purposes, throughout the country.

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# Notes on Current Topics.

## Dr. Farr and the Government.

A DEFINITE explanation of the reason why Dr. Farr has been superseded in the appointment of the new Registrar-General has been at length vouchsafed by the author of the "job." The Prime Minister, in reply to Lord Lothian's request on Friday evening, described the details which preceded the election of Sir Brydges Henniker. The precarious health and advanced age of Dr. Farr are declared to have been an insuperable bar to his appointment, "particularly at this moment when preparations are being made for taking a new census of the country." Lord Beaconsfield also entered on a somewhat laboured description of the many facts which appeared to him to warrant the removal of one thoroughly familiar with the intimate working of the office, in order that a younger and entirely untried man might be set therein, "because, on the whole, the Premier believed him most competent to fulfil its duties." As the noble Lord then somewhat inconsistently avowed that "he (Sir Brydges Henniker) was an individual with whom he had no personal acquaintance," it would be interesting to learn on what the conclusion as to the special fitness of an unknown nominee is based. Construed in the most liberal spirit possible, it cannot be said that the explanation of the appointment is either satisfactory to the public, or calculated to add anything to the reputation of the Government for discrimination in questions of patronage. Lord Beaconsfield, however, did well to contradict the silly rumour current in certain quarters, that Dr. Farr's medical qualifications were the reason of his non-election. The idea is so transparently absurd that it had been hardly worthy of attention but for the fact of some usually well-informed papers having given prominence to it.

## Toxic Effects of Tea.

DR. C. L. DANA contributes an interesting paper to the *New York Medical Record*, Jan. 24, on the subject of the influence exerted on tea-tasters by the drug. The conclusions he arrives at are at variance with those usually received. He finds that no evil consequences follow prolonged tea-tasting; and records the histories of ten cases in which the trade had been pursued for periods of from thirty to forty years. In every instance the health was unimpaired, sight good, and likewise digestion. In one case dyspepsia had been cured by the tea-tasting. It is noticeable that tobacco was universally used by the gentlemen examined; but its effect on the taste was a subject of dispute. In reconciling these results with the generally received opinions as to the poisonous nature of tea, Dr. Dana announces that a very small quantity of the *thein* is absorbed into the system, the practice of spitting out the greater quantity of tea tasted preventing much from being taken up. He found, too, that provided this precaution is observed at once, commencing tea-tasters are as little affected as the veteran hands. Dr. Dana considers that Dr. Wolfe's theory that tea-drinking is productive of injury to the eye-ball is not based on fact. Dr. Wolfe, in a paper read before the British Medical Association last summer described injury to the vitreous humour following the use of tea. Dr. Dana could not obtain any confirmation of these observations, during his inquiries.

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(a) An excellent analysis of the Acts bearing on the question of the Blind can be had at the *Newsvendor* office, 15 Russell Street, Covent Garden.

## "Time" on "Our Doctors."

UNDER the pseudonym of Dr. Andrew Spark, the Senior Physician to the London Hospital is described in the February number of *Time.* No less happy when discussing the peculiarities of Dr. Andrew Clark than with the other subjects of his pen, the essayist has reproduced the mannerisms which characterise the speech of the popular physician, and has drawn a picture of him which will be recognised as a most faithful portrait by all to whom he is familiar. The incisive utterances of Dr. Clark have often fallen on the ear of the student with a force that has been productive of the best results in stimulating to a desire for further knowledge. And no less convincing, we may take it, is he when his aim is to convert a patient to a sense of error, and to instil a wish for amendment by emphasising his lesson with the assertion that "Nature is implacable." The tone of this essay, however, is somewhat destructive of the impression left by the earlier ones. These had the appearance of being written by an appreciative lay person, but the sketch of Dr. Andrew Spark is highly suggestive of a professional pen. We should be sorry to know that our first opinion was wrong, and that the bright little series of articles is, after all, written with a purpose other than that of showing that such a subject can be made interesting, and to prove how the general public can accord an honest praise to worth. We are led to this doubting condition of mind the more because we were for a long time puzzled to recognise the original of Mr. Osric Claypole, until the somewhat fulsome description of his practice enabled us to associate him with Mr. Clayton, a surgeon less known in the literary world of medicine, than in the more pleasure-seeking section of the profession. The sketch is probably a good one; it is undoubtedly the most "racy", of the series yet issued; there may be a fear, however, that the continuation of the series may be something more objectionable if simple merit ceases to be the author's standard of worth.

## The Dover Hospital.

A RULE providing that the house surgeon to the Dover Hospital should not practise in the town was recently rescinded, and, as a consequence, the medical staff of the institution resigned bodily. The difficulty has now been arranged at a meeting of the governors, who have voted "by a large majority," that, until he has served for a period of five years, the resident surgeon shall not be entitled to enter on private practice in Dover. It seems to us that the importance attached to this question is somewhat greater than it deserves. The staff of the hospital should surely be in a position to look carelessly on the pretensions of a stranger who entered into competition with them in Dover. The extremely jealous manner in which they have sought to preserve the status they have attained to, is suggestive to outsiders of an unwillingness to endanger their position by exercising a liberal spirit of welcome, to everyone willing to encounter them in the race for practice. The facilities of acquiring introductions to patients from the Dover Hospital may be unusually great, but, even so, the tried excellence of a resident practitioner should preserve him from injury by a new aspirant. From all points of view the action of the staff of the Dover Hospital is unsatisfactory, and but ill accords with the dignity of an influential body.

## The Appointment of the Queen's Medical Advisers in Ireland.

WE have referred in our last two issues to the pending selection of a Physician to the Queen in Ireland, in place of Sir Dominic Corrigan. The occasion makes it appropriate for us to discuss the method of that selection, and to deprecate on behalf of the profession in Ireland the happy-go-lucky system by which a choice is made of the person to receive such a distinction. It must be recollected that the office of Physician to the Queen in Ireland is purely an honorary distinction, and that into the selection of an occupant her Majesty's personal feeling does not enter at all. In England or Scotland it would be quite reasonable that the Queen, as a matter of individual choice, might select a physician who was held in less estimation by the profession and the public than other competitors for the honour, but in more regard by her Majesty, and we could not therefore well complain if—as has been done before now—a physician of lower scientific grade were distinguished by her Majesty's choice. In Ireland the case is quite different, for—calculating from past experience—it is immeasurably improbable that her Majesty will ever see her physician. In Ireland, therefore, we submit that the physiciancy or surgeoncy to the Queen is as much a nominal and honorary distinction as is the order of knighthood, and that it ought to be conferred, in all fairness, upon the man who is declared by professional acclamation to be upon the whole the most deserving physician or the most original and skilful surgeon. In this view of the matter we warmly deprecate the interference of politics in the selection, and we are glad to know that, as a matter of fact, political influences do not exercise much—if any—control over her Majesty's choice. But then it is our complaint that, so far as we know, no effectual means are adopted of informing the Queen as to the relative claims of those who might deserve the honour, and consequently the selection might nearly as well be made by a throw of the dice. If we are rightly advised, the question is usually decided upon the *ipse dixit* of one or other of the London Court physicians, who probably has as little personal knowledge as to the relative merits of Dublin surgeons, physicians, dentists, or ophthalmologists, as of Dublin solicitors or popular preachers. It is as if one of her Majesty's London chaplains were asked to advise the appointment of a Bishop of Killaloe, and his recommendation be accepted as final.

We urge, therefore, that it is very unfair to the profession in Ireland, and derogates very much from the honour of being named her Majesty's professional adviser, that that nomination should be made upon the mental bias of any one person, or of any number of uninformed persons. We certainly think that her Majesty's physicians have an implied function to advise her Majesty as to who is the physician most deserving of her gracious notice, and that a similar view should be acted upon in the nomination of surgeons or ophthalmologists to her Majesty, and we respectfully submit this aspect of the matter to the consideration of the Lord Chamberlain.

### Exchanges of Army Surgeons.

A General Order under date of the 1st of the present month has been issued by the Horse Guards, which provides that exchanges between officers of the Army Medical Department at home and foreign stations will be permitted to the same extent as in the case of combatant officers, under the qualifying conditions as to promotion specified in Articles 15, 18, and 21 of the Royal Warrant for the Department of November 27, 1879. But, except under special circumstances, exchanges between medical officers serving in the United Kingdom will not be permitted unless the officers have been at least two years at their respective stations.

Deputy Surgeon-Gen. Edward Gilborne has been gazetted to the rank of Surgeon-General, and appointed Principal Medical Officer on military service in Ireland.

In order to prevent the introduction of *phylloxera* into Turkey, the government of that country has just issued an order interdicting the importation of trees and plants.

Surgeon-Gen. C. A. Gordon, M.D., C.B., a frequent contributor to our pages, who is at present home from India, has been for the second time appointed Principal Medical Officer of the Southern Military District.

A large block of tenements has just been demolished in Bedfordbury, the site has been taken for the new medical school attached to Charing Cross Hospital. The number of students having increased beyond its present accommodation has necessitated this step.

It is understood, says the *Broad Arrow*, that the Naval Medical Service is to be rendered more attractive than it has hitherto proved itself, and that a warrant placing it in point of pay, &c., on a similar footing to the Army Medical Department will shortly be issued.

At a meeting of the Metropolitan Board of Works on Friday last, it was agreed on the recommendation of the finance committee to lend the guardians of St. Marylebone a sum of £27,500 for the completion of their new infirmary at Notting Hill.

The authorities of the city of Winchester are determined to make it a model of sanitation. The enormous sum of £32,000 has already been expended upon drainage, and the Town Council of Winchester have now applied for sanction to contract a loan of £4,500, required to complete the scheme.

We regret to announce the death of one of the few members of the profession in the House of Commons, in the person of Dr. O'Leary, M.P. for Drogheda, which occurred in London on Saturday last from congestion of the lungs, after three days' illness. Dr. O'Leary was surgeon to St. Vincent's Hospital, Dublin, and had only attained the age of 41.

At an adjourned inquest held on Saturday last, on the body of a patient who died in the Bicton Public Asylum under suspicious circumstances, the jury returned a verdict "That death resulted from congestion of the brain and bronchitis, accelerated by fractures of the breast bone and ribs, but how such fractures happened there was no evidence to show."

The names of twenty-nine ladies appear in the list of candidates who passed the matriculation examination at the London University, in January. Two of them are in the Honours Division, and one of these is at the top of the list, but is disqualified by age for the first exhibition. Seventeen ladies passed in the first division, and five in the second division.

Last week the highest rate of mortality in the United Kingdom was reached in London. The rate, 48 per 1,000 of its population is without parallel, except during the cholera epidemic, and showed the disastrous effects of persistent dense fogs upon the respiratory organs, especially of elderly people; the excessive mortality being chiefly confined to those above sixty years of age.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Wolverhampton 16, Birmingham 21, Newcastle-upon-Tyne 21, Sheffield 22, Oldham 22, Leicester 22, Edinburgh 22, Brighton 23, Bradford 25, Glasgow 25, Portsmouth 26, Plymouth 26, Salford 27, Leeds 27, Liverpool 28, Sunderland 29, Bristol 30, Norwich 30, Manchester 32, Nottingham 32, Hull 32, Dublin 43, and the highest rate 48 in London.

A poor silly cad, lately arrested in Dublin for knocker-wrenching, gave his name as Thomas Kennedy, medical student of Trinity College. The Registrar of the school of the University has written to the magistrate and to the newspapers to state, on the authority of the matriculation books, that the description of the delinquent is a falsehood, and that no medical student of the name given is on the books.

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Dr. A. Mussen, medical officer for the Glenavy Dispensary District of the Lisburn Union, has been elected coroner for the Belfast district, co. Antrim.

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From the Register of the Pharmaceutical Society of England we learn that the number of pharmaceutical chemists in England at the 31st of December last was 2,299, and of registered chemists and druggists 11,252, giving a total of 13,551.

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At the Annual Meeting of the Governors of St. Mark's Hospital for Fistula, held at the Mansion House on Thursday, the 12th inst., under the presidency of the Right Hon. the Lord Mayor, Dr. Frs. de Havilland Hall was unanimously elected as hon. physician to the hospital, in the room of the late Dr. Leared.

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On Friday last, a deputation from the Parliamentary Bills Committee of the British Medical Association waited on the Home Secretary anent the Coroners Bill. It was pointed out that within the last 40 years various failures had occurred in the administration of justice, especially in poisoning cases, owing to the want of scientific and medical knowledge on the part of coroners. Mr. Cross informed the deputation that the Bill, as drafted by himself, provided for these deficiencies.

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In the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were—in Calcutta 34, Bombay 35, Madras 40; Paris 42; Geneva 34; Brussels 32; Amsterdam 37, Rotterdam 28, The Hague 30; Copenhagen 23; Stockholm 19; Christiania 12; St. Petersburgh 48; Berlin 26, Hamburg 31, Dresden 23, Breslau 25, Munich 34; Vienna 29; Rome 48, Naples 35, Turin 49, Venice 49; Alexandria 35; and NewYork 26, per 1,000 of the populations. Typhoid fever caused 101, and small-pox 72 deaths in Paris.

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An epidemic on a small scale is at present raging in Paris; typhoid and small-pox being the principal zymotics. From the former no fewer than 101 persons succumbed last week, and 72 from the latter, figures which are not a little alarming. Paris has at present a death-rate of 42 per 1,000, the rise being attributable in some measure to dense fogs as in London. But whilst the latter city has already reverted to its normal death-rate with the advent of bright weather, the former has an excessive mortality from typhoid and small-pox.

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Last week the death-rate in the nineteen provincial towns did not average more than 26·3 per 1,000, against 48·1 in the Metropolis. The annual death-rate from the seven principal zymotic diseases ranged from 0·7 and 0·8 in Wolverhampton and Portsmouth, to 6·3, 6·8, and 7·0 in Sunderland, Dublin, and Hull. Whooping-cough caused no less than 248 deaths in London. Small-pox caused 14 more deaths in London and in its Outer Ring of suburban districts, 8 in Dublin, but none in the other large towns. Deaths from affections of the respiratory organs rose to the extraordinary total of 1,557, the highest rate on record.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**The Mortality in Glasgow.**—The deaths in Glasgow for the week ending with Saturday, the 7th inst., were at the rate of 25 per 1,000 per annum, against 26 in the preceding week, and 27, 30, and 27 in the corresponding weeks of 1879, 1878, and 1877.

**Health of Edinburgh.**—For the week ending with Saturday, the 7th inst., the mortality in Edinburgh was 95 and the death-rate 23 per 1,000. Only one death from fever was recorded, and that was in the Old Town. There were four from scarlatina, three of which occurred in the New Town and one in the Old. Of 144 births, 11 were illegitimate.

**Govan Death-Rate.**—The report of the medical officer of health for the burgh of Govan for the past month was presented to the Commissioners of Police on the 9th inst. It showed that the health of the burgh was satisfactory. There were 80 deaths during the past month, being at the rate of 20·42 per 1,000 of the estimated population.

**Mortality in Partick.**—The report of Dr. Patterson, the medical officer of Partick, presented to the Commissioners of Police on the 9th inst., stated that during the month of January the health of the burgh had been fairly good, although measles still existed. The deaths registered were 46, giving a ratio of 19·85 per 1,000 of the population. Of the deaths, 20 were of children under five years of age, 9 of infants under one year, and 8 of persons above 60.

**A Healthy Town.**—The vital statistics for the burgh of Dunfermline for the latter six months of 1879 have just been issued by the medical officer of health, Dr. Morris. The births numbered 400 and the deaths 194, the death-rate being thus 16 per 1,000 per annum, and the birth-rate 34½.

**Registrar-General's Monthly Return.**—According to the monthly return of the Registrar-General, there were registered in the eight principal towns of Scotland during the month of January, 1880, the births of 3,681 children, of whom 1,908 were males and 1,773 females. Of these 3,391 were legitimate, being in the proportion of 1 illegitimate in every 12·7 births, or the illegitimate births constituted 7·9 per cent. of the whole. The deaths of 2,594 persons were registered in the eight principal towns during the month, of whom 1,310 were males and 1,284 females. Increase of population being allowed for, the number is 616 under the average of the corresponding month of the last ten years. A comparison of the deaths registered in the eight towns shows that during January the mortality was at the annual rate of 20 deaths per 1,000 in Greenock, 21 in Perth, 22 in Edinburgh and in Leith, 25 in Glasgow and in Aberdeen, 26 in Dundee, and 36 in Paisley. In the case of Paisley there is reason for believing that the death-rate above stated is too high, for the existing population is thought to exceed the estimate by about 5,000. Of the 2,594 deaths, 1,078, or 42 per cent., were of children under five years of age. In Perth 26 per cent. of the persons who died were under five years of age, in Edinburgh 37, in Paisley 38, in Aberdeen 39, in Greenock 40, in Dundee and in Leith 42, and in Glasgow 44 per cent. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 328 persons, constituting 12·6 per cent. of the whole mortality. Hooping-cough continues to be the most fatal epidemic, having caused 135 deaths, or 5·2 per cent. of the whole. In Glasgow 7·2, and in Aberdeen 7·5, per cent. of the deaths arose from this cause. Scarlatina caused 52 deaths, croup 28, diarrhœa 26, diphtheria 18, and metria 7. Ninety-nine deaths resulted from violent causes, of which 31 were occasioned by the accident at the Tay Bridge on the 28th December, and five were suicides. Four deaths were caused by delirium tremens, and eleven by the direct effects of intemperance. One male and seven females had passed the ninetieth year of life, the eldest of whom was ninety-seven years.

LEITH HOSPITAL.—The annual meeting of the subscribers to the Leith Hospital was held on the 9th inst., in the Trinity House, Kirkgate, Provost Henderson presiding. The annual report was read by Mr. Mann, secretary. It stated that the total number of patients treated in the hospital during the year was 380. Of these 281 had been cured, 46 relieved, 40 died, and 13 remained in hospital. Seventy-five cases had been treated in the fever department; 155 in the casualty department; submersions, 6; general disease, 144. The total number of admissions to the hospital considerably exceeded that of the previous year. The dispensary department had also largely been taken advantage of. During the year 4,092 patients had been prescribed for. The deaths averaged one in ten cases. For the year the income had amounted to £2,046, and the expenditure to £2,016 16s. 6d. Several of the new wards were still closed owing to the want of income to maintain them. The directors thought that out of a population of 50,000 it was not too much to ask that the subscriptions should be increased to about £1,500 a year, instead of £700, as during the past year. They appealed to the public to increase their annual subscriptions. A vote of thanks was given to the medical officers for their gratuitous services during the past year. The office-bearers for the ensuing year were then appointed.

JOHNSTONE.—INFECTIOUS DISEASES HOSPITAL.—On the 12th inst. a meeting of the representatives from the Johnstone Local Authority and the Abbey Parochial Board was held for the purpose of considering the hospital accommodation for infectious diseases. After a long and animated discussion it was resolved to appoint a committee of four to look out for a suitable site and report.

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# Literature.

## LECTURES ON BRIGHT'S DISEASE OF THE KIDNEYS. (a)

DISEASES of the kidney have long possessed a special charm for the scientific physician, due doubtless in a large measure to the delicate and complicated structure of the organ, the interesting physiological processes of which it is the seat, and the serious and extensive pathological sequences which its diseased condition entails. The work before us consists of lectures delivered at the School of Medicine of Paris by Professor Charcot, a gentlemen well known to readers of French medical literature as pre-eminently distinguished by his devotedness to pathological research, and the translation into English is by Dr. H. B. Millard, of New York. The lectures are limited to a consideration of the normal anatomy of the kidney, its physiological functions, and the pathological changes induced by disease. Lecture I. treats of the normal anatomy of the kidney, and embraces all the most recent discoveries. A clear description of the "loops of Henle" is given, a correct knowledge of which is so important as bearing on the significance of tube casts. Consideration of the convoluted tubes is then entered upon, and the peculiarities of the epithelium in the whole tubal system minutely and succintly contrasted. Lecture II. continues "the normal anatomy of the kidney," embracing a description of the connective tissue of the kidney, and discussing the contradictory opinions of various authors regarding it, treats of the lymphatic and other vessels of the kidney, and the seat of the urinary secretion, in the light of the most recent investigations, and notably those of Heidenham. As into other organs of the body, certain conditions may determine into the kidney—effusion of blood or of one or more of its constituents — so accordingly we have then to deal with the various forms of *infarctus* described in Lecture III. The clinical significance of tube casts is one with which the student ought to be thoroughly conversant, that he may be spared the reproach of frequent hasty and erroneous diagnosis, and on this point Charcot is at once instructive, concise, and reliable. Regarding the *unity* or *duality* of Bright's disease in its initial stages, our author expresses himself as follows:—"You are aware that, in the opinion of the greater part of French or German physicians, the various alterations of the kidney discovered in autopsies of such subjects as during life have suffered from albuminuria and anasarca, correspond to the various successive phases of the same, or to one, morbid process. This opinion represents a doctrine which may be termed *theory of unity* of Bright's disease. According to another doctrine, not of the *duality* but of the *multiplicity* in the forms of Bright's disease, the various forms of renal alteration revealed by the autopsy represent, not the successive phases of the same process, but so many distinct anatomical states, with which are connected during life as many well-characterised symptomatic groups. This doctrine might be called the English theory, since it is especially in England that it has for twenty years been sustained and developed." Charcot professes himself a convert to the latter, or, as he terms it, the English theory. As indicated by Professor Charcot, this theory is one which comes far short of receiving general acceptance; it has been quite recently combated by Rosenstein, it is disbelieved in by many other competent authorities, and it is one opposed, as we believe, to that unity so manifest in nature and disease to the extent that their relations are regarded from the highest scientific standpoint. Reflecting on the highly complex structure of the kidney, the intimate interdependence of the physiological processes concerned, and the fact that the very existence of its interstitial tissue was not long ago disputed by no mean authorities, it is difficult to believe that inflammation and subsequent dependent changes should be so exactly circumscribed and differentiated as certain writers would have us to believe. The whole subject has been made so repellant to the student by the endless variety of arbitrary names employed to designate certain pathological appearances, and by the extreme minutiæ of pathological description, from a practical point of view useless, that the task of unravelling the tangled web is by no means easy, while its extreme desirability is only too palpable. With the aid of these lectures the student will be most materially assisted. At the same time we are disposed to differ from the learned professor in his espousal of the English doctrine. Bright's disease, like cognate diseases in other organs, we believe to be either idiopathic or cachectic; that is to say, primarily due to impressions on the nervous system perverting the normal circulation of healthy blood, which thereby becomes unhealthy, or to the morbid influence on the secretory apparatus of blood rendered impure from various systemic conditions. Between the blood in a state of health and all the secretory organs there is a normal physiological correlation, which may be thus overthrown from two opposite conditions. According to Pflüger the terminal branches of the minute nerve twigs penetrate the walls of the cells, and end even in the nuclei. Depraved blood by irritating these minute twigs destroys their inhibitory power, and hyperæmia results, which, if long enough continued, passes on to morbid change just as idiopathic inflammation from cold, &c., terminates in similar degeneration. Hence it may be accepted as a physiological and pathological axiom that every form of neoplasm has its antecedent hyperæmia, and so far as relates to the kidney we are at one with Rosenstein in his belief that "there is no such thing as nephritis exclusively interstitial, or nephritis exclusively parenchymatous," especially in the earliest stages. To talk of chronic parenchymatous nephritis as being *chronic* from the commencement, as Lecorche does, is to us an unintelligible contradiction in terms. All the pathological varieties (excluding possibly the amyloid changes) appear to us to be capable of being evolved from diffuse inflammation of the kidney.

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(a) "Lectures on Bright's Disease of the Kidneys." By J. M. Charcot, Professeur à l'Academie de Médecine, Paris. Translated by Henry B. Millard, M.D., A.M. London: Baillière, Tindall, and Cox. 1879.

Charcot's description of the various forms of Bright's disease is singularly clear. He adopts the following simple and commendable classification :—(A.) Parenchymatous nephritis ; (B.) Interstitial nephritis ; and (C.) The amyloid variety. With regard to the cardiac hypertrophy said to result from the renal obstruction, in cases of contracted kidney, Charcot pertinently inquires why, if this be the cause, this effect is not observed in parenchymatous nephritis, in which the embarrassment to the circulation is strongly marked, in consequence of the vessels being compressed in the cervical substance, and theoretical replies are given which are by no means convincing. It is far from clear that this hypertrophy and the renal embarrassment of the circulation stand in the relation of cause and effect, as the absence of this hypertrophy has been long noted in the so-called surgical kidney, often completely stuffed with matter, and its vascular area thus completely destroyed. This fact has quite recently been confirmed by the important observations of Dr. Alfred Jean, of Paris.(*a*) A blood origin of this hypertrophy, which is not simple hypertrophy, is indicated rather by the recent observations of Drs. Debove and Letulle.(*b*) There are many other subjects of importance in Charcot's monograph to which we would willingly direct attention, but from the discussion of which we are necessarily precluded in this place. We would direct the attention of the translator to the fact that the word "macroscopic" is invariably used by him as synonymous with the word "microscopic." We have never heard, for instance, of "macroscopic examination," "macroscopic appearance," &c. So invariably is this word used, that considering the national proclivity in the direction of coining new words, it is quite possible that the word is used advisedly, but there is a vast difference between the adjectives *μακρός* and *μικρός*.

Dr. Millard has laid the profession under obligations to him by this translation. On the whole it is well done, and we doubt very much if there exists in the English language any monograph in which the pathological peculiarities of the various forms of Bright's disease, with their symptoms, are so concisely described. The book ought to prove most acceptable to the student, and we have both confidence and pleasure in heartily recommending it.

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# Correspondence.

## MRS. O'CONNELL'S PAPER ON DELICATE CHILDREN IN WORKHOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mrs. O'Connell, of Longfield, recently read a paper before the Statistical Society of Dublin which seems to me to deserve the attention of the medical profession. In it she pleads with a rare eloquence the cause of the sickly and scrofulous children, for whom the workhouse furnishes at present the sole asylum. She paints with wonderful vigour the miserable condition of those poor victims of glandular and allied scrofulous affections whose fate she thinks might be averted by a more genial home than that which the rough jostling with healthier children must needs afford. Mrs. O'Connell's main point, then, is that there exists in workhouses a class of children who without coming under the category of those entitled to treatment in an hospital ward, yet are of so frail a build and have in them the spark of disease so easy to be enkindled that there is need of exceptional institutions for them. Such exceptional treatment she thinks is called for quite as much in the most selfish interest of the ratepayer as in that of the higher requirements of humanity.

With the view taken by this accomplished writer I am entirely disposed to agree. I must say, however, that I do not think some of her facts bear the interpretation she puts on them. Thus she mentions one case of fatal hip disease on which she founds a charge against the existing provisions for hospital treatment. This appears to me to be a fact which tells against the competence of an individual surgeon rather than against the efficiency of the purely hospital department of workhouses. I am myself connected with an extensive workhouse where exceptional provision has long been made for the treatment of this class of children by a very liberal and enlightened board of guardians. I do not think that more care could be taken of them, and yet I do think that there is a percentage of the children, not a very large one indeed, who would stand a better chance of being built up into healthy young men and women in one of Mrs. O'Connell's special institutions than even in the most carefully-tended workhouses.

I am disposed to think that the great city workhouses would supply something more than a small percentage of such children. Much of our workhouse system might indeed be remodelled, but I do not feel called upon to discuss that matter here. Of course if special institutions are to be established everything will depend on the management and not a little on the sites. Nothing would be more easy than to found a system which not only might not be superior to, but might be even inferior to the present one. In conclusion, I cannot help expressing my regret that Mrs. O'Connell's paper has not been published in pamphlet form and sent to the different medical publications for review.

I am, Sir, yours faithfully,

THOMAS LAFFAN.

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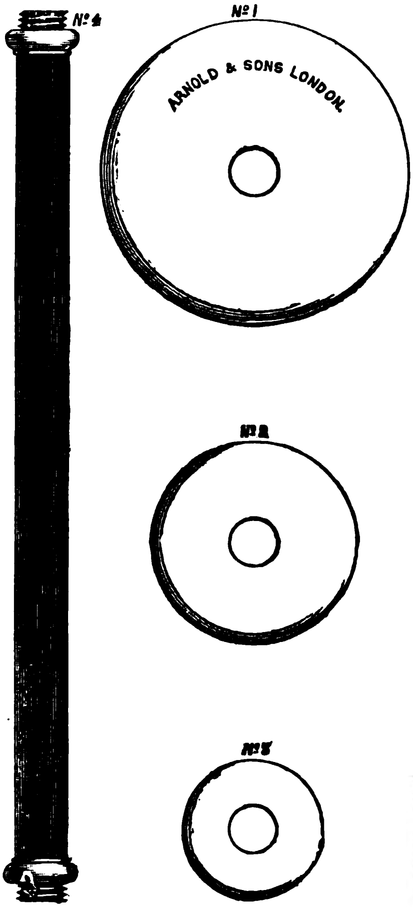
## NEW MEDICAL OFFICERS' STETHOSCOPE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A great authority on auscultation has remarked that a new stethoscope requires to be tried on as carefully as a new hat. The reason for this is clear. Some men hear best with a concave ear-piece ; others prefer a flat or slightly convex one ; but all seem agreed that the ear-piece, whatever may be its form, is the most important part of a stethoscope. Still the shape and size of the chest-end are not without importance ; for although medical men generally use the same instrument for all cases, pulmonary as well as cardiac, and for all patients, whether lean or stout, it is, nevertheless, a fact, that for the limitation of certain cardiac murmurs, and for the accurate localisation of pulmonary sounds, especially in emaciated patients, a small ended stethoscope is desirable; whilst for collecting faint, distant, or deep-seated pulmonary sounds, a stethoscope with a large chest-end is to be preferred. It would be inconvenient however, to carry two stethoscopes about with us. Even one stethoscope of the usual form is an awkward instrument to carry, and many are the devices that have been adopted to overcome the difficulty. In my early days the stethoscope used frequently to be carried crosswise



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(*a*) "De la retention incomplete d'urine," &c. Thèse de Paris, 1879.

(*b*) "Note sur les lesions du cœur dans la néphrite interstitielle." Lue à la Société Anatomique, 17th October, 1879.

inside the hat, and many Edinburgh graduates of five-and-twenty years ago will remember the circumstance of a medical student having been accused of being armed with a *life preserver* owing to his stethoscope having rolled out when his hat was knocked off in a snow-balling encounter.

A perfect stethoscope should have the following qualities: It should be portable under all circumstances. It should be a good conductor of sound. Its ear-piece should be of a shape to fit any ear. Its chest-end should be capable of being adapted to any surface, and it should be suitable for any case. The instrument which I have devised will, I believe, meet nearly all these requirements. It consists of four parts—viz., a stem, an ear-piece, and two chest-pieces. The stem is a wooden cylinder, six and a half inches long, having a uniform diameter of half an inch, with a short entering screw at each end. The ear-piece, of boxwood, ivory, or ebony, is slightly convex on one side, and slightly concave on the other, rather less than the eighth of an inch thick, and about two inches in diameter, with a receiving screw in the centre. No. 1 chest-piece exactly resembles the ear-piece, except in having a diameter of only one inch and a half. No. 2 chest-piece is exactly like No. 1, except that it has a diameter of only one inch. The screws of the ear-piece and chest-pieces are all alike, and are made to fit either end of the stem. They are also reversible, so that the surface applied to the ear or to the chest may be either concave or convex as required. Either chest-piece may be used according to the nature of the case. For cardiac cases and very emaciated patients I use the smaller one; but for pulmonary sounds in persons ordinarily well nourished I prefer the larger chest-piece. When the stethoscope is not required for use, the ear and chest-pieces can be unscrewed and carried in the waistcoat pocket, occupying about the same space as a crown, a half-crown, and a shilling; whilst the stem can be carried as easily as a pencil-case. Thus, by substituting a couple of nearly flat chest-pieces for the ordinary trumpet-shaped extremity, an elegant and universally applicable instrument is obtained, which even military medical officers, whose pockets have been reduced to the vanishing point, will be able to find room for. Country doctors also, to whom the ordinary stethoscope is a burden when riding, whether carried in the hat or pocket, would find this instrument particularly useful.

Stethoscopes of this description are now made by Messrs. Arnold & Sons, of West Smithfield, E.C., to whom I am indebted for much intelligent aid in executing my design,

I am, &c.,

R. V. Hospital, Netley. H. Veale, M.D.

No. 1 represents the Ear-plate, No. 2 the large Chest-piece, and No. 3 the small Chest-piece.

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## THE VACANT IRISH MEDICAL AND SURGICAL BARONETCIES.

Nothing has yet transpired as to the intentions of Her Majesty regarding the bestowal of the medical baronetcy vacated by the death of Sir Dominic Corrigan and the surgical title which has so long lain unoccupied since the death of Sir Philip Crampton.

The *Dublin Evening Mail* has followed up its first very emphatic article on the subject by another equally forcible, in which it points out the claim which the profession in Ireland has had to these distinctions, and we cordially affirm our complete concurrence in the views expressed by our contemporary on this subject. It would seem hardly necessary to argue as to the fairness of giving to the profession in Ireland the honours and distinctions proportionate in number to those granted to other divisions of the kingdom; and yet the tardiness of the Government to do justice in this matter has rendered necessary repeated protests on behalf of Irish medical men. England boasts of four medical baronets—Sir George Burrows, Sir William Gull, Sir William Jenner, and Sir Thomas Watson; one surgical baronet, Sir James Paget; two representatives of former medical baronets—Sir Benjamin Collins Brodie and Sir James Trevor Lawrence; and no less than 9 knights—Sir J. Alderson, Sir A. Armstrong, Sir J. C. Brown, Sir J. Fayrer, Sir Anthony Home, Sir Galbraith Logan, Sir William Muir, Sir James Salmon, and Sir Henry Thompson. Scotland also possesses a medical baronet, Sir Robert Christison; a representative of a medical baronet, Sir Walter Simpson; and a medical knight, Sir Alex. Douglas Taylor. In contrast with this stands Ireland, which does not number amongst its professional men either a medical or surgical baronet, nor (except the youthful successor to Sir Dominic Corrigan) a representative of a past medical or surgical baronetcy, and only three medical knights—Sir William Carroll and Sir George Owens, whose titles were the reward of civic honour, and Sir Robert Kane, who earned his laurels as a chemist. We cannot see why this slight to the profession in Ireland should be perpetuated; and inasmuch as no one can truthfully say that there are wanting to Ireland physicians or surgeons deserving of as much honour as those whose names we have quoted above, we shall await with confidence Her Majesty's choice of a medical and a surgical baronet for Ireland.

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## THE ELECTION AT DR. STEEVENS' HOSPITAL.

The choice of a consulting physician and two visiting physicians to this hospital in the room of Dr. Malachi Burke and Dr. Bookey, deceased, and of Dr. Grimshaw, appointed Registrar-General, took place on Feb. 5th. The election, as we have said, acquired additional importance as involving in some degree the continued efficiency of the school which is connected with the hospital. For the office of consulting physician Dr. Grimshaw was deservedly unopposed. For that of visiting physician there were three candidates—Dr. Warren, formerly house surgeon, and now lecturer on anatomy and curator of the museum at the school; Dr. Henry Tweedy, also formerly house surgeon in the hospital, and now lecturer on medical jurisprudence in the school; and Dr. R. A. Hayes, an M.D. of Dublin University, and Fellow of the Royal College of Surgeons of last year. After considerable excitement, Drs. Tweedy and Hayes were elected to the two vacancies. There were circumstances attending this election which will compel us to revert to it next week.

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# Obituary.

## DR. WILLIAM HEGARTY O'LEARY, M.P.

At the early age of 41 Dr. O'Leary, M.P., has been taken from us, after a brief illness in London of congestion of the lungs, and his death has caused quite a shock to medical circles in Dublin. Dr. O'Leary's professional life was closely identified with the Ledwich School, in which institution he, as a student, acquired that distinction which gained for him afterwards a professorship within its walls. His public position as a surgeon was as one of the medical staff of St. Vincent's Hospital, and as an examiner in surgery in the Royal College of Surgeons. On the occasion of the trial of Kelly for the murder of Constable Talbot, the medical defence was, we may say, conducted by Dr. O'Leary, and with such ability as not only to secure the acquittal of the accused, but to raise Dr. O'Leary at once into public favour. Shortly afterwards he was asked to contest the Parliamentary representation of Drogheda in the National interest, which he did with easy success, and thenceforward his private practice rapidly increased. Amongst his professional brethren he was much regarded, not only for his social qualities but for his marked ability, and even those who differed with him in politics *toto cœlo* respected and admired him for his energy and talent.

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## THE LATE DR. BENSON, OF DUBLIN.

At a meeting of the Committee of Council, held at the Royal College of Surgeons in Ireland, on Tuesday, the 27th of January, 1880, Dr. Speedy, Chairman of Council, in the chair, the following resolution, proposed by Dr. J. W. Moore, and seconded by Dr. Jacob, was unanimously adepted :—

"That the Council of the Irish Medical Association have heard with deep regret of the death of Dr. Charles Benson, who for many years was the earnest friend and zealous supporter of the Association as Member, Councillor, and President. The Council desire to record their sense of the loss sustained by the Association in the removal of so valued a colleague, and, at the same time, to express their sympathy with Dr. Benson's family in their present bereavement."

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**Royal College of Physicians of London.**—The following candidates having passed the required examinations, were admitted Licentiates on February 16, 1880 :—

Baker, William James, 39 Claremont Square, N.
Paddle, James Isaac, University Hospital, W.C.
Shears, Charles Hartley Bedwell, St. Bartholomew's Hospital, E.C.
Stokes, Henry Fraser, 21 Compton Terrace, N.
Weed, Theodore Arthur, M.D., Wooster, 449 Strand, W.C.

## NOTICES TO CORRESPONDENTS.

Mr. Clarke.—Thanks rather long, which will be the cause of a longer delay than we should wish ; but we will find space as early as possible, on account of its interesting character.

Dr. Jeffries.—We intend reverting to the subject shortly, and will make use of his information

Royal Institution.- Tuesday, Feb. 24, at 3 p.m., Prof. Schäfer, "Physiology of Muscle.

Society of Public Analysts.—This (Wednesday) evening at 8 p.m., Dr. J. Muter, "On the Estimation of Cane-sugar in Milk."—Mr. A. Wynter Blyth, "On a New Method of taking the Specific Gravity of Solid Fats at ordinary Temperatures."—Mr. J. West Knights, "On the Action of Alum in Bread-making."—Mr. F. Maxwell Lyte, "On Blowpipe Assays of Silver Lead."—Mr. F. P. Perkins, "On the persistent occurrence of Starch."—Mr. H. Macagno, "On the Tannin of Sumach-leaves" and "A Series of Analyses of Air."

Association of Surgeons practising Dental Surgery.—This evening, at 8 p.m., Council.—8½ p.m. Mr. S. H. Cartwright, "On the Recognition of Certain Constitutional Lesions by means of Examination of the Teeth and Mouth."

Royal College of Physicians of London.—Friday, Feb. 20, at 5 p.m., Gulstonian Lectures : Dr. Gowers, "On Epilepsy."

Society of Medical Officers of Health.—This evening at 7½ p.m., Dr. G. B. Longstaff, "On some Facts bearing on the Etiology of Summer Diarrhœa."

Dr. W. Leatham.—Letter received, and will appear, if possible, in our next.

Surgeon-Major Curran.—Communication received ; its great length will, we fear, cause its insertion to be delayed.

Royal College of Physicians of London.—Monday, Feb. 23, at 5 p.m., Second Gulstonian Lecture "On Epilepsy" by Dr. Gowers.

### "A KNOT IN THE UMBILICAL CORD."

*To the Editor of the* Medical Press and Circular.

Sir,—In answer to "Inquirer" in your last issue, I may mention that after a period of forty years' medical practice it has fallen to my lot to have attended nearly 10,000 cases of midwifery, and to have met with only four cases in which a knot existed in the umbilical cord. In each the presentation was natural, the cord unusually long (exceeding 4 feet), and, with one exception, encircling the neck. No doubt many of your readers have met with nurses who would tell them that they had seen many cases of "knots" in the cord—indications of the number of children yet to be borne—but these so-called "knots" were nothing more than simple projections on the cord formed by the vessels—cellular tissue and membranous sheath, or prolongation of the chorion.

Yours faithfully,
M. Redman.
Lincoln, Feb. 13, 1880.

Royal Institution.—Thursday, Feb. 26, at 3 p.m., Prof. Dewar, "Recent Chemical Progress."

One Interested.—You cannot do better than peruse the Carmicnael Prize Essays of Mr. Rivington and Dr. Laffan ; all that is known on the subject; and all that has been done in connection with medical education will be found embodied therein.

### VACANCIES.

Belrothery Union, Kilsallaghan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, March 5.

Buckingham General Infirmary, Aylesbury.—Resident Surgeon. Salary commencing at £80, with board. Applications to the Secretary on or before Feb. 28.

Burton-on-Trent Infirmary.—House Surgeon. Salary commencing at £130. Applications to the Hon. Sec. by Feb. 20.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman of Committee before Feb. 21.

Manorhamilton Union, Drumkeeran Dispensary.—Medical Officer. Salary, £100, with fees. Election, March 5.

Margate Royal Sea Bathing Infirmary.—Resident Surgeon. Applications, under cover, to the Secretary before Feb. 21. (See Advt.)

National Hospital for the Paralysed, Bloomsbury, London.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary by Feb. 21.

Navan Union, Painestown Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Feb. 27.

North Dublin Union, No. 2 North City Dispensary.—Medical Officer. Salary, £145, with fees. Election, Feb. 23. (See Advt.)

Royal Free Hospital, Gray's Inn.—Junior Resident Medical Officer. Applications to the Secretary before Feb. 25. (See Advt.)

Royal Hospital for Diseases of the Chest, City Road, London.—Two Assistant Physicians on the Staff. Applications to the Secretary on or before Feb. 26. (See Advt.)

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### APPOINTMENTS.

Critchett, G. A., M.R.C.S.E., Assistant Ophthalmic Surgeon to the Middlesex Hospital.

McNeill, J. P., M.D., B.A., L.R.C.S.I., Medical Officer of Health for the Borough of Tiverton.

Mussen, A., M.D., M.R.C.S.E., Coroner for Belfast District, co. Antrim.

Poore, G. V., M.D., F.R.C.P.L., Professor of Medical Jurisprudence at University College, London.

Savory, W. S., F.R.C.S.E., M.B., Consulting Surgeon to the Charter House.

Southam, F. A., M.B., F.R.C.S.E., Resident Medical and Surgical Registrar to the Manchester Royal Infirmary.

Stephenson, W. H., M.D , L.R.C.S.Ed., Medical Officer of Health for the Blackburn Urban Sanitary District.

Tweedy, H. J. C., M.D. Univ. Dub., F.R.C.S.I., Physician to Steevens' Hospital, Dublin.

White, W. H., M.A., M.D , M.Ch., Honorary Physician to St. Marylebone General Dispensary.

Wiglesworth, H., M.B., M.R.C.S.E., Medical Officer of Health for the Ashford Urban Sanitary District.

Wright, G. A., M.B., F.R.C.S.E., Resident Surgical Officer to the Manchester Royal Infirmary.

Wright, H. C., M.R.C.S., House Surgeon to the West London Hospital.

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## Births.

Bantock.—Feb. 12, at 12 Granville Place, London, W., the wife of Granville Bantock, M.D., of a daughter,

Cameron.—Feb. 12, at Harlesden, the wife of C. H. H. Cameron, L.R.C.P.Lond., of a daughter.

Flood.—Dec. 25, at Yorke Town, Yorke's Peninsula, South Australia, the wife of John Wellesley Flood, B.M., T.C.D., L.R.C.S.I., of a son.

O'Connor.—Feb. 7, at 72 George Street, Limerick, the wife of Francis W. O'Connor, L.R.C.S.I., of a son.

Pye.—Feb. 10, at Belmore, Galway, the wife of Prof. Pye, M.D., of a daughter.

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## Marriages.

Finlay—Walsh.—Feb. 12, at St. John's Church, Monkstown, William Finlay, M.D., Surgeon A.M.D., to Charlotte E. Walsh, youngest daughter of the late Thomas P. Walsh, Esq.

Jolly—Ker.—Feb. 10, at St. Thomas's Church, Belfast, A. Jolly, L.R.C.S.I., of Liverpool, to Henrietta Broomfield, youngest daughter of the late Richard Ker, of Newbliss, co. Monaghan.

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## Deaths.

Allen.—Feb. 9, at Grantham, Lincolnshire, Caroline, wife of Robert Marshall Allen, M.D., Deputy Inspector-General of Hospitals H.M. Army.

Caskie.—On Feb. 6, at Largs, Ayrshire, James Caskie, L.F.P.S.G., aged 78.

Coles.—On Feb. 3, at Great Coram Street, Russell Square, London, George Charles Coles, M.R.C.S.E., aged 37.

Cranston.—On Feb, 10, at Ballybay, Co. Monaghan, William Cranston, L.R.C.P. Edin.

Dudley.—On Feb. 7, at Knowle, Warwickshire, William Henry Dudley, M.R.C.S.E.

Gerrard.—On Feb 2, at West Bromwich, Edward Rotherham Ingoldsby Gerrard, L.K.Q.C.P.I.

Hemsted.—On Jan 30, at Whitchurch, Hants, Tobias Rustat Hemsted, M.R.C.S.E., aged 69.

Keith.—On Jan. 14, at Cabul, of pneumonia, Alexander Crombie Keith, M.B., Surgeon Army Medical Department.

Russell.—On Feb. 8, at Sandford Terrace, Dublin, Samuel Russell, L.R.C.S.I., aged 24.

Stokes.—On Feb. 1, at the Tavistock Hotel, London, Dr. Jas. Stokes, late Hon. East India Co.'s Service, aged 74.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 25, 1880.

## CONTENTS.

PAGE

Abstracts of the Gulstonian Lectures on Epilepsy. Delivered before the Royal College of Physicians of London, by W. R. Gowers, M.D., F.R.C.P., Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic—Lecture I. ... 143

ORIGINAL COMMUNICATIONS.

Phlebitis of the Lower Extremities—A Secondary Complication of Injuries of the Head. By Henry Gray Croly, F.R.C.S., Senior Surgeon to the City of Dublin Hospital, &c. ... 144
On Contractions of the Mouth. By E. D. Mapother, M.D., President Royal College of Surgeons, Ireland, &c. ... 145

CLINICAL RECORDS.

Jervis-Street Hospital, Dublin—Wound of Terminal Branch of Radial Artery—Gangrene—Amputation of the Arm—Secondary Hæmorrhage—Ligature of a Double Axillary Artery—Under the care of Dr. Austin Meldon, F.R.C.S.I. ... 146

PAGE

TRANSACTIONS OF SOCIETIES.

HARVEIAN SOCIETY—

Cases in Gynæcology ... 147
Venesection ... 147

SURGICAL SOCIETY OF IRELAND—

The late Dr. Benson ... 147
Inflammation of the Lower Extremities—Discussion ... 148
Contractions of the Mouth and Jaws—Discussion ... 148

STATISTICAL SOCIETY OF GREAT BRITAIN 150

An Analysis of Recent Additions to Ophthalmological Literature. By Archibald H. Jacob, M.D., F.R.C.S.I. ... 150

LEADING ARTICLES.

DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION?—IV. 152
PAYING PATIENTS IN HOSPITALS ... 154
PATHOLOGICAL FOG ... 155

NOTES ON CURRENT TOPICS.

Proof of Death ... 155
Dr. Richardson's Legacy ... 156
The London Fever Hospital ... 156
The Royal College of Physicians of London Examinations ... 156

PAGE

The "Call" to Dr. Farquharson ... 156
French Views of Syphilis ... 156
Hydrofluoric Acid Inhalations in Diphtheria ... 156
Simple Method of Evacuating Small Calculi 156
Treatment of Prolapse of the Rectum ... 156
Subcutaneous Emphysema ... 157
Curious Death from Gas ... 157
The late Dr. O'Leary, M.P. ... 157
How to Gargle the Throat ... 158
Amateur Vaccination ... 158

SCOTLAND.

Glasgow Science Lecture ... 158
Philosophical Society of Glasgow ... 158
Death from Hydrophobia at Newmilns ... 159
Death of Dr. John Wilson, of Inverness .. 159
Registrar-General's Returns ... 159
Death of Dr. Geo. Dallas Baird, F.R.C.S. .. 159
Health of Edinburgh ... 159

LITERARY NOTES AND GOSSIP ... 159

The Appointment of Registrar-General ... 160

The Recent Election at Dr. Steevens' Hospital ... 161

OBITUARY.

Dr. Richard Rainsford ... 161

Notices to Correspondents ... 162

# Abstracts
OF THE
# GULSTONIAN LECTURES ON EPILEPSY,

*Delivered before the Royal College of Physicians of London,*

By W. R. GOWERS, M.D., F.R.C.P.,

Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic.

### LECTURE I.

AFTER some introductory observations, the lecturer stated that he had chosen as the subject for these lectures some points in the clinical history of chronic convulsive diseases, as illustrated by his notes of a series of cases, sufficiently numerous, he hoped, to fulfil the conditions essential for the successful use of the method of numerical analysis. The series included cases of epilepsy, epileptiform seizures, and hystero-epilepsy; all cases of simple hysterical fits without distinct loss of consciousness, and all cases in which there was reason to suspect organic brain disease, were excluded. The hystero-epileptic cases constituted 18½ per cent. of the whole.

The first lecture was devoted to the subject of causation. Regarding the influence of sex, the proportion of 1,450 cases was found to be, females 53·4 per cent., males 46·6 per cent., nearly as 6 to 5. The excess of females was smaller, though still marked (52 per cent.) in the cases of pure epilepsy, taken separately. Of the hystero-epileptics, females constituted two-thirds. The investigation of heredity was directed to the existence of epilepsy, insanity, chorea, hysteria, and certain forms of paralysis paraplegia, and infantile paralysis. Hemiplegia was excluded as primarily vascular. The cases of hysteria or paralysis in relatives were insignificant in numbers. Inheritance was traceable in 36 per cent. (452 in 1,250 cases) and in the same proportion in the epileptics and in hystero-epileptics. Heredity influences sex; in the cases with inheritance the females were 5 per cent. more numerous than in those without inheritance. The heredity was from the father's side in 35 per cent, and from the mother's side in 39 per cent., from both in 5 per cent., and only brothers or sisters suffered in 15 per cent. The side of the inheritance influences the sex of the sufferers. The percentage of males affected was 22 per cent. greater when the disease was inherited from the father's side than when from the mother's. The reason why the females are in such excess in the inherited cases is because the inheritance is more frequently maternal, and then many more girls suffer than boys. A family history of epilepsy was obtained in three-quarters of the inherited cases. In half (240 cases) it existed alone; in 54 combined with insanity. Insanity occurred in a third (157 cases), and existed alone in the majority. Chorea occurred in relatives of 35 cases. The mother was herself less frequently diseased than the father; she was as frequently epileptic as the father, but much less frequently insane.

Phthisis has been supposed by some to predispose to epilepsy. Individual cases suggest an influence, but statistics scarcely support it. A history of phthisis in some relative was obtained in 39 per cent. of 300 cases. The proportion of phthisis was just the same in those with and those without neurotic heredity, and the percentage of neurotic heredity was nearly the same in those with and those without a history of phthisis. Signs of inherited syphilis were present in eight cases of apparently idiopathic epilepsy, and in six of these the fits began after childhood.

The influence of age was ascertained from 1,450 cases, and the percentage commencing in decennial periods was, under ten, 29; between ten and twenty, 46; between twenty and thirty, 15·7; between thirty and forty, 6; between forty and fifty, 2; and over sixty, 3; 12½ per cent. of the total commenced in the first three years of life, and 5½ per cent. in the first year. The numbers which commenced per annum fell to the sixth year, and then rose to the maximum in the sixteenth and seventeenth years, to fall rapidly after that age. The latest case was one which commenced at 71. Sex is influenced by age. In the cases commencing under ten years the females exceeded the males by 6 per cent.; in those between 10 and 20 by 18 per cent.; between 20 and 30 by 12 per cent. After this the relation is reversed. The males exceeded the females between 30 and 40 by 16 per cent; between 40 and 50 by 36 per cent.; between 50 and 60 by 40 per cent. Over 55 males only suffered. At each maximum period, both at infancy and puberty, the excess of females was very great.

The influence of heredity on age was ascertained from 1,120 cases, and found to be much more uniform than current statements suggest. Of cases commencing under 20 (844 in number) 38 per cent. presented heredity; of those between 20 and 40, 34 per cent.; and those over 40, 27 per cent. The case which commenced at 71 presents heredity, his father having been epileptic. In the first twenty years of life the disease is hereditary in a larger proportion of males than of females; between 20 and 40 by more males than females.

How far do age and sex influence the occurrence of the hystero-epileptic or co-ordinated forms of convulsion? Of 1,000 cases this form constituted, in those commencing under 10, 15 per cent. of the male and 18 per cent. of the female cases. In those commencing between 10 and 20 it formed 14 per cent. of the male and 26 per cent. of the female cases. Between 20 and 30 the percentage of male hystero-epileptics is the same; of females 21. Between 30 and 40 the male cases fell to 12 per cent.; the females rise to 26. In cases commencing over 40 this form is practically unknown in either sex. It is remarkable, however, that up to the fourth decade of life, one third of the cases presenting hystero-epileptic phenomena occurred in males.

The influence of exciting causes was then considered, and first, the cause of the large number of cases (180) commencing in the first three years of life, and facts were given to show that two-thirds of these were due to dentition convulsions, the occurrence of which was known to be largely due to the state of retarded development called rickets. Hence it seemed that the proper feeding of children would prevent a considerable number of cases of epilepsy. Of the other cases excitants were traceable in 37 per cent., and were considered in detail. 157 cases were attributed to psychical causes, and of them, 119 to fright. This cause acts chiefly under 20, and in girls than boys, but the younger the patients the greater is the equality of its action. Two-thirds of the cases were pure epilepsy, one-third hystero-epilepsy, and the proportion of hystero-epileptics is greater the shorter the interval between the fright and the fit. Other forms of excitement caused 19 cases, and anxiety 29. Blows and falls on the head caused 65 cases, exposure to sun 27, and acute disease 37. In 19 of the latter the disease was scarlet fever, and the first fit occurred in most without dropsy or ear disease; apparently from an effect of the scarlatinal poison. Chronic alcoholism caused 13 cases, and chronic lead poisoning 3. Retarded or absent menstruation was common in girls, but its influence was difficult to estimate; and the same might be said of masturbation in boys. Heart disease was not searched for in all cases, but abnormality was found in 93, undue frequency in 9, reduplication of the first sound in 13 (all young), simple dilatation in 20, simple hypertrophy in 2, and valvular disease in 30. The relation to the epilepsy varied in different cases. In 20 cases of epilepsy the patients had also had chorea, which may apparently in some cases act as a predisposing cause.

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In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Leeds 19, Edinburgh 19, Leicester 20, Brighton 20, Portsmouth 20, Sheffield 21, Sunderland 22, Birmingham 23, Oldham 23, Glasgow 23, Norwich 24, Bristol 25, Wolverhampton 25, Salford 26, Bradford 26, Manchester 26, Hull 27, Newcastle-upon-Tyne 29, Liverpool 30, Plymouth 31, Nottingham 31, London 36, Dublin 45.

# Original Communications.

## PHLEBITIS OF THE LOWER EXTREMITIES—A SECONDARY COMPLICATION OF INJURIES OF THE HEAD.

By HENRY GRAY CROLY, F.R.C.S.,
Senior Surgeon to the City of Dublin Hospital; Member of the Court of Surgical Examiners, Royal College of Surgeons.

The occurrence of inflammation of the veins of the lower extremities, consequent on severe injuries of the head, is a remarkable and curious complication, which has not, so far as I am aware, been described or even noticed by any surgical writer. Two cases of this unusual affection having come under my observation in my private practice within the last year and a-half, I am desirous of bringing them under the notice of the Surgical Society as deserving of record.

The first case was that of Mr. K., æt. 35, who met with a severe injury of the head by having been thrown with much violence from an outside car in the town of Kildare, on the 18th of October, 1878. He was unconscious for a short time after the accident; there was arterial hæmorrhage from the left ear, vomiting of blood, and sanguineous effusion in the left mastoid region, and subsequently facial palsy, but no injury whatsoever of the lower extremities. The gentleman was seen shortly after the accident by Drs. Keogh and Chaplin, of Kildare, with whom I was called in consultation. Consciousness was soon restored, but the arterial hæmorrhage continued from the left ear for several hours. The patient suffered from the usual symptoms consequent on injuries of the head. The treatment adopted was the application of ice constantly to the head, James's powder, absolute rest, and quietness, and most carefully directed dietary. The head symptoms gradually subsided, and in a month the patient felt so well that he was approaching convalescence, and was anxious to be allowed out of bed. However, on the 21st of November, just a month and three days after the accident, he complained of acute pain in the left groin and thigh; the inguinal glands became enlarged, and very hard and painful to the touch. The pulse rose from 64, its normal number, to 100, and the temperature also rose to 100°. The foot also became swollen and painful, and the entire limb œdematous; the patient complaining much of the heavy weight, as well as the pain of the limb, which presented all the appearances usually attending phlebitis. From the 21st to the 30th of November, the pulse and temperature remained stationary at 100°; both fell gradually, and on the 13th of November the pulse fell to 64, and the temperature was normal. On the 7th of December the patient complained of pain in the opposite leg; the swelling, which followed, did not extend higher than the knee; severe rigors and perspirations occurred at the same time. The femoral and posterior tibial veins were hard and painful, and the pulse of the posterior tibial artery could scarcely be felt behind the internal ankle. The treatment adopted was leeches to the groin, anodyne draughts, hot sedative fomentations, linseed poultices, and elevation of the leg. The whole limb was wrapped in wadding, followed by stimulating and anodyne embrocations, besides friction and careful bandaging with flannel rollers, nutritious diet, and quinine. The patient gradually and slowly recovered (but both legs, especially the left, remained swollen and œdematous for several weeks), and is now in good health, and able to walk as well as ever.

I had the advantage of a consultation in this case with Dr. Robert M'Donnell, who concurred in my views on the subject, viz., the likelihood of fracture of the left side of the base of the skull having occurred, and that the phlebitis was a consequence of the injury.

Case II.—Miss ——, a young lady residing at . . .

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(a) Read before the Surgical Society of Ireland.

. . . . . in the county Westmeath, was thrown violently from her horse against an iron gate on the 12th of September, 1879. She was stunned, and was found to have received a very severe scalp wound, laying bare a large portion of the right parietal, temporal, and frontal bones. In addition to the usual symptoms resulting from concussion, she complained of intense pain in the nape of the neck. She was seen shortly after the accident by Dr. Longworth, of Moat, who carefully examined her, arrested the hæmorrhage, and dressed the wound. On the following day I was summoned by the lady's father by telegram, to attend with Dr. Longworth. Considering the very severe concussion and extensive wound, both requiring vigilant care, the case progressed as satisfactorily as could have been expected, and no complication of a serious nature ensued until the third week after the accident, when the patient was attacked with a very severe rigor, and subsequently complained of acute pain in the left inguinal region, extending subsequently down the thigh, leg, and foot. The femoral vein was hard and exquisitely painful, as in the previous case; the whole limb became very much swollen and œdematous; pulse and temperature rose with the symptoms; severe rigors and perspirations having also occurred, with the exception of leeching, the same line of treatment as in Case I. was adopted. At the end of about the tenth week the patient complained of sudden and sharp pain near the right breast (without any apparent cause), which proved to have been acute pleuritis, which yielded to treatment. At the end of the twelfth week from the date of the injury, the wound having thoroughly healed, erysipelas attacked the right side of the face, being the same side as the wound. This attack soon subsided. The renal secretion in both cases detailed was free from albumen. This case is still under treatment, and although the young lady has recovered her health very materially, the affected limb remains weak and heavy, and portions of the vessels hard and woodlike to the touch, for which the repeated application of vesicating collodion has been adopted with benefit.

The similarity of symptoms in cases No. I. and II. is very remarkable; the phlebitis having set in subsequent to the disappearance of all the head symptoms. The complication must be very rare, not being related or even alluded to in the writings of surgical authors. I communicated the facts of these cases to the following eminent surgical writers—Messrs. Erichsen, Prescott Hewett, and Bryant, of London. The following are their replies:—

My Dear Sir,—The cases of phlebitis following injuries of the head that you mention, are most interesting, and certainly deserve record. They doubtless belong to the same category of secondary blood changes that reach their culminating point in abscess of the liver as a sequela of head injuries. But as affecting the veins of the lower extremity, they must be rare, as I do not recollect to have met with, or to have heard of, a case of the kind.

I am, my dear Sir,
Most faithfully yours,
John Eric Erichsen.
6 Cavendish Place, Cavendish Square, W.
December 14, 1879.

My Dear Mr. Croly,—Your cases of phlebitis of the femoral veins after head injury are curious, and, I think, rare; I know of no such instances. The older surgeons used to put abscess of the liver and head injuries together as cause and effect, but phlebitic troubles as effect are difficult to explain. You should publish the cases.

With kind regards, believe me,
Sincerely yours, Thomas Bryant.
53 Upper Brook St., Grosvenor Square.
December 13, 1879.

My Dear Sir,—As to the cases which you mention, phlebitis of the lower extremity, following severe injuries of the head, I cannot recall to mind having met with such cases. They are interesting ones, and ought certainly to be put on record.

Yours very truly,
Prescott Hewett.
1 Chesterfield Street, May Fair.
Jan. 15, 1880.

My Dear Croly,—Refering to Miss —— case, a violent rigor ushered in the attack of acute phlebitis of the veins of the left lower extremity. The limb became enormously enlarged and œdematous, with pain and tenderness along the course of the veins. A similar rigor was the precursor of pleuritis, and erysipelas of the face and scalp was the next complication. The affected leg still continues powerless and heavy, but reduced to the natural size. At the time of the accident I made a careful examination of the extremities; not even an abrasion or ecchymosis was observable. I fear it will be impossible for me to be up on Friday.

Sincerely yours,
P. Longworth, F.R.C.S.
Moat, Jan. 28, 1880.

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## ON CONTRACTIONS OF THE MOUTH. (a)

By E. D. MAPOTHER, M.D.,
President Royal College of Surgeons; Surgeon to St. Vincent's Hospital; Consulting Surgeon to the Dental and Children's Hospitals, Dublin.

During the past three months cases of contraction of the jaws and oral aperture have occurred to me which may interest the Society, especially the first, which relates to the branch of surgery lately affiliated with our College.

A lady, aged 24, married, and mother of one child, consulted me for closure of the jaws, which had been increasing for eighteen months from March, 1878. Then there had been toothache of the second and third left inferior molars, but no abscess or other inflammatory condition. The central incisors could be only separated for two lines, and any attempt to force them apart caused severe stretching pain. Speech was very imperfect, and for months she had been fed with fluids sucked from the point of a teaspoon. She was therefore weakly because underfed. The left masseter felt through the skin very hard, and its anterior border, examined through the mucous membrane, was extremely rigid. The right muscle was softer, but also in tonic spasm.

As antispasmodics had been fully tried by two leading physicians, and as further closure, to the total exclusion of food, was dreaded, I urged examination during anæsthesia, and the aid of Mr. Baker, F.R.C.S., was procured. When etherisation was complete the jaws could be fully separated, and the dilators we had ready were not needed. They were of the kink invented by the late Mr. Maunder—a boxwood cone with a spiral groove, just like the Rostellaria shell—and the steel two-bladed one. Mr. Baker extracted the wisdom tooth, which was impacted in the root of the coronoid process and the second molar, which it had displaced and diseased. For a few days there was soreness in moving the jaws. Last week I saw that she could fully enjoy a yawn, and that, having chewed solids, her health greatly improved.

The Americans term this disease *trismus dentium*, and the words *sapientiæ inferiorum* may with exactness be added, for it is these teeth alone which excite it. The upper wisdom teeth can make room towards the tuber or antrum, but the coronoid process is less yielding when eruption is hindered by crowding of the teeth owing to want of growth backwards of the ramus. At the age of six years the sacs of the lower wisdom teeth appear, and at twelve calcify in the middle of the coronoid process. It is quite common for teeth to remain half-erupted, and covered by a flap of gum, which causes much pain in mastication, and leads to caries, as noted in John Hunter's great work on the teeth (1778), which constitutes him the father of dental pathology. Malposition of these teeth has produced pharyngeal and sub-fascial abscesses so severe as to threaten life, and connective nerve symptoms like aphonia and amaurosis. They lie so close to the inferior dental nerve that it has been torn during their extraction. The great size of this nerve, and its close connection with the twigs to the masticatory muscles, explain spasm of them, especially as their antagonists, the muscles which open the mouth, are weak and indirect in action.

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(a) Read before the Surgical Society of Ireland.

It is reported that metal stoppings, especially those of both the positive and negative conditions, have excited electrical trismus of the masseter. Dr. G. Johnson relates that a grain of flint lodged for fourteen days in a scar in the cheek caused trismus, and, what seems inexplicable, palsy of the seventh. Allusion may be made to other causes of trismus. The buccal, mainly a sensitive nerve, forming a plexus with the facial; epilepsy in this case had recurred after a lapse of twelve years, but removal of the irritant cured all. Barwell found it unilateral from a temporal wound, and with the peculiarity of relaxation during sleep. The literature of trismus nascentium is so familiar that I will only remark that tetanus, spasm of other muscles, supervenes if the infant lives long enough, and that some of its assigned causes could act through the cutaneous branches and the inferior maxillary division of the fifth nerve. Cold to the face, the only exposed part, chill after very hot baths—causes said to have respectively produced the great Iceland and Vienna epidemics—might be thus regarded. The foul air pent up in the Rotunda one hundred years ago, and the effluvia from filth round Negro babies, would act on the eighth nerve, and pressure of the occipital bone during parturition upon the respiratory nerve-centre, as urged by Marion Sims, would lead to spasm of the muscles of the mouth, pharynx, and chest. Causation by inflammation about the navel, as assigned by A. Colles, is beyond neurological speculation.

The treatment in my case was simple and effectual, yet by some, gradual separation by means of a wedge, or of Cattlin's rack and pinion separator, is preferred; and the masseter has been subcutaneously divided in one instance, the closure being so extreme that the patient had to put the lips into fluid food and suck up like a pig. In another case the digastric, a weak antagonist, has been excited by galvanic needles stuck into it.

It is rash to point a moral from a single case, but I believe most serious troubles could be avoided by the diagnostic power which a course of lectures on dental pathology would confer on every member of our profession.

*Stomato-plasty.*—Last October a countryman, aged 30, otherwise healthy, was sent by Dr. Lyster, of Athlone, to St. Vincent's for contraction of the oral and nasal openings, the result of lupus, which had cicatrised two years before, with horrible deformity. The left nasal opening was wholly closed with a thick scar, and in the right there was a passage through which he daily forced a piece of wood the size of a No. 2 catheter. He refused all interference with the nostrils, as he said that by the use of caustics the contractions had been made worse. The oral aperture was a perfect circle of six lines in diameter, with healthy lip-tissue at the upper and lower thirds, but with hard cicatricial structure at the commissures. It was scarcely dilatable, and examination of the mucous surface with the little finger caused much difficulty of breathing. Speech was very imperfect, and he had been restricted to fluid diet for months. As he begged for the least severe operation, a plan was followed which I have found useful in dealing with cicatricial webs after burns of the elbow and neck. In each cheek, six lines from the strictured mouth, a perforation was made with a platinum rod, two lines in diameter, heated to whiteness by the benzole apparatus. The buccal cavity was protected by a wooden spatula. Mr. Morrison, F.R.C.S.I., has made such holes with Chassaignac's trocar, and kept them open with a drainage tube acting like a seton. In five days the sloughs came out, leaving holes apparently too large. They quickly contracted to a size less than the platinum rod, and in a month were healed, with smooth flexible tissue, which seemed as likely to be permanent as the perforation in a lady's ear. Then the intervening pieces were removed by incisions from the upper and lower edges of the holes to the mouth. On the left side the cheek was found very thick, and at the suggestion of my colleague, Mr. O'Leary, I followed the plan of Serre, of Montpellier, and took out a wedge-shaped bit of each cut surface from between the skin and mucous membrane, which were then sutured. In four days the surface of the right aperture ulcerated, and contraction ensued till the plan on that side was a failure. The patient and I were fairly content with the left operation, which widened the mouth by some three lines, but on the right (Dec. 9) I performed Dieffenbach's stomato-plasty. I find that Werneck adopted this procedure in 1817—thirteen years before the great master just named.

Anæsthesia was not attempted on this or the former occasion, as the breath inlet was so narrow. The left forefinger being passed towards the mucous surface incisions were carried from a point ten lines external to the commissure to the upper and lower edges of the mouth. They went only to the depth of the sub-mucous tissue, and to this level the triangular piece was dissected off. The labial portion of the orbicular muscle was cut away, for its sphincter action seemed to promote the persisting contraction. The superior coronary artery being divided was twisted. The mucous membrane, made tense by lowering the jaw, was cut horizontally to within two lines of the angle, with a scissors, and the flaps were stitched to the edges of the skin. But for the difficulty of breathing, I would have followed Velpeau's plan of inserting the sutures before dividing the mucous membrane. Towards the new commissure the flaps were very narrow, but to get them wider would have required incisions beyond the level of the healthy lips. The jaw was bound up with a roller. All was fairly healing by the fourth day; the sutures were removed, and a mouth-stretcher, or tubular obturator, similar to that figured in Garretson's "Oral Surgery," but made of gutta-percha, was put in. The gutter all round kept it fixed, and the opening in it was much larger than the mouth before operation. He wore it very perseveringly, only removing it when feeding. On Christmas eve, when he insisted on going home—some eighty miles—the mouth measured transversely sixteen lines, and when opened to the utmost fourteen lines from above downwards. Its greater extent to the right side was not very unsightly, and it will probably lessen. The newly-formed lips had a fair red colour. During treatment the surface of the scar got abraded in several points, yet no lupoid ulceration recommenced, because the sebaceous glands, in which that process has its site, had been all destroyed.

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# Clinical Records.

## JERVIS STREET HOSPITAL, DUBLIN.

### *Wound of Terminal Branch of the Radial Artery—Gangrene—Amputation of the Arm—Secondary Hæmorrhage—Ligature of a Double Axillary Artery.*

Under the Care of Dr. AUSTIN MELDON, F.R.C.S.I.

Reported by JOHN CASHIN, L.R.C.S.I., Resident Surgeon.

C. D., a carpenter, æt. 23, unmarried, residing at Kilcock, co. Kildare, was admitted into Jervis Street Hospital on April 1, 1879. The history of the case was as follows:—

On the 26th of March, in attempting to strike a comrade, with whom he was quarrelling, his hand passed through a pane of glass which inflicted a lacerated wound, extending from cloacas space to the phalangeal joint of the thumb, dividing one of the terminal branches of the radial artery. The hæmorrhage was very great, and before he saw the dispensary medical officer he lost a considerable quantity of blood. Styptics and well applied pressure on the radial and ulnar arrested the hæmorrhage, but as soon as this was removed the bleeding recommenced. Five times within the next few days it recurred. Each time he lost a large amount of blood. On admission into hospital, he was blanched, very weak, and the pulse almost imperceptible.

I had him placed in bed and immediately removed the compresses from the brachial, radial, and ulnar arteries. For some hours after his admission there was no return of the hæmorrhage; but at 4 o'clock I was summoned to his bedside and found him bleeding; I stripped the wound and arrested the hæmorrhage by plugging with lint and compound tincture of benzoin. Dr. Meldon saw him on the following day at the morning visit—ordered iron, quinine, and opium, and directed that the wound should be dressed with turpentine; a resident pupil was left at his bedside, and directions given to send for Dr. Meldon should bleeding again occur. During the night the patient had severe rigors, and on the following day erysipelas was developed. This terminated in gangrene, which spread rapidly from the fingers. It was decided in consultation to amputate the arm, and the operation was successfully performed by Dr. Meldon, who, owing to the œdematous condition of the arm, removed it very close to the shoulder. A drainage-tube was put between the flaps, and the vessels tied with strong catgut; there was rather severe hæmorrhage from the medullary canal, but this was controlled by a small plug of lint. The stump was dressed antiseptically.

On the fifth day all was healed, but the two angles where the tube and ligatures were brought out.

On the evening of Sunday the 20th, I was called to see the patient, and found arterial blood flowing freely from one these angles. I immediately raised the stump, put a pad upon each flap, and bandaged it tightly; this at once stopped the hæmorrhage. Next morning the dressing became saturated with blood, and Dr. Meldon, who had just arrived, stripped the stump, and easily arrested the bleeding by pressure and elevation. That evening it again bled, and as the patient was now very feeble, he determined to tie the axillary. Assisted by Dr. Stoker he made an incision of about 2 inches long through the anterior wall of the axilla, avoiding the cephalic vein, scraped carefully through the areolar tissue, and in a few seconds found the vessels and nerves—the vein was then drawn inwards and the artery, which was of very small size, insulated and tied. The stump was then left exposed, and it was found the bleeding was arrested. For about an hour all seemed well, and Dr. Meldon was about to leave the hospital, when he found a little arterial blood was coming from the other angle of the wound. Remembering the small size of the artery he had tied, and fearing high up bifurcation, he sought and found the second axillary artery, which he tied; now all hæmorrhage ceased, and the patient took a good deal of nourishment during the night, but towards morning he spat up some blood, and soon after died.

In his remarks to the students Dr. Meldon said he looked upon this case as one of those all surgeons feared viz, a patient of a hæmorrhagic diathesis. He showed upon post-mortem examination that the bifurcation had taken place in the first state of the axillary, and that both vessels had been secured in the third stage.

# Transactions of Societies.

## HARVEIAN SOCIETY OF LONDON.

The President, Henry Power, Esq., F.R.C.S., in the chair.

### CASES IN GYNÆCOLOGY.

Dr. Alfred Meadows read accounts of several interesting cases. The first was that of a married woman, æt. 46, who had scanty menses, and was childless. She felt a pain in her pelvis, which she attributed to strain. There were present constipation and tympanitic distension, simulating pregnancy at times. The uterus was pushed backwards by a tumour as large as an egg, and of sarcomatous feel. He had observed excessive tympanitis with constipation as early indications of malignant disease in the pelvis. The second case was one of menorrhagia in a single woman of 26, whose menses had always been free, latterly of seven days' duration, and coming on at intervals of ten days, with severe leucorrhœa in the interval. There was tenderness over both ovaries. Astringents, especially ferruginous, had been given without good effects. Medicines which retard ovulation were indicated in such cases, as the iodides and bromides of the alkalies. Under the bromides of potassium the catamenia quickly became of normal duration, every twenty-eight days. The third was a case of a dressmaker of 20, who was not well after she came up to London from the country. Her catamenia fell off, her mammæ diminished in size, and she became pale and weak. She had iron, quinine, and tinct. lyttæ, and soon got well. The fourth was a young female who had suffered "a disappointment," after which there was pain with tenderness over both ovaries, the left being the worse of the two. This case improved rapidly under vaginal pessaries containing conium, which Dr. Meadows said was a powerful local sedative in these cases. Cantharidine blisters in these cases he regarded as too irritant.

The President, Drs. Fitzpatrick, Fothergill, and Cripps Lawrence made some observations, after which Dr. Meadows replied, pointing out the contrast in the above cases.

### VENESECTION.

Dr. Broadbent then read the paper of the evening, on *Venesection.* He pointed out that the fluctuations of medical practice were unfortunate, though some of them were warranted. Bleeding from being practised indiscriminately has fallen into disuse, though it is often of striking power, and is accompanied by very little risk. It does not in inflammatory affections strike at the inflammation directly, but lowers the blood pressure in the arteries. When an aneurism is threatening life, bleeding will relieve the tension within its walls, and thus is useful as a palliative. In overdistension of the right heart bleeding is very useful. In those cases of pneumonia where the patient becomes pale, gasps for breath, and is unable to lie down, where the heart beats violently while the pulse is small, then bleeding is indicated, and as the blood flows the pulse improves. He had not bled in bronchitis. In chronic bronchitis with emphysema it did little good. In aortic valvular disease it was not called for. In mitral regurgitation digitalis was to be preferred; but in mitral stenosis the question of bleeding often arose, especially with liver pulsation. Dr. Broadbent then examined at some length the causes of high arterial tension when bleeding is indicated. When the pulse is full betwixt the beats and feels like a tendon, than bleeding is indicated, as in uræmic convulsions, in convulsions at times without uræmia, in scarlatinal albuminuria, in pregnancy, &c. It was also useful in amenorrhœa in plethoric individuals. The two main indications for venesection are —(1) distension of the right ventricle; and (2) high arterial tension.

The President, Mr. Sedgwick, Dr. Alderson, and Mr. Raynor took part in the discussion which followed, after which Dr. Broadbent replied.

The meeting then adjourned.

## SURGICAL SOCIETY OF IRELAND.

A meeting of the Surgical Society of Ireland was held on Friday evening, January 30th, in the Albert Hall, Royal College of Surgeons, Dr. Mapother, President of the College, in the chair.

Mr. B. Wills Richardson read the minutes of the previous meeting, which were confirmed.

### THE LATE DR. BENSON.

The President.—Gentlemen, at our last meeting there sat here our senior member, our only surviving founder of this Society, and one of the most respected members of the profession in Ireland. A few days afterwards Dr. Benson passed away. On consultation with other officers of the Society it was thought unadvisable to postpone the present meeting, as his interment had already taken place, and that with every demonstration of respect which the College could confer upon him. Some future period will be more fitting than the present for detailing the career of our lamented member, which was indeed conspicuous for earnest work and most shining honour, Mr. Henry Gray Croly read a communication on

### INFLAMMATION OF THE LOWER EXTREMITIES FOLLOWING HEAD INJURIES.

which will be found on page 144.

Dr. Robert M'Donnell corroborated the account of the symptoms given of the first case which he saw, and said he had never witnessed anything of the kind before. He could hardly exclude the relation of cause and effect between the head injury and the inflammation of the hip. Nevertheless the cases were well worthy of record as forming the central nucleus round which others might be collected.

Mr. W. Thornley Stoker thought the cases were capable of a certain explanation by reference to the history and pathology of a complaint with which most were, to some extent familiar, namely, phlegmasia alba dolens, or milk leg. At this period of the nineteenth century there could be little doubt the phlegmasia dolens was essentially in the first instance a phlebitis. A great many theories were put forward as to what might be its cause; and a great many pathologists were agreed that other parts became involved. It was in the first place a phlebitis of the femoral or other large veins in the neighbourhood. Phlegmasia dolens was not a disease necessarily following parturition. Cases of it had been recorded in constitutional exhaustion; it had followed prolonged suffering from fever, and in parturition cases it had been known to occur after post-partum hæmorrhage. To account for the post-partum phlebitis a theory was that the vessels having become rapidly empty of their healthy blood, there was a recuperative effort to fill themselves with distending fluid which did not represent the normal state of the blood. Again it was to be remembered that phlegmasia dolens was a disease that sometimes occurred at a considerable period after parturition, even as late as two or three weeks, if not later. He saw no reason why the conditions that occurred in Mr. Croly's cases could not be explained in the same manner as the theory put forward in phlegmasia dolens. In Mr. Croly's cases the disease occurred in the lower extremities, and in the left limb; and it was reasonable to expect where the disease was referable to the blood that it would occur where stagnation was most prone, and in the left leg the vein was subject to pressure from its relation to the rectum, which passed through the pelvis, a pressure to which the right side was not subject.

Mr. Ed. Hamilton said it appeared that one of the early symptoms in the first case was inflammation of the glands in the groin, and he asked did the same observation apply to the second.

Dr. Henry Kennedy mentioned the case of a lady who had broken the neck of her thigh bone. About three weeks afterwards he was surprised to find her suffering from pain in the other leg, and on examination he discovered symptoms of phlebitis; but fortunately the disease did not go to an extreme length. There was considerable swelling and great pain in the thigh, groin, and calf of the leg; and at the same time also fever rose. He had read of cases of injuries of the head resulting in death, and the veins of the skull and the sinuses, too, had been found filled with pus, and occasionally with lymph; and he had seen phlebitis in every form, and after every form of fever—typhus, typhoid, diabetes, but still so unequivocally marked, there was no mistaking the disease—rapid increase of fever, great swelling, intense pain, and local pain on pressure. So often had he seen it in connection with the diet, he had regarded them in the relation of cause and effect. Nowadays milk diet was given in chronic disease, but he had seen many cases in which that form of diet, when overdone, was likely to lead to the disease in question. At times it assumed the extent of an epidemic. He had had four in Cork Street Hospital under his treatment. Mercury he found of great use, and he took the hint from his namesake when Master of the Lying-in Hospital. Salts of ammonia he also found most useful in softening the veins and causing absorption.

Mr. Stokes had great doubts as to whether there was any connection between the head injury and the secondary phlebitis that occurred in both instances under circumstances that, so far as he was aware, had not been previously recorded. He asked whether in the first instance there was any gouty tendency in the patient? That question he asked having regard to a case in his own practice about three years ago. A gentleman fell down the stairs of an hotel and contused his right knee. He was in a hurry home, and the gentleman called in put the limb up in a starch bandage and sent him home. Then he came under his (Mr. Stokes's) treatment, and after a fortnight the knee became perfectly well. However, a week later he was suddenly called to visit him, and he found the limb enormously swollen. He did not think there could be any connection between the inflammation that had set in and the original injury. Such a great length of time had elapsed between it and the occurrence of the phlebitis, and he regarded it as gouty phlebitis, the gentleman having had previously an attack of gouty leg. In this opinion Dr. Hudson fully concurred. Eventually the gentleman got perfectly well. He was inclined to think the phlebitis in the cases under discussion was in connection with that tendency, or, as Mr. Hamilton had called attention to, the result of inflammatory enlargement of the inguinal glands. In reference to the second case he thought the phlebitis came on in the same way as Mr. Stoker had described, after great exhaustion, fever, extensive hæmorrhage, or parturition.

Dr. M'Clintock had peculiar interest in the cases from their great similarity to phlegmasia dolens occurring after parturition. *A priori* he would say if injury of the scalp was capable of giving rise to abscess of the liver, a fact as well established as any other, it would be capable of inducing the obscure disease, phlegmasia dolens, the exact pathology of which had not been discovered, but the most accepted theory was that it depended upon an altered condition of the blood. Phlegmasia dolens was apt to follow profuse loss of blood in parturition, and it might occur in natural labours after the lapse of three, four, and five weeks, as he had himself many times seen. It was long supposed that phlegmasia dolens was traceable to some disease spreading from the uterine veins to the femoral veins. However, that theory was no longer maintained. Several years ago he himself published an important and interesting case where true phlegmasia dolens occurred in the arm after parturition, which certainly could not be traced to any contiguity of the disease in the uterine veins. However, the idea of its being consequent on injury of the head was wholly contradicted by the experience of all writers on the subject. So far as the discussion went no one had recorded any such case. Another noteworthy point was the occurrence of the two exceptional cases within a comparatively recent space.

Mr. H. G. Croly replied: He said the discussion did not lead him to any more satisfactory conclusion than he had arrived at before; and whether his were cases of phlebitis following head injuries, or were merely coincidents, it was still difficult to determine. However, if severe hæmorrhage from scalp wounds were to cause phlegmasia dolens of the lower extremity, they would have seen many cases of it. In his own mind he had no doubt the inflammation was caused by the injury of the head, whatever the condition of the blood was, and he had also no doubt that his were cases of genuine phlebitis. The glands in both cases were enlarged, the inguinal gland being more in the track of the femoral vein. Last Saturday week about two inches of the femoral vein were hard as a pen, and he had been softening it down with vesicating collodion as long as the hardness remained. He thought very few doubted that pleuritis was the consequence of injury of the head. The connection with the lungs could be easier traced than with the lower extremity. With his cases there was no gouty connection whatever, none of the families being gouty. He adhered to the opinion that the inflammation was consequent on the head injury, but could come to no satisfactory conclusion as to the real cause of the affection. At all events his object was to place the cases on record rather than to attempt an explanation of them.

Dr. M'Clintock, Vice-President of the College, having taken the chair,

The President read a paper on

### CONTRACTIONS OF THE MOUTH AND JAWS.

which will be found on page 145.

Mr. Baker had little to add to the case which had been brought before the Society by the President, and with which his name had been associated. With all deference, however, he must differ with Dr. Mapother as to the cause of the muscular spasm in this case. He did not think it was due to impaction of the wisdom tooth, but to "contiguous irritation." The wisdom tooth was perfectly erupted and standing well in front of the coronoid process. Both the wisdom tooth and the second molar were extensively diseased, and their fangs showed evidence of long-standing chronic inflammation. The periosteum was considerably thickened. and almost cartilaginous in its consistence. In cases of this kind, after the removal of the teeth which were the source of irritation, there was generally a recurrence of the spasm in an aggravated form consequent on the increased irritation from the operation. This state of things soon subsided, and eventuated in a satisfactory cure. The instrument used to separate the jaws in this case was Fergusson's double-lever gag; the teeth were removed with a slightly curved elevator.

Mr. **Robert M'Donnell** said he had had recently under his care in Steevens' Hospital a case so closely similar to the second that he really thought it was the same until he found that Dr. Mapother's was a male, while his own was a female. His was a frightful case, in which the face had been almost entirely devoured away; and the mouth, which was kept open by a crow's quill, had reduced so that he could barely insert his little finger. In fact, she was able to take food so badly that she was dying for want of nutriment. She had been operated on by dilating the mouth, but resulting in her being rather in a worse position than before. There was no mucous membrane existing on the inside of the lips. He did not think the case was suitable for the operation Dr. Mapother had alluded to, and he contented himself with a very simple proceeding, which, owing to the assiduity and ingenuity of the resident pupil (Mr. Isdill), turned out very well, and the patient went away greatly improved. He slit the mouth across very widely and put in silver sutures, but they were absolutely of no use. After a few days it was difficult to prevent it from healing. The resident pupil then made silver wire hooks and fastened them with an india-rubber strap behind. However, the patient endured them and went home again very imperfectly cured, but still with a much better mouth than she had when she came to town. The first case was extremely interesting. It recalled a remarkable case of closure of the jaws—that of a gentleman who was wounded in the shoulder in India, the head of the humerus being injured. On his way home by the Cape of Good Hope his jaws began to close, closing gradually and steadily with occasional relaxations sometimes for a few days. The ball had remained lodged about the shoulder joint. In London he consulted Sir William Fergusson; and having been placed under the influence of an anæsthetic, an attempt was made, but without success, to get out the ball. Irritation of the circumflex nerve probably gave rise to the symptoms. Coming to Dublin some time afterwards he was under his (Mr. M'Donnell's) care, and that of the late Mr. L'Estrange. They succeeded in opening his mouth with dilators, so that he was able to eat solid food carefully minced. Still, no treatment could reduce the irritation, for which they could discover no other cause than the injury mentioned. By a surgeon in London he had been placed under a severe mercurial course, under the supposition that neuritis was the cause. As the result, the anterior part of the alveolus became carious. The trouble of putting in food produced a tenderness which gave rise to necrosis of the front of the jaw. However, by this treatment he obtained a sufficiently good opening to eat with. Subsequently he returned to India and died in the course of some years, having never recovered the trismus.

Dr. **Stack** said the two cases brought forward were of extreme interest both to the general and the special surgeon. The former of the two, that which was concerned with the wisdom tooth, was the one on which he would make one or two remarks: The cause of the stiffness of the jaw in this and similar cases seemed to be either a spasmodic contraction of the masseter muscle or an interference with its power of relaxation, due to an infiltration of the products of inflammation into or around its sheath. In the case in question the former appeared to have been the condition of the muscle, because, under ether, the tension relaxed and the jaws were able to be separated rapidly by the gag. If the stiffness of the jaw in any such case were due to the presence of inflammatory products, rapid separation of the jaws either with or without an anæsthetic would be impossible; or, if possible, could only take place after such rending and laceration of the tissues by the orcible distension as would render such an attempt very nadvisable. As regards the wounding of a nerve in operations on the wisdom teeth, it seems to him that the gustatory nerve was in more danger of being wounded in such operation than in the inferior dental.

Mr. **Stokes** said he himself had performed the operations of Serrè with good results; but he was not aware that the same mode of treatment had ever been adopted before in the class of cases detailed, and it would be particularly interesting hereafter to see whether the result would be as satisfactory as it was at present. In his operation he found while relief was given there was a tendency to recontraction to a certain extent, and Dr. Mapother's would be interesting in enabling him to compare the two classes of cases in the same individual.

Mr. **Croly** had met with several cases of abscess connected with the wisdom teeth, to which his attention was first directed by the late Professor Geoghegan, who was in the habit of making incisions, giving instant relief. Within the last few weeks, from a licentiate of that College, he received a letter requesting a visit, as he was suffering from tonsillitis and almost starved. He saw him. Looking into his mouth, disclosing a very peculiar V-shaped palate, he found the tonsils free, and he then pressed over the last wisdom tooth of the left side of lower jaw, and making a free incision gave him instant relief. About a fortnight afterwards he was attacked with acute inflammation over the situation of the wisdom tooth, and then he got an attack which he thought was tonsillitis. There was great difficulty in looking into his mouth at all, his teeth were almost locked. In a chink between the teeth matter had formed, which originated in the inflammation in connection with the wisdom teeth. Through that chink he got in a bistoury and made an incision, which gave great relief. Since then he had consulted Mr. Sherlock, who was present.

Mr. **Sherlock** said the patient sent him by Mr. Croly was quite well and could open his jaws sufficiently wide to take solid food, but the tooth was not removed. He thought the irritation was caused by the second molar tooth rather than by the wisdom tooth. However, the patient declined to have either removed as he was quite relieved at present.

The **President** acknowledged the very important information that had been contributed on the subject, especially by the members of the dental profession, and he at once yielded to Mr. Baker's superior knowledge with regard to the dental pathology. At the same time in the case in question there had been no inflammatory action, nothing like effusion of lymph, round the masseter muscle. It seemed to be as pure a case of reflex spasm of the masseter muscle as could be conceived. Immediately after the extraction the alveolus of the wisdom teeth was fairly in front of the coronoid process. The impaction of the third molar in the root of the coronoid process was usually the cause of *trismus dentium*. On looking at the skull of a child, æt. 4½ years, where its first molar lay under the root of the coronoid process, its impaction in that position caused many of the troubles that he had detailed. In the details given by Mr. M'Donnell he was much interested, and he recognised the extreme difficulty there was from the condition of the mucous membrane, and where the two holes had failed. But his own case was particularly trying from the difficulty of examining the oral aperture, owing to the closing of the two nostrils. At each attempt the man got blue in the face, so that he never could make any examination of the mucous membrane. He was much pleased at the suggestion made about the hooks pulling back the new commissure. A good deal of the persistent action depended on the sphincter-like action of the orbicularis oris muscle. He had alluded to the absence of infiltration or other inflammatory condition in his case. With regard to the anatomy of the inferior dental nerve, that nerve was more in the way in the extraction of a wisdom tooth than the gustatory, and more likely to be injured. No tugging force from above would rupture the gustatory nerve. Rupture was recorded by Mr. Salter; it occurred in the person of a German baron. The moment the nerve was ruptured he exclaimed that his jaw was torn away. The inferior dental nerve having been torn, the nerve was rendered quite anæsthetic. Mr. Stokes' observations were thoroughly sagacious, and he would promise, if the Society felt interested, to record any further observations in the case. Dr. Lyster, of Athlone, had informed him that the man had a mouth as large as when he left hospital, but he was persistently wearing the tubular dilator. In reference to Mr. Croly's observation, the case they had been discussing was not one of closure of the jaws through abscess, but was a pure case of spasm of the masseter muscle by reflex irritation of the inferior dental nerve.

The Society then adjourned.

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## STATISTICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

At the last monthly meeting held on Tuesday, the 17th instant, Sir Rawson W. Rawson, C.B., in the chair,

Mr. Thomas A. Welton read a paper on

### CERTAIN CHANGES IN THE ENGLISH RATES OF MORTALITY.

He commenced by referring to the manner in which permanent but gradual changes affecting mortality may be obscured by those variations which arise from transient causes of disturbance, and which for the moment are more considerable, and showed that since 1846-50 there has been a reduction in the English rates of mortality of both sexes between the ages 5—25. That the rates of mortality amongst males at ages 35—75, after being somewhat diminished, have become higher than they were, to the extent of 15 or 20 per cent. above the minimum. But that amongst females the tendency towards increased mortality at those ages is barely observable. Proceeding to test the matter by constructing tables of mortality, according to the experience of England and Wales in each quinquennial period since 1841-45, it appears that there has apparently been an increase of male mortality at the higher ages sufficient to counterbalance the improvement in early life, and even after a time to turn it into a loss; whilst among females a more than proportionate improvement in early life has been followed by a condition of things at the higher ages which leaves the gain practically undiminished. This has brought about a great change in the relative mortality of the sexes, insomuch that whilst in 1856-60 the average ages at which the numbers born were reduced to one-half, were—

Males, 46.5 years } difference 2·4 in favour of females,
Females, 48·9 ,, }

according to the experience of 1871-75, the figures would be—

Males, 45·8 years } difference 5·1 in favour of females.
Females, 50·9 ,, }

Showing that whereas, according to the English life table, a certain number of males and females respectively would survive out of a fixed number of births, to be counted at a census as being aged 75—80, viz.: 288,993 males, and 333,526 females, the experience of 1871-75 points to the survival of no more than 264,475 males, but an increased number of females, viz., 356,199. The tendency towards an increasing excess of surviving females at high ages, as compared with the numbers of males attaining such ages, seems to have steadily gained strength throughout the thirty years ending with 1875. Turning to the causes of this state of things, Mr. Welton showed that there has been a steady increase during the whole of the period in male mortality after 35 years of age by diseases of the lungs, heart, and brain, and also the less important diseases of the kidneys, and cancer. Such increased mortality has been so general, even in the rural divisions of the kingdom, that it seems difficult to attribute it to the increased strain upon the vital energies occasioned by modern conditions of life; but he did not attempt to assign a cause for the changes which have taken place, nor for the fact that the mortality from consumption (phthisis) has remained almost stationary, whilst lung disease has become so much more fatal.

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Different forms of violence caused no less than 81 deaths in London last week; 75 were the result of negligence or accident, including 18 of infants overlaid. Affections of the respiratory organs caused 1,020 deaths, being about double the average for the last ten years. Deaths from diseases of the zymotic class were 339, 98 above the corrected average.

## AN ANALYSIS OF RECENT ADDITIONS TO OPHTHALMOLOGICAL LITERATURE.

By ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

(*Continued.*)

Passing over a long illustrative chapter devoted to "practical examples in the determination of accommodation," we come to the lecture on the examination of colour blindness, which gives the present extent of knowledge on the subject in a very lucid form, and with as much exhaustiveness as is attainable in a lecture. To the specialist the most interesting portion of the chapter is the author's description of his own chromatometer. He seeks to indicate the degree of colour-blindness by an exact estimation of the minimum quantity of coloured light necessary to produce in the patient the sensation of that colour, which minimum he expresses by a number. His apparatus is practically a Maxwell's rotating disc, the coloured surfaces of which are star-shaped, on a black ground, and divided into five zones, so that the inner zone shows a large coloured surface and very little black, and the outer zone very little colour and much black. The disc being rotated, each of the zones presents a given intensity of the test colour, and the top of the apparatus being covered by a lid, with an opening corresponding to each zone, it is easy to present to the patient a part of each zone, representing an exact graduation of colour from the centre to the periphery. In order that his apparatus may be observed under a constant degree of illumination, M. Landolt uses a simple photometer, consisting of a translucent card, on which is drawn a black line, which card is approached to the light until the black line is seen through the card by transmitted light, at which distance the chromatometer is then placed.

This subject is followed up in the succeeding chapter on "Indirect Vision," and an interesting and original account is given of an investigation into the relative chromatic sensitiveness of different parts of the retina, an inquiry which throws much light not only on the phenomena and the diagnosis of colour blindness, but on the physiology of the retina. The experiments were conducted by M. Landolt by means of a modification of Aubert's perimeter for examining the limits of the field of vision.

"It was for a long time thought (he says), and you will find it stated in many text-books on ophthalmology and physiological optics, that the periphery of the retina is achromatopic. They have even gone further, and founded on this supposition a theory of the physiology of the retina. Since in the parts nearer the macula the cones predominate, while they are almost completely wanting at the periphery, it was concluded, without hesitation, that the cones were designed for the perception of colours, while the rods were only charged with the quantitative perception of light."

In order to elucidate this point the author managed to present to each part of his retina successively the isolated colours of the solar spectrum, and found that all colours were recognised up to the extreme peripheral limit if only they were sufficiently illuminated and provided with a properly contrasted background.

"It results from this discovery that the supposed special function of the rods and cones has no existence, and that, in each examination of this character we should indicate exactly the nature of the light employed, its degree of saturation, its intensity, its size, as well as the character of the ground on which it appears, and the illumination of the room in which the experiment is made."

The result of his experiment on a large number of normal eyes is stated by M. Landolt in the following passage:—

"Starting from the periphery, blue is the colour which is first recognised; its visual field extends nearly up to the limit of the general visual field. After that comes bright yellow, which appears at first as white. Orange appears for a long time as yellow before it is recognised in its true tint.

"Red, which follows next in order, appears first as almost black, afterward as deep brown, brown, and finally as red. The field of green is still more limited than that of red. At the periphery it generally makes an impression of white or gray; nearer the centre bright green appears yellow; deep green as grayish-blue. It is only afterward that it is recognised as green.

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(a) "Practical Examination of Eyes." By Prof. Landolt. Translated by Dr. Burnett. London: Baillière, Tindall, & Cox.

"Violet for a long while gives the impression of blue before it is distinguished as violet; its limits are the more extended the purer the shade.

. . . . . . . . . . . . .

"It is a great mistake to suppose that the perception of each colour throughout the whole extent of the retina is as vivid as at the centre. There is a great difference in the appearance of the same colour, according as it is viewed directly or at one side. The curves only indicate the limits of the visual field where the individual under examination gives the colour its true name, but it is then far from being pronounced. It only becomes of its deepest intensity in direct vision."

The remainder of this chapter deals with the relative sensitiveness of the different parts of the retinal area—*a*. For perception of light. *b*. For perception of colour. *c*. For visual acuteness. We are tempted to quote a few of M. Landolt's most instructive observations:—

"We would say that between the functions of direct and indirect vision there is no difference of kind, but only of degree, the eccentric parts of the retina having need to respond to excitations of the same nature of a greater quantity of the excitant. In other words, it is thought that the perception of light, the perception of colours, and the perception of forms, (visual acuteness) diminish in equal proportion, be it through a diminution of illumination, or a gradual removal of the object from the point of fixation."

"My experiments have proven that there is an essential difference between the functions of the centre and those of the eccentric portions of the retina. While the perception of light is nearly the same throughout the entire sensitive portion of the retina, the perception of colours is much less vivid in the eccentric portions than at the centre, and diminishes progressively in proportion as they approach the periphery of the visual field. The visual acuteness (perception of form) finally diminishes more rapidly toward the periphery than the perception of colours.

"Take, for example, my right eye, with all three functions at the centre = 1. The perception of light at a part 30° from the centre will be also = 1, the perception of colours = 1-14th, and the visual acuteness = 1-48th.

"Although these figures have only a relative value, the fact that of the three functions the perception of light remains the most constant, while the perception of colours and the visual acuteness diminish rapidly toward the periphery of the retina, the latter more than the former, is incontestably established by my experiments.

"The fact is of the greatest importance for the explanation of the different functions of the retina. It proves that these three functions are entirely distinct from each other and cannot be reduced to a single one, as we would be tempted to believe. On the contrary, we are justified in believing that there are different nervous elements, distributed in a different manner throughout the extent of the retina, presiding over the three different functions of the organ of vision."

This chapter is, on the whole, the most valuable in the book, and well deserves the perusal of the ophthalmologist. In connection with the diagnosis of retinal and neural diseases Mr. Landolt speaks of the perimeter as absolutely essential to diagnosis, and gives us very valuable suggestions as to its use in the differentiation of different forms of optic atrophy and neuritis, and of the hysteric hemianæsthesia which has recently been brought to light by Charcot. He tells us briefly of the restrictions in the colour field indicative of each of these affections, and speaks almost dogmatically of the prognoses which the observation of that field by the perimeter may enable us to make. Respecting hemiopia, he has an anatomical theory to which space forbids our referring, and maintains that there exists a crossing of the optic nerve fibres *behind* the chiasma, which may cause hemiopia in cerebral diseases which do not at all involve the decussation.

The author's first two chapters on the ophthalmoscope have special reference to the observations relatively of the upright and the inverted retinal images, and the differences therein in the various forms of ametropia. He lays great emphasis upon the necessity of determining the actual size of the details which we examine. He says—

"It is not a matter of indifference to know the real size of a foreign body which the ophthalmoscope shows us in the fundus of the eye. Neoplasms at the fundus or in the interior of the eye are likely to remain to us an unsolved mystery, if we do not take account of their real size; but it is especially for the purpose of studying the *topography* of the fundus that it is important to reduce the ophthalmoscopic image to its real size.

"It is of great importance to know what part of the eye we are examining; if such and such an affection of the fundus is found very near or very far from the macula; at how many millimetres from the papilla a foreign body is lodged, which we propose to extract. It will diminish considerably the chances of success of this operation, which, however, is sometimes successful, if we cannot put a just estimate upon the seat of the foreign body, such as can only be obtained by a knowledge of the real size of the ophthalmoscopic image.

"This question, however, is not one very easy of solution, and it cannot be solved without the assistance of mathematics."

Notwithstanding the high authority of M. Landolt I am not convinced that, for the purposes of ophthalmic practice, there is much to be gained by the exact measurement of fundus detail, however valuable those measurements may be for scientific investigations. In the case of intra-vitreous foreign bodies the estimation of exact size and position would be obviously useful, but in all fundus observations for practical purposes it is the relative position, size, and colour of retina lesions with which we are concerned, and these points can be as well estimated with an enlarged or diminished fundus as with one accurately measured, so long as the exact relative proportions are maintained. M. Landolt says as the result of his measurements, that—

"The relation of the size of the inverted image of an ametrope, under the circumstances mentioned, to that of the upright image, is, therefore—

"For *emmetropia* 1 : 55.
"For *hypermetropia* of 7.9 D 1 : 4.7.
"For *myopia* of 7.9 D 1 : 7.1.

"It follows from this that we should use the inverted image when we wish to take a general view of the background of the eye, while the upright image is to be employed when we wish to study it more in detail."

The next chapter deals with the determination of refraction by the ophthalmoscope, upon which method there is much to be said. It has recently become fashionable to depend to a great extent upon this method of testing ametropia and accommodation, and the optical market is glutted with ophthalmoscopes whose purpose is to combine with the ordinary mirror and convex lens a series of graduated lenses with which to balance the degree of hypermetropia or myopia of the patient.

With these instruments rough and ready calculations are made for spectacle adjustment, and eye surgeons are found talking with confidence of the observations made in this way as conclusive.

Upon the efficacy of such a method of determining refraction or accommodation I am wholly sceptical, and I am convinced that dependence on it vitiates the adjustments arrived at and injures the patient. It can give a hint to rhe observer and nothing more, for it admits into the calculation every error which can be produced by the peculiarities of refraction and accommodation of the observer himself. This M. Landolt fully admits, for he says:—

"You must not forget the one essential condition for determining the refraction: *the eye of the examiner, as well as that of the examinee, must have its accommodation completely relaxed.*

"If the examination is made in a dark chamber, and the examinee is told to look as if at objects in the distance, the accommodation is nearly alwysa completely relaxed. The proof of this is that the refraction, as determined by the ophthalmoscope, is nearly without exception less than that found by the usual means of test glasses, and nearly always corresponds with that found after the accommodation has been overcome by atropine.

"It is indispensable that the observer habituate himself to relax his accommodation during ophthalmoscope examinations. In order to do this emmetropes and hypermetropes must accustom themselves to look through convex lenses at objects situated at the focus of the lens, and to practise bringing their eyes to a condition of parallelism."

In a subsequent chapter will be found the following passage:—

"We have not, however, always command over our accommodation, since the ciliary muscle is not a muscle of the striated variety. But you will remember that the accommodation is in intimate relation with the convergence, and one is nearly always proportional to the other. Consequently, if we bring our eyes into a state of parallelism the convergence and accommodation are both abolished at the same time. Now, the muscles which preside over the direction of the eyes are under the control of the will, and we can easily gain a complete mastery over their movements."

At once we may say that we have no belief whatever in efficient voluntary or gymnastic relaxation of the accommodation, and we know of no method by which an observer can fit himself for calculating the refraction of patients by direct observation save by the constant use of atropine in at least one of his own eyes—a plan which no surgeon would think of adopting, and which, if adopted, would curtail his own powers of observation. The amplitude of accommodation of an average observer at thirty years of age is equivalent to 7.0. A judgment formed respecting the refractive condition of a patient solely by means of the ophthalmoscope is liable to error to this extreme extent. We know that we cannot entirely relax the accommodation without several days' constant use of atropine, and we have, therefore, great difficulty in believing that any amount of gymnastic practice will enable the observer to evolve from the calculation the influence of his own ciliary muscle or that any judgment of value as to the patient's refractive power can be obtained by such means.

Our analysis of M. Landolt's lectures being now completed, we have only to express a general opinion as to their merits, and we are able to speak with unreserved approval. The book contains within it as much as the average practitioner can expect to learn in reference to the examination of the eye and its media, and the information is given in a form at once intelligible and accurate—the hyper-scientific and algebraic garniture which is usual in such books being carefully avoided by the author. The translation is excellent, and, while here and there marked by the signs of its American origin, is free from the Frenchisms in which the lectures were written. Finally there is, as we have pointed out, sufficient originality within the book to make it worthy of reading by the specialist, and capable of instructing him, and we close its pages with the feeling that we have gained something by the perusal of it which its reviewing has necessitated.

## LANDOLT ON THE EYE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you do me the favour of inserting these few lines in your much-esteemed journal. I am sorry to find that the translation of my Manual of Examination of the Eye by Dr. Burnett contains some errors that I cannot allow to pass unnoticed, both for my readers' sake and for my own. I have therefore had an Appendix printed at my own expense, and have sent it to the editor, Dr. Brinton, who will be kind enough to deliver a copy to any former purchaser of my work who may desire one, and also to add it to as many of my books as he still has in his possession.

Allow me also to add that a Lesson on Ophthalmoscopic Enlargements, but of which the manuscript arrived in Philadelphia too late for publication, has just appeared in the first number for 1880 of the *British Medical Journal*.

I beg therefore those of my colleagues who have my work to apply for this Lesson as well as the Appendix, either to Messrs. Baillière, Tindall, and Cox, London, publishers of the English edition, or to me, 8 rue de la Bienfaisance, Paris.—I am, &c., DR. LANDOLT.

Paris, 1880.

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IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were—in Calcutta 35, Bombay 37, Madras 35 ; Paris 40 ; Geneva 34 ; Brussels 36 ; Amsterdam 32, Rotterdam 30, The Hague 27 ; Copenhagen 29 ; Stockholm 23 ; Christiania 14 ; St. Petersburgh 51 ; Berlin 27, Hamburg 30, Dresden 22, Breslau 29, Vienna 27, Buda-Pesth 37 ; Rome 56, Naples 45 ; Alexandria 37 ; and New York 22 per 1,000 of the populations. Small-pox caused 70, and typhoid fever 102 deaths in Paris.

ACCORDING to official statistics Paris, Naples, St. Petersburgh and Rome are, at the present time the most unhealthy cities in Christendom. Paris shows a death-rate of 40, Naples 45, St. Petersburgh 51, and Rome 56 per 1,000 of the population.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 25, 1880.

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## DOES THE GENERAL MEDICAL COUNCIL REPRESENT THE MEDICAL PROFESSION ?—IV.

OUR purpose in making the analysis of the General Medical Council, to which we have recently devoted our columns, was to show—and we think we have done so—that whatever the General Medical Council may be, it is not the embodiment of either professional or public interests—that its sole constitutional characteristic is a direct personal (and sometimes pecuniary) attachment to the licensing bodies, and its usual perceptible motive power, the desire to maintain a *status quo* which will be to the advantage of medical teachers and diploma-vending bodies. It is certainly not entitled to speak for the sick public, nor for the vast majority of the medical profession, nor for the Government of the country, and we, therefore, think that, in legislating for its reconstitution, it ought to be dealt with simply as a conclave of highly respectable advocates of the interests of diploma-giving bodies.

There may, perhaps, be some who will meet our complaint that the General Medical Council is not representative of the medical profession, with the reply that it is not intended to be so, but is created for the guardianship of medical affairs on behalf of the public and the State, and is not bound to express the views and interests o medical men, except so far as those interests are at one with the public weal. We believe we have seen this idea formulated in the *Times*, and it is worth notice, not because it is open to serious argument, but because it raises points worthy of thought. While we fully admit the right of the public and the State to an influential voice in the settlement of education, qualification, and registration of medical men, we insist upon the principle that our profession should be allowed to govern itself, and that no one has any right to interfere in the matter, as long as this self-government does not act to the public prejudice.

The education of barristers and solicitors is regulated by the Benchers, and by other bodies strictly within the control of their own profession; clergymen are qualified for their ministry according to a system regulated by clergymen and by Convocation, in which the outside public does not claim to interfere, and we know of no reason in public policy why medical affairs should be regulated by a conclave which is, through error in its constitution, not a medical self-governing tribunal at all. The State has a right to insist that none but competent practitioners should have charge of the public health, and, while it ensures this by its laws, it is bound to see that the education necessary for medical and surgical competency is afforded to the practitioner, and possessed by him. In all this, the interests of the profession and of the State are one and the same, and it is from the rank and file of the profession that the outcry for a full, sufficient, and honest medical education has come. But we contend that when the public interests have been cared for by legal restrictions upon medical practice which already exist, and by the vigilance of the representatives of the Crown in the General Medical Council, then the State has no further right or desire to interfere in the arrangement of medical affairs, and all matters relating to our profession ought to be absolutely within its own control.

The State has its voice in the work of the General Medical Council through the Crown nominees, and everyone admits the right of the public to exercise that influence, but the medical profession protests that while the Government is represented, while the vested interests of licensing bodies have overwhelming influence, while non-medical convocations and senates have considerable control, medical men themselves have no one to speak their minds. In considering the fairness of this complaint it must be remembered that there are many questions—altogether outside medical education—with which medical men are individually concerned. They are personally and very closely concerned in keeping up a fair educational and social standard of their profession, for while it may be temporarily convenient to the individual to be allowed ingress to the profession on cheap and easy terms, it is clearly to his disadvantage, once he has been admitted, that persons of inferior social position, and of obviously insufficient education, should be permitted to degrade his position as a gentleman and a man of scientific culture. For this reason the outcry of the profession has always been for the maintenance of such standard of education as would ensure that medical men should be gentlemen and know their business. In this very reasonable aspiration of our profession the General Medical Council, no doubt, participates, but it has failed to secure its realisation because the Council has not been animated—as earnest representatives of the profession would have been—with a firm determination to put a stop to the vending of cheap and easy diplomas at all hazards. Again it is the direct interest of the rank and file of the profession to stamp out the prevalent practice of medicine by unqualified persons—a system which is wholly illegal, and a defiant and contemptuous infraction of the law which the General Medical Council is is charged to administer, and which is, notwithstanding, tolerated (we might almost say patronised) by that Council. It is needless for us to give reasons for our contention that quack practice and the employment of unqualified persons as medical men ought to be prevented in the interest alike of the public and the profession. The Legislature was convinced of the necessity, and gave the power of prohibition into the hands of the Council, and it has not only not put those powers in action, but has adopted deliberately a policy of non-intervention. Now illegal practice is *the* question which most nearly touches the profession at large throughout England, for every day, and in every town in the kingdom, medical men are feeling the difficulty of holding up their heads as gentlemen, and making a living of their profession, in consequence of the competition of quacks, chemists, and unqualified assistants. Failing the relief which the Medical Council should give them, the general practitioners have been driven to institute prosecutions on their own behalf, and have therein received no aid and little countenance from the Council.

There cannot be a more convincing proof than this that the Medical Council has no sympathy with the medical profession at large. Had there been within it even one man who fully appreciated the daily work and the difficulties of the general medical practitioner, he would not have ceased to demand the enforcement of the law, or, if the law were insufficient, its amendment.

We have said enough to establish our case that the general medical practitioner ought to have, and has never had, a fair control in the administration of medical affairs. His right to that control was recognised in almost every one of the seven propositions of law which preceded the passing of the Medical Act, and it has its expression now in the Bills of Mr. Mills and of Dr. Lush which are before the House of Commons. It is demanded, on his behalf, that he shall elect his own advocate by his direct vote, and we have never heard a fair reason why he should not do so.

There is not, we believe, the least executive difficulty in the way of a plebiscite of the profession, and we believe that the result of that plebiscite would be the reinforcement of the Medical Council by a new class of members whose advice and experience is much needed in that body; but, in our opinion, the Medical Council would, after all, remain a badly constituted body unless a further reform of the elective system were made.

After much consideration of the question, we have arrived at the conclusion that to construct an efficient Council four changes in its construction will be necessary.

1. To reduce the number of representatives of licensing bodies by disfranchising peremptorily those bodies which have no considerable share in medical education or qualifi-

cation, and no special function as qualifying bodies to fulfil; *e.g.*, the Apothecaries' Companies of London and Dublin, and the University of Durham.

2. To cause the Crown nomination to be exercised in favour of distinguished working practitioners rather than exalted metropolitan doctor-princes.

3. To add to the Council a fair proportion of representatives directly elected by the rank and file of the profession.

4. To transfer the election of the representatives from the executive body to the voting members of the body corporate of each licensing body.

The subject is a large one, and many reasons might be adduced for these changes, but the necessity for reconstruction is everywhere admitted, and if we can be considered to have established the necessity for direct representation of the general medical practitioner, we neep not delay to discuss the details.

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## PAYING PATIENTS IN HOSPITALS.

THE increasing demand for hospital accommodation and treatment on behalf of the middle and upper classes, has in late years been a prominent subject of debate. That there exists a real necessity for some arrangement whereby the privileges enjoyed by the legitimate recipient of the aid the hospital charities afford may be offered to those who are ineligible to receive them, has become a recognised fact; and there is little to be done now in enforcing its truth. Attention is rather confined to the consideration how best that arrangement can be made, that it shall not on the one hand rob the proper objects of charity, or, on the other, interfere with professional rights. Too much, we cannot help thinking, has been heard in relation to this latter point, and those who have constituted themselves censors of each scheme as proposed, have been entirely forgetful of the elements which guide the call for skilled labour, whether in the medical or in any other profession.

The present position held by the advocates of the system of pay hospitals is admirably explained in a work recently published, (*a*) in which a detailed account of the attempts made to establish such institutions is presented to the reader, as well as an analysis of the results obtained through the adoption of schemes for the admission of paying patients in ordinary wards. Mr. Burdett's inquiries extend to all countries, and the information he has collected is not alone interesting, but is an important assistant in helping to the formation of a conclusion respecting the feasibility of establishing a commercially successful system of paying hospitals in this country. We are, however, concerned at the moment with the admission of patients of the paying class into the wards of hospitals that exist solely as charities at present. Since the publication of Mr. Burdett's work the governing body of St. Thomas's Hospital have submitted a scheme with this object in view to the Charity Commissioners, a former proposal to the same effect having been negatived by the House Committee. By the arrangement suggested in the latter plan, two classes of patients will be received. One set will occupy the rooms of the hitherto unused pavilion of St. Thomas's Hospital; the second class will be distributed among the ordinary free patients, and will pay a less amount than those occupying the special wards. The question that arises to disturb the calculations of the reformers, is the very essential one of medical attendance. Are the patients to be entirely dependent on the regular staff of the institution, or shall they be allowed liberty of choice in the selection of their adviser? This is a vital consideration, and may be expected to influence the problem very seriously. At first sight it might seem manifestly unfair that the services of any but the regularly-appointed officials should be invoked on the immediate spot of their gratuitous labours by such patients as are prepared to pay the regular charges for attendance. It is expressly to be understood that the sum paid for the accommodation of the special wards, shall be inclusive only of nursing and diet, and that the cost of actual medical attendance beyond that given by a salaried resident medical officer, whose duties will be merely of general supervision, shall be defrayed by the patient, and be subject to private arrangement between himself and the practitioner he selects to attend him. With this proviso, it would be as unjust to the patient, to confine his choice to the limited number of practitioners on the hospital staff; and it is surely not for them to object if the choice made should not be in their favour. No scheme that does not provide for the absolutely unhampered freedom on the part of the patient can ever work satisfactorily; moreover any objection to this plan will be dictated by a spirit of unwisdom highly detrimental to the success of the endeavours that are being made to meet a declared want.

Somewhat different is it with regard to the less opulent patients, who will become occupants of the general beds of a hospital. With them it will be a question how to get well at a small expense. But even in their case, any desire to obtain other advice than that tendered by the physician or surgeon under whom they are admitted, should be encouraged as freely as the wishes of the better-class invalids. There is no question of the ability of one man as compared with another, involved in these considerations. We are led to them solely in the interest of the movement that is taking place, and under the conviction that benefit will result to an extent commensurate with the necessity for it, if the regulations are framed with no other restrictions than those connected with proper ward management.

The Home Hospitals Association occupies a position of its own. It undertakes to provide those who will pay for it with the comforts of home and the advantages of hospital *régime*, at a reasonable rate of payment; and further undertakes to carry out on the patient's behalf, the directions of the medical man who has been called to attend his case, when other aid than that offered by the resident officer is sought. The boon that will be conferred on the middle classes by such an hospital can scarcely be overrated. The multitudinous instances of sickness, under the most unfavourable conditions, in chambers, in lodgings, &c., &c., are proof enough that a central refuge, with certainty of skilled nursing and properly prepared food, is likely to supply a sorely-felt want. It is, therefore, satisfactory to know that the efforts of the Society of which Mr. Burdett is secretary have at length overcome its worst difficulty; and, in spite of judge's orders and prejudiced

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(*a*) "Pay Hospitals and Paying Wards throughout the World." By C. Burdett, Hon. Sec. Home Hospitals Association, London: J. & A. Churchill. 1879.

misconception, it has succeeded in establishing its quarters in what bids fair to be a fitting sanatorium. We cordially wish success to the movement and to any plan which has for an object the improved treatment of illnesses. But due care must, nevertheless, be had, that in eagerness to extend the advantages of hospitals to patients not contemplated by the benefactors thereof, the class for whom they were originally intended do not in any way suffer by the innovation. It has been urged that the increased income derived from this source would benefit the poor by enabling larger buildings to be erected from the funds accumulated by this means; but it must not be forgotten that while these sums are growing, beds are being filled, possibly to the exclusion of indigent sick, to whom delay in reception and treatment means death. With the proposal to utilise the unemployed pavilion at St. Thomas's, no fault can be found, that is supposing always that the use of it by patients is associated with no conditions binding them to select certain practitioners to attend them.

There is, undoubtedly, need of reform in the direction indicated in Mr. Burdett's volume, and the evidence he adduces that the changes he recommends have been followed in other countries with so large a measure of success ought to be inducement enough to lead to the adoption of similar measures with us.

## PATHOLOGICAL FOG.

The term "fog" is applied by the agriculturists of the North to the after-math, or growth of herbage, that comes in autumn when the hay-harvest is over, and so under the title of "pathological fog" we desire to call attention to an after-growth of disease that may be looked for when the present luxuriant crop of respiratory affections has been disposed of. The returns of the Registrar-General show that the mortality in London for the week ending Saturday, February 7th, was higher than it had been for forty years, amounting to 48·1 per 1,000 of the estimated population, and that the enormous excess of the death rate over the average of previous years and over that of provincial large towns was attributable mainly to diseases of the respiratory system. These diseases caused 1,557 deaths in the week referred to, that is to say, 1,118 above the corrected average. But the deaths from respiratory diseases afford but a slender indication of their prevalence. It is the old and feeble who principally succumb to them, their immediate lethal effects being proportionate to the ages of the persons attacked by them, and for every individual who dies of bronchitis, ten, twenty, or a hundred individuals may have suffered from it. Until we have registration of disease as well as of death, we shall be unable to estimate, with any approach to accuracy, the relation subsisting between mortality and prevalence in any particular disease at different seasons and ages and under different social conditions. Experience in churches, schools, and public institutions during our recent dismal weather might have led to the belief that the rate of mortality from respiratory diseases then recorded corresponded with the universal prevalence of respiratory troubles. Everywhere were heard choruses of coughing and in private practice medical men were not unaccustomed to find whole households prostrated by catarrh. The severity of the weather has now been mitigated, and the damp carbonaceous fogs which were the chief source of discomfort and danger, no longer encompass us; so we may expect that the excessive mortality which reached its climax a fortnight ago will diminish rapidly, and that respiratory diseases will sink nearly to their normal level in our bills of mortality. But long after this has happened we shall have reason to remember these fogs as causes of disability and death. For it can scarcely be doubted that the irritation of the air passages which they have occasioned, or the pneumonic processes or pleuritic exudations which they have set up, will in many persons result in the consolidation and destruction of lung tissue which form the anatomical basis of consumption. Chiefly among the destitute and badly-nourished will such consequences ensue; but even the rich and well-fed will not be exempt from them, especially when proper treatment and precautions are not observed. It cannot be too strongly insisted on at a time like the present that no cold is too trifling to deserve attention, and that neglected colds are the great feeders of phthisis in all ranks of society. And phthisis will probably form the principal and most calamitous constituent of the pathological fog which we predict as an after-growth of the immediate pathological consequences of the weather through which we have just passed. It will not, however, stand alone. Bronchitis, emphysema, laryngeal affections, and a long train of kindred evils, have received an impetus which will be felt for years to come. And besides these, various constitutional diseases which it is more difficult to connect with climatic conditions have also been stirred up. Many an invalid of the next decennium will have to date his invalidism from January or February, 1880.

# Notes on Current Topics.

## Proof of Death.

Those timid beings who are haunted by apprehensions of being buried alive, and who make testamentary provisions against such a contingency, may now take courage, for science has supplied an infallible means of determining whether or not the vital spark has quitted the mortal frame. Electricity enables us to distinguish with absolute certainty between life and death; for two or three hours after the stoppage of the heart, the whole of the muscles of the body have completely lost their electric excitability. When stimulated by electricity they no longer contract. If, then, when Faradism is applied to the muscles of the limbs and trunk, say five or six hours after supposed death, there be no contractile response, it may be certified with certainty that death has taken place, for no faint, nor trance, nor coma, however deep, can prevent the manifestation of electric muscular contractility. Here there is no possibility of mistake, as there certainly was when the old tests were employed. Muscular contractility under the Faradic stimulus disappears gradually after death. It is instantly diminished, but only finally extinguished in about three hours; and hence Dr. Hughes Bennett has suggested that electricity may sometimes be of use in medico-legal investigations, by affording evidence as to the time of death.

### Dr. Richardson's Legacy.

DR. RICHARDSON has, it is reported, finally decided on the use to be made of the wine left him by the late Sir Walter Trevelyan. The terms of the bequest were somewhat binding in their nature, requiring that the gift should be devoted to the interests of science. All natural channels for disposing of the liquors were thus closed to the legatee, and his acquisition consequently had much of the cumbrous inutility popularly associated with a "white elephant." Acting on the suggestions made to him, however, Dr. Richardson has resolved to yield up the wines for the purposes of chemical investigation, the object in view being to determine the exact nature of the substances on which the varying flavour of different wines is dependent. The inquiry will be likely to yield some good results, and Dr. Richardson may be congratulated on the benefits likely to follow from his decision.

### The London Fever Hospital.

THE fact that the Fever Hospital in the Liverpool Road, Islington, is the only place available within an immense area for the reception of infectious diseases, ought to be sufficient to insure the adequate support of so necessary an institution. We are sorry to learn, however, that the funded property of the hospital is being steadily drawn upon to meet current expenses, the explanation being readily enough given that the depressed state of trade in recent years has perceptibly affected the amount of the annual subscriptions. That this should be the case is not astonishing, but considering the essential nature of the part played by the fever hospital in the treatment of disease, and recognising that it affords an asylum to sick persons who could not be admitted into the wards of a general hospital, the special claims it has on the charitable ought to be immediately responded to. The small proportionate income received from transfer and other paid-for cases, does not serve appreciably to diminish the annual deficit; and some steps need to be taken early, to prevent the serious crippling of the hospital's resources. We had not long since a striking example in the east of London, of the evils which follow a prolonged course of "dipping" into vested capital. It is to be hoped that we may not hear of like possible evils occurring to the institution in the northern district. It may be added that last year 908 patients were treated in the hospital, besides 123 drafted from other places to it.

### The Royal College of Physicians of London Examinations.

THE Royal College of Physicians of London has formally adopted a revised series of regulations to be observed by candidates for its licence. It will require these to pass *three* examinations, the first being open to any duly registered medical student. The subjects included in it are osteology, chemistry, with chemical physics, materia medica, medical botany, and pharmacy. Certificates of attendance on lectures will not be demanded; but before entry to the second examination in anatomy and physiology, with practical physiology, proof of attendance on hospital courses in these subjects must be produced. The third examination may not be entered for until two years subsequent to passing the second, and includes medicine, surgery, and midwifery, and papers will be further set on forensic medicine, therapeutics, and public health. Proof must be given of practical clinical instruction in medicine, obstetrics, and surgery. The changes will most probably be productive of beneficial reform in clinical teaching, but it may be, not without reason, objected that the provision necessitating the expiry of two years from the time of passing examination number two, ere presenting for number three, is calculated to work ill in practice. The actual time spent on hospital attendance is little enough when limited to four years, but many men cannot afford to give more than this. Should they chance to be referred for a period on attempting the second examination, no matter how well they may know the elements of medicine and surgery, they will perforce be hindered from qualifying at the usual time. The answer will probably be that no man can rightly appreciate the facts of surgery until he has passed his primary examination in anatomy; but this is a narrow view that is not authorised by fact. Though the College of Physicians is wise in leading the way in the direction of reform, it acts injudiciously in thus paralysing the efforts of the many who seek to fit themselves to begin responsible education at an early date, by entering on hospital appointments.

### The "Call" to Dr. Farquharson.

AN influential body of the electors of West Aberdeenshire have invited Dr. Robert Farquharson to contest that seat in the Liberal interest at the approaching general election. Dr. Farquharson's eminent qualities render it highly desirable that he should be able to advance the cause of public hygiene in the "House" by lending his aid in discussing important public measures. Dr. Farquharson has made himself an undoubted authority in matters of sanitation, and his presence in Parliament would do much to advance the great cause of hygienic reform. The hearty wishes of the medical profession will follow him in his candidature.

### French Views of Syphilis.

A FRENCH journal, *L'Année Médicale*, of Caen, has, in its last few issues, had some excellent lectures on syphilis by Dr. Denis-Dumont, surgeon-in-chief of the Hôtel Dieu of that city. In concluding his last one, he says:—"These three conclusions contain the result of our study of syphilis—a *unity* of origin of all syphilitic maladies; the *incurability* of the disease, when the immense variety of its effects is considered; and as a logical consequence an indefinite *continuance* of treatment, with occasional interruptions."

These discouraging views, we believe, are those now generally prevalent in France. They are forced upon surgeons by constant discoveries of hitherto unobserved connections of pathological changes with previous syphilitic poisoning; and probably those discoveries are by no means complete.

### Hydrofluoric Acid Inhalations in Diphtheria.

HENRI BERGERON has read a paper before the Société de Médecine on the above method of treating diphtheria. He has tried it in twenty-four cases, out of which seventeen were severe, and he has had five deaths, four of thes being infants. The dose he has found suitable is one gram for each cubic metre which the apartment contains, evaporated in the space of three hours. He claims (1) that the inhalations thus given have never produced injurious results. (2) All who had been submitted to this treatment for forty-eight hours were cured. (3) The false membranes do not persist beyond the fifth day. (4) In no case has he observed paralysis supervene in the soft palate or elsewhere. (5) No case of contagion has occurred among the attendants or the household.

### A Simple Method of Evacuating Small Calculi.

Dr. Mercier recently demonstrated before the Société de Médecine of Paris an easy and practical means of getting rid of small vesical calculi. It consists in making the patient lie on his belly; then the calculi fall by their own weight into the anterior part of the bladder. The patient is then allowed to rise slowly on to all fours. He micturates in this position, and the calculi, which have not yet had time to return into the *cul-de-sac* behind the prostate, are carried away in the stream of urine.

### Treatment of Prolapse of the Rectum by Hypodermic Injection of Ergotine.

M. Vidal read a paper on this subject at a recent meeting of the Paris Academy of Medicine. He said that prolapse of the rectum may be cured easily and in a comparatively short space of time by means of hypodermic injections of a solution of the extract of ergot known as ergotine. By this new method M. Vidal had succeeded in curing three adults whose cases were given in detail. He employed a solution of one gramme of extract of ergot or ergotine of Bonjeau in five grammes of aqua laurocerasi. Each injection consisted of fifteen or twenty drops (exceptionally twenty-five), which is equivalent to twenty to twenty-five centigrammes of ergotine, otherwise of the extract of one and a-half gramme to three grammes of ergot of rye. None of the injections were followed by any inflammation or abscess. Bonjeau's ergotine causes some pain; Zern's solution is better tolerated.

### Subcutaneous Emphysema during Parturition.

Dr. Peper narrates the case of a woman, æt. 24, primipara, who had a prolonged labour which had to be terminated by forceps (*Le Pratceien*, Feb. 9). During the operation there was produced a swelling of the skin above the right clavicle, increasing with each effort. The swelling extended to the neck, to the face, and to the upper part of the thorax, and there was manifest crepitation. The respiration was more feeble in the right than in the left lung. Resolution of the emphysema occurred in twelve days. The author explains it by supposing that there was rupture of some of the pulmonary vessels, and passage of the air by the bronchi into the mediastinum and subcutaneous cellular tissue.

### Production and Increase of Secretion of Milk by the Ricinus communis.

MM. Boucher and Foussagrives have established the efficaciousness of this method of increasing or re-establishing the secretion of milk. It is used thus:—A handful of the leaves of the Ricinus communis are boiled in a litre of water; the breasts are bathed with this decoction for fifteen or twenty minutes; there is then applied to the nipples a poultice made with a part of the same leaves, and they are left on till they have become dry. The result is obtained after a few hours; but if the secretion is very tardy we may add to this the employment of fumigations of the boiled leaves directed to the genital organs.

### Curious Death from Gas.

An inquest was held on the 14th inst. at Liverpool, on a girl—Isabella Atkinson—who was found dead in bed at the Shaftesbury Temperance Hotel. The waitress took her to her bedroom at eleven o'clock at night, and left her with the gas burning. Next morning the boots knocked, and receiving no answer, looked in, and found her lying on her side in bed dead. There was a strong smell of gas in the room, and the gas-tap was full on. The jury found that she had died from the effects of inhaling gas when asleep; "but how the gas came to be on at the time—whether by being imperfectly turned off by deceased, or by going out from any cause through the night—the evidence did not sufficiently show." We think they need not have felt any difficulty as to how the gas was "full on." The girl came from the Westmoreland hills and obviously knew nothing about gas, and blew the flame out as she would blow out a candle. The smell of the gas would not alarm her any more than the smell of a smouldering wick; and in all probability her thoughts were engaged in other matters, and, being tired, she quickly fell asleep.

### The late Dr. O'Leary, M.P.

A medical contemporary says that Dr. O'Leary, whose untimely death we have to regret, travelled from Ireland to London last Sunday fortnight, without having taken the precaution of providing sufficient wraps for the time of year. He caught a chill on the journey, and was so unwell on his arrival in London on the Monday, that he got into bed in his clothes in order to get warm. He went about during the week with more or less difficulty until Friday, when he was obliged to take to his bed. Dr. Hawksley, who saw him late on the evening of that day, found his temperature at 103° Fahr., his pulse 140, and his breathing laboured and rough. There was evidence of considerable renal congestion. Next day, Dr. Hawkesley invited Sir William Gull to see him; he was then much worse, and the symptoms of pneumonia more pronounced. He was slightly delirious on the Saturday; and in spite of the unceasing attention of Dr. Hawksley and Mr. Tegart, he expired at 1.30 p.m. on Sunday week. The chill he had caught had evidently extended to the excretory organs as well as the lungs, and had no small share in the unfortunate result.

Dr. John T. Banks has been appointed Governor of the House of Industry Government Hospitals, Dublin, *vice* Sir D. Corrigan, Bart., M.D., deceased.

## How to Gargle the Throat.

Dr. Lowenberg, whose contributions on "Adenoid Tumours of the Naso-Pharynx" to our columns last year attracted attention, recommends the following method of gargling the naso-pharyngeal cavity. The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit. Some persons succeed so well in this manœuvre that they are able to eject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient. Another method is to fill the mouth with the tongue; this confines the gargle to the pharynx. The head should then be bowed in a forward direction until the top of the cranium is its lowest portion. In this position the gargle will not only wash the roof of the pharynx—giving a sort of sitz-bath, as it were—but if the patient have caught the trick, will flow forward through the nose.

## Amateur Vaccination.

At the Newry Union last week, the relieving officer reported that a Mrs. M'Cann had refused to allow a doctor to vaccinate her child, and had performed that operation herself. She had herself taken the lymph from some other child.

Under the heading of "Deaths" in our present number, will be found the name of a member of our profession who has reached the patriarchal age of 95. The deceased, Mr. Tribe, of Rochester, obtained his diploma of M.R.C.S.E. sixty-seven years ago.

It is reported from Dunmanway, co. Cork, that a young man and young woman, son and daughter of a farmer living near that town, while sitting near the fireplace in their own house, during the prevalence of a violent storm, were struck by lightning, and killed on the spot.

The yellow fever epidemic has again made its appearance at Rio Janeiro, the deaths within the city numbering from eight to ten daily. In consequence of much sickness prevailing among the shipping in the port the vessels have been removed from the shore and dispersed through the harbour.

The death-rate in the principal large towns in the United Kingdom from the seven principal zymotic diseases ranged last week from 0·6 in Portsmouth and Leicester, to 6·3, 6·9. and 7·6 in Plymouth, Nottingham, and Dublin. Whooping-cough showed the largest proportional fatality in Salford, Newcastle-upon-Tyne, and London; measles in Nottingham and Hull; and scarlet fever in Sunderland, Bradford, Dublin, and Bristol. Enteric fever is prevalent in Sheffield; 10 fatal cases were registered there last week, of which 7 occurred in the workhouse. Small-pox caused 12 more deaths in London, and 3 in Dublin, but none elsewhere.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Glasgow Science Lectures.—On the night of Thursday, the 19th inst., the penultimate of the season, under the auspices of the Glasgow Science Lecture Association, was delivered in the City Hall by the Rev. W. H. Dallinger. Dr. Fergus presided, and there was a very good attendance. The subject of the lecture was "The Latest Researches into the Origin and Development of the Least and Lowest Forms of Life;" and the lecturer at the outset declared himself a firm believer in the doctrine of evolution. At the same time, he said that nothing had yet been ascertained to warrant the conclusion that the not living was without the intervention of living things, changed into that which lives. He further pointed out that Professor Huxley had shown that spontaneous generation was not required by the doctrine of evolution, and proceeded to give an account of his own researches tnto the very lowest forms of animal life. He illustrated the magnifying power of the lenses he employed by throwing on a screen by means of a magic lantern the sting of a wasp and the point of a needle, and then he described and illustrated in a similar manner the life history of two monads, as observed by himself and Dr. Drysdale, of Liverpool, who assisted him in conducting his researches. The result of the whole fully established that these, the least of organic forms, multiplied by fission and self-division, and ultimately by means of germs or eggs. Goiug thus down to the very fringe and margin of organised existence, he found that the method was precisely the same as in the highest ranks, which multiplied finally by genetic processes, by parental products. The question still remained—did the minute germs which he discovered, germs so small that they were, except in mass, invisible even under the most powerful instruments—have a power of heat resistance greater than was possessed even by adult forms? By a series of investigations he arrived at the conclusion coincident with other biologists, that the adults were killed at a heat of 140 deg. Fahr.; that the spores or eggs of one of the forms brought forth young at 180 deg.; that two of the forms required a temperature of 250 deg. to destroy them; that other two required a heat of 260 deg.; and that another required a heat of 300 deg. Fahr., before the germ was destroyed. And this latter form, he further showed, was the very form on which Dr. Bastian's latest experiments were made, which he had put forward as proving the theory of spontaneous generation. Dr. Bastian found that life reappeared after the organism had been subjected to a heat of 270 deg. Fahr., and therefore, he argued, it must have arisen *de novo*, whereas the lecturer's experiments had proved that the germs could only be killed at a temperature of 300 deg., or 30 deg. higher than the temperature to which Dr. Bastian exposed his infusions.

Philosophical Society of Glasgow.—Sewage and sewer gas form a subject which has been professionally piped, not always very philosophically, almost *ad nauseam*, in Glasgow. At a meeting of the Glasgow Philosophical (!) Society, held on the 18th inst., Dr. Fergus, as was meet, in the chair, Dr. Neil Carmichael furnished a contribution to the subject. "The Trap and Water-Closet System," was the subject of Dr. Carmichael's paper. This gentleman explained in the course of his remarks that for a considerable period he has been making experimental investigations into the trap and water-closet system, and the relations of the same to sewage products, gaseous and other; and as a result he had come to the conclusion that germs and other substances injurious to health did not pass through a sound water trap. Clearly, then, he said, they must look to other sources for the contaminations of the atmosphere, which were frequently found to prevail in houses, and which proved so serious and injurious to health. He had ascertained from experiments that an opening made by a small pin in the soil pipe was sufficient to admit particles into a house that were dangerous to health and likely to spread disease, and when they considered how imperfect some of these pipes were in many respects, it was no difficult matter to account for the presence of noxious gases in dwellings. While he admitted that the water-closets in general use, where the traps were perfect, were not so objectionable as some people were disposed to assert, still there belonged to them the serious objection that between the pan and the trap there was a portion of soil pipe which was never or rarely free from objectionable matter, and therefore was a fertile source of annoyance and danger. He thought an effort should be made in the water-closets of the future to get rid of this objectionable feature. Dr. Carmichael exhibited a diagram of an improved water-closet, and received a vote of thanks for his paper.

**DEATH FROM HYDROPHOBIA AT NEWMILNS, AYRSHIRE.**—Assuming the correctness of diagnosis, deaths from hydrophobia are surely becoming alarmingly prevalent. A death from this cause is reported to have occurred on the 19th inst. at Newmilns. A young lad, fifteen years of age, son of Mr. Thomas Donald, Crosstree, about the end of December last, received a bite from a strayed collie. The wound healed up at the time, and the lad was to all appearance quite well up to Monday the 16th inst., when he was seized with vomiting, and soon afterwards unmistakeable symptoms of hydrophobia were exhibited. He died in all the agonies of this terrible malady. The dog is believed to be still at large.

**DEATH OF DR. JOHN WILSON, OF INVERNESS.**—Dr. John Wilson, Inverness, one of the leading medical practitioners in the North of Scotland, died suddenly in Edinburgh (where he had gone on a visit) early on the morning of the 17th inst. Dr. Wilson was a son of the late Provost Wilson, of Nairn, and took his degree of M.A. at Aberdeen. He graduated M.D. at Edinburgh in 1842, and in the same year took the L.R.C.S. Edin. In 1866 he was elected a F.R.C.S. Edin. Immediately after graduating he was appointed house-surgeon of the Northern Infirmary, at Inverness, and after entering into private practice he was appointed one of the honorary consulting physicians, month after month, for over thirtyyears, earnestly and assiduously aiding with his skill and experience the resident medical attendant. Dr. Wilson, notwithstanding his having a wide and extensive range of patients among the more opulent classes of society, was ever ready to the call of duty from the very poorest. Wherever pain had to be relieved he was ever ready to go without fee or reward, and the excessive fatigue he thus underwent in the course of an otherwise extensive practice, undermined his constitution. He died in the sixtieth year of his life. Among the appointments he held were Medical Officer of the Inverness Prison, Consulting Physician to the Northern Counties District Asylum, and Surgeon of the Inverness Artillery Volunteers.

**REGISTRAR-GENERAL'S RETURNS.**—According to the return of births, deaths, and marriages for the week ending with Saturday, the 14th inst., the death-rate in the eight principal towns was 22·2 per 1,000 of the estimated population. This rate is 3·4 per 1,000 under the rate for the corresponding week of last year, and 0·6 under that for the previous week of the present year. The lowest mortality was recorded in Edinburgh, viz., 19·0, and the highest in Perth, viz., 42·9. The mortality from the seven most familiar zymotic diseases was at the rate of 3·1 per 1,000, being 0·8 less than during the previous week. Whooping-cough still continues the most prevalent of these diseases, although there is a decrease of fifteen in the number of deaths from that disease recorded last week. Two deaths recorded in Dundee were due to the Tay Bridge accident. The number of deaths from inflammatory affections of the respiratory organs was 33 less than that registered during last week. The mean temperature was 39·3, being 5·8 below that of the week immediately preceding, and 3·2 above that of the corresponding week of 1879.

**DEATH OF DR. GEORGE DALLAS BAIRD, F.R.C.S. ED.**—This much-esteemed and worthy member of our profession died at his residence in Linlithgow on the night of Tuesday, the 17th inst., at the mature age of 75. Dr. Baird was born in Linlithgow, and has been in practice in Linlithgow and neighbourhood for the last half century. From his many excellent qualities he was much esteemed by all who knew him, and especially by the poor in the district; for his kindly consideration for their necessities he was regarded with a feeling of grateful affection. He was widely consulted on all professional subjects.

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, the 14th inst., the mortality in Edinburgh was 81, and the death-rate 19 per 1,000. Eight deaths constituted the zymotic mortality. The solitary death from fever occurred in the new town.

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## Literary Notes and Gossip.

IT is announced in literary circles, that Her Majesty will create Mr. Theodore Martin a K.C.B., in acknowledgment of the manner in which he has performed the task of writing the Prince Consort's "Life."

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AN extraordinary prize of 3,000 francs has been awarded by the French Academie des Sciences to Mr. Crookes, F.R.S., editor of the *Chemical News*, in recognition of his recent discoveries in Molecular Physics and Radiant Matter.

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THE Anatomical and Surgical Society of New York has commenced a monthly publication of the papers read before it. The annals will be edited by Dr. Charles Jewett, and published by G. P. Putnamo's Sons, New York City. The first number is well printed and has several readable papers.

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THE International Literary Association, which has been established about eighteen months, and to which several known writers in the medical profession belong, announce a series of "Literary Afternoons" in London during the present season. The first was held on Monday last, and was a most enjoyable one, although not so well patronised as it deserved. Mr. Jenkins, M.P. occupied the "Afternoon" with readings from some favourite authors.

⁂

WE have received two monographs on the "Heart" during the past week—one by the President of the Medical Society of London, Dr. Cockle, entitled "Contributions to Cardiac Pathology," the other, by Dr. Henry Kennedy, of Dublin, entitled "Observations on Fatty Heart." Both writers are well known to the readers of the *Medical Press.* We shall take an early opportunity of commenting upon their productions in book form.

⁂

THE lxxx. volume of Braithwaite's "Retrospect," recently issued, well maintains the character of the work as a useful and complete *résumé* of the advances made in medicine and surgery in the past half-year. Several communications made to our own columns are embodied in the work, and its contents include abstracts of the most important papers and essays read before the societies, and contributed to the pages of contemporary journals.

⁂

MESSRS. WOOD & Co., the well-known publishers of New York, announce a practical treatise on "Neurasthenia: its Symptoms, Nature, Sequences and Treatment." By George M. Beard, A.M., M.D., of New York. The treatise is one on which Dr. Beard has been specially engaged for a number of years, and it will be devoted mainly to his original observations and researches on this important and growing subject. It is expected to be ready next month.

⁂

COMMENTING upon the views entertained by different sections of the profession, upon the propriety or utility of contributions in non-medical literature, an American contemporary finds in the increasing number of popular articles on medical and allied subjects, an evidence that the scientific standing of medicine is rising in the general opinion of mankind, as it is *in fact.* The position of the physician has been said to be the measure of a nation's civilisation. It is certain that with the increased intelligence of a people more will be demanded of the medical man, and this demand, history shows, has always been responded to.

⁂

The title of "Practitioner" is becoming very popular for medical journals. There is the *Practitioner* published in London; *Le Praticien* published in Paris, the *American Practitioner* of Louisville; the *Country Practitioner* of New Jersey; and still another, *The Practitioner* of Baltimore, the first number of which is now before us. The new candidate for professional favour, is bright as most new things are, and we wish it the success its editors so confidently predict; but if gentlemen with literary aspirations cannot coin something fresh in the way of titles for their mushrooms, the *Index Medicus* will become muddled.

⁂

PART 42 of Messrs. Bentley and Trimen's exhaustive work on "Medicinal Plants," completes one of the most important of recent publications. The serial issue of the volumes has kept the work prominently before the notice of subscribers; but we doubt if the greater number of medical men know the excellence and beauty of these plates. The publishers, Messrs. J. and A. Churchill, have included in the final number, just received, a double index, one arranged in systematic order, the other a general table. The preface, and a number of corrections and additions, are likewise included. We shall notice the completed work at a later date.

⁂

MESSRS. LETTS, SONS, & CO., the well-known publishers of some excellent Medical Diaries, Medical Account Books, &c., are issuing in monthly instalments, maps of the whole world at the price of sevenpence each part. Taking into account that these maps are printed in colours, size 17 × 14 inches, with the latest geographical and territorial discoveries and alterations, and that each part contains three maps, the venture is a fair specimen of this go-a head age, and should command a speedy sale. Of course the number of maps will be too large for mounting to hang in any ordinary size library, and to obviate what might prove deterrent to some who wish to purchase the entire series, the publishers have provided a neat case to contain them.

⁂

A PAMPHLET on "Climate and Health in South Africa," by Mr. James Bonwick, F.R.G.S., published by Messrs. S. W. Silver and Co., contains a vast amount of valuable information, likely to be of great value to intending colonists. With forty years' experience of the country, Mr. Bonwick speaks authoritatively, and his dictum is eminently favourable to the climate in Africa. He takes the various districts in turn, and exhaustively considers the advantages and disadvantages attendant on a residence at each. We commend the work to all who are interested in our Cape colonies, and to intending emigrants it will prove a most invaluable help in aiding them to arrive at conclusions respecting the land in the South.

⁂

THE North-Western Association of Medical Officers of Health have issued their volume of "Proceedings" for the year ending February, 1879. It indicates that the Society is in a satisfactory condition, and that it is accomplishing some good and useful work. At the quarterly meetings held during the year, papers of considerable interest were read, abstracts of which are contained in the "Proceedings." One of these, on the "Registration of Disease," communicated to an extraordinary meeting of the North-Western, Northern Counties, and Yorkshire Associations, is particularly interesting; and much value attaches, too, to Mr. Vacher's paper (p. 10) on "The Diseases of Animals rendering them unfit for the Food of Man." The other papers are, an excellent one by Dr. Vernon, on "Birth-Rates, Death-Rates, and Estimates of Population," and one by Mr. R. McNicholl on "Hard-Water." A noteworthy feature is afforded by abstract reports of discussions which occurred on these papers.

⁂

PAMPHLETS.—The following have been received since the publication of our last list:—"Responsibility restricted by Insane Delusion," by Drs. Wright and Bellefontaine. "Hints on the Antiseptic Management of Wounds," by F. M. Caird, M.B. "The Family Physician," Part I. "On Antiseptic Surgery," by John Bishop, M.D. "The Relationship of Anatomy to the Fine Arts," by S. Messenger Bradley, F.R.C.S. "Our Water Supply." "Climate and Health in South Africa," by J. Bonwick, F.R.G.S. "The Waters of Kreuznach," by Drs. C. and F. Engelmann. "Some Substitutes for Alcohol," by Francis Vacher, F.R.C.S. Ed. "Some Teachings of Development," by E. A. Schäfer, F.R.S. "Improved House Ventilation," on Drs. Drysdale and Hayward's Plan. "On the Internal Use of Water for the Sick," by J. Forsyth Meigs, M.D. "Proceedings of the North-Western Association of Medical Officers of Health."

⁂

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, January 28th:—"Headaches: their Nature and Treatment," by W. H. Day, M.D. (third edition). "Student's Guide to Surgical Anatomy," by E. Bellamy, F.R.C.S. (second edition). "Student's Primer on the Urine," by J. Travis Whittaker, M.D. "Pseudo-Hypertrophic Muscular Paralysis," by W. R. Gowers, M.D. "The Spectroscope in Medicine," by C. A. MacMunn, M.D. "Klein and Smith's Atlas of Histology," part x. "The Half-yearly Retrospect of Medicine," edited by Drs. W. and J. Braithwaite, vol. lxxx. "Handbook of Therapeutics," by Sydney Ringer, M.D. (eighth edition). "Aids to Physiology," by B. Thompson Lowne, F.R.C.S. "Aids to Materia Medica and Therapeutics," by Armand Semple, M.D. Cantab. "Pharmacology and Therapeutics," by Lauder Brunton, M.D., F.R.S. "Minor Surgery and Bandaging," by Christopher Heath, F.R.C.S. (sixth edition). "Cancer of the Rectum," by W. Harrison Cripps, F.R.C.S. "Bentley and Trimen's Medicinal Plants," parts xxxviii.—xlii. "Movable Atlas of the Ear and Teeth," by Lennox-Browne, F.R.C.S.Ed., and Hy. Sewill, M.R.C.S. "Water Analysis," by E. Frankland, F.R.S. "Contributions to Cardiac Pathology," by J. Cockle, M.D. "Observations of Fatty Heart," by H. Kennedy, M.D.

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## THE APPOINTMENT OF REGISTRAR-GENERAL.

IN the House of Lords on Friday Feb. 13, the Marquis of Lothian asked the First Lord of the Treasury, with reference to the recent appointment to the office of Registrar-General, whether the long services of Dr. Farr had been taken into consideration, and whether he would state why Dr. Farr had not been selected as the successor of George Graham Esq., in that office. It seemed generally to be assumed that a public servant in the position of Dr. Farr, unless promoted when a vacancy occurred, such as the one to which reference was made in the question, was under the imputation of having something against him. An impression had arisen among the medical profession, which he was sure was altogether owing to a misapprehension, that Dr. Farr was not promoted simply because he was a member of the medical profession. He was quite sure that in appointing Sir Brydges Henniker, there was no intention whatever to throw any reflection upon that profession; and he was sure the noble Earl would agree with him that it would be unfortunate if such an impression were allowed to remain.

The Earl of Beaconsfield said that it was the original wish of the Government to appoint Dr. Farr to the post. He had obtained a very high reputation by his labours in his office; they had always been admitted, and they had been amply recognised by the public and the State. But when he (Lord Beaconsfield) had to make those inquiries which were necessary before the appointment was made, such a representation was made to him as to the state of health of Dr. Farr, that he shrank from the responsibility of appointing him to discharge the very arduous duties of the office of Registrar-General. He had before him an official document which had previously been sent in asking for a superannuation for Dr. Farr; and the statement of his health in that document, combined with his advanced age—seventy-two—was such that he felt confident that not one of their lordships would feel himself authorised, after reading the document, to appoint Dr. Farr to the office. That was the only ground on which the Government proceeded; and as to supposing that there was a prejudice on the part of the Government against the appointment of a medical man to an office the duties of which were intimately connected with the acquisition of statistics relating to life and death, he was sure their lordships would, without a moment's hesitation, acquit him, or any person who might occupy his present position, of being influenced by such considerations. After he found it impossible to appoint Dr. Farr, the office was open for a considerable period, and many names were sent in. He selected the gentleman who had received the appointment because, on the whole, he believed him most competent to fulfil its duties. He was an individual with whom Lord Beaconsfield had no personal acquaintance, but who in his mind gave the greatest promise of the ability to fulfil duties of the greatest importance, and which certainly required health and vigour for their performance, particularly when preparations were being made for taking a new census.

It is but right that the profession should have before them the full statement of the Premier as to the supersession of Dr. Farr. In connection with that statement it is as well to point out that it has been publicly asserted that the application from Dr. Farr for superannuation, which the Premier here quotes as his reason for not appointing that gentleman, was not in existence at the time when it was decided to give the office to the son-in-law of Lord John Manners. The application for a pension was laid before Government by Dr. Farr after he had been put aside in favour of the ex-Captain of Horse Guards, and was a natural expression of indignation by Dr. Farr at the slight put upon him, rather than an assertion of his incapacity to do the work. But, if the Premier had other reasons for thinking that Dr. Farr was incapable of discharging the duties effectually, we would venture to inquire why, if Dr. Farr were as incompetent for the office of Registrar-General as he is represented to have been, he was not removed from that office? He has all this time been Registrar-General in fact, though not in theory, Major Graham being nobody, and, notwithstanding his supposed incapacity, the Department has thriven, and continued to thrive. If the Prime Minister considered him incompetent, why did he not let him go out on a pension long ago? If he thought him an effective officer, why did he not continue him in office? But, if Dr. Farr be competent for the duties which he has discharged so long and so well, surely he is no more incompetent than Major Graham or Sir Brydges Henniker; and why should not educated incompetency, as represented on Lord Beaconsfield's showing, by Dr. Farr, be as good as uneducated incompetency in the person of Sir Brydges Henniker.

We cannot, of course, dispute the Prime Minister's assertion that that gentleman "was the one amongst many competitors who (to his mind) gave the greatest promise of performing efficiently the duties of the office." All we can say is that, so far as we know of public opinion amongst statisticians and the medical profession, the Prime Minister adds to his other distinctions that of being the only person in the United Kingdom who holds such an opinion. We do not know that any person or any newspaper has attempted to justify the appointment of Sir Brydges Henniker on the ground of his fitness, though many have tried to throw dirt on Dr. Farr. But perhaps Lord Beaconfield thinks that statistical competency can only belong to the relatives or *protégés* of Ministers.

## SUPERANNUATION OF DR. FARR.

WHILST at press, we learn that Her Majesty's Government have decided to award Dr. Farr a special retiring pension of £800 a year, which was the full salary of his office.

## THE RECENT ELECTION AT DR. STEEVENS' HOSPITAL, DUBLIN.

WE referred last week to the fact that Drs. Tweedy and Hayes had been chosen as physicians to Dr. Steevens' Hospital, Dr. Warren, the Lecturer in Anatomy in the School of the Hospital, being rejected, although supported by a strong representation by the managers of the School.

It would seem as if this requisition by the managers of the School was resented by the Board of Governors of the Hospital, who, in great majority are non-medical men, as an interference with their free choice, for, as our readers know, they did not elect Dr. Warren, but chose Drs. Tweedy and Hayes to occupy the two vacancies. We understand that the result of the election created great excitement in the School and Hospital, the professors who supported Dr. Warren feeling themselves naturally the subject of a great slight on the part of the Board of Governors, while the students, and even the patients, took sides in the dispute, and, we hear, were guilty of very outrageous conduct towards the newly-elected physicians.

In the interest of Dr. Steevens' Hospital, no less than of its School, we much regret these occurrences and deplore the unsatisfactory position in which both institutions are placed by the act of the Board of Governors. As to the School, we believe we may say that the decision of the Board will result in its extinction, for the anatomical teaching within nas been hitherto conducted, in great measure, by Dr. Warren, in conjunction with the late Dr. Bookey; and it is not likely thar Dr. Warren will continue the work of teaching when the reward of his work for which he might reasonably hope has been denied him. If this be so, the Hospital will lose most of its student-class, and will cease to be a clinical hospital or a teaching, institution.

As to the Hospital, the effect is no less serious. That Board has chosen Dr. Henry Tweedy, who certainly had a strong claim to their consideration, and, as far as we know, is entirely worthy of the office to which he has been appointed, but in their eagerness to "snub" the School the lay governors have, in our opinion, done a grievous injustice and seriously imperilled the interests of their hospital by putting into the physiciancy another gentleman in place of Dr. Warren.

The new physician possesses, indeed, the legal qualifications, but as he obtained his surgical qualification last year and his medical licence the year previously, we cannot be expected to credit him with such experience as might entitle him to the custody of the lives and health of an hospital full of patients. The right to such a position should be, and in all well-ordered public institutions is, acquired by industry and experience, and we can hardly suppose a gentleman who two years ago was a student, and since then has not proved his competency in any large public work, possesses such a large special wealth of these qualities as to place him above the head of a gentleman who has done good and true work in the institution for twelve years. We congratulate the profession on being no party to this job.

## DR. RICHARD RAINSFORD.

THE roll of those who have been lost to the profession within a recent period is increased this week by the death of Dr. Rainsford, surgeon to St. Mark's Ophthalmic Hospital, which took place on Tuesday week at his residence in Merrion Square, after a very long and painful illness.

Dr. Rainsford graduated in medicine and surgery at Trinity College, Dublin, in 1869, and shortly afterwards proceeded to Vienna to study ophthalmic and aural surgery under the eminent teachers at that University, where he soon so distinguished himself by his energy and talent, that Professor Politzc appointed him assistant at his well-known clinique in the Allgemeines Krankenhaus.

On his return to Dublin, in 1872, he became attached to St. Mark's Ophthalmic Hospital, first as curator of the Pathological Museum, and afterwards as assistant-surgeon, and at the same time he entered on the duties of demonstrator in the Ledwich School of Medicine, where his remarkable powers of exposition and unfailing kindliness of disposition soon rendered him one of its most popular teachers, and made his appointment as lecturer in ophthalmic and aural surgery, in 1875, a matter of universal satisfaction.

About this time, while making a pathological examination of a terribly diseased body, he received a poisoned wound, which was undoubtedly the origin of chronic abscesses, causing him untold suffering during the last two years of his life.

He obtained the Fellowship of the Royal College of Surgeons (by examination) in 1874, and was made ophthalmic and aural surgeon to the Adelaide Hospital in 1876. Shortly afterwards, on Sir William Wilde's death, he was promoted to the post of junior surgeon to St. Mark's Hospital, a post which he only held until Mr. Wilson's death in 1817, when he was elected unanimously senior surgeon to the hospital. This position he held for nearly three years, during which he was incessantly working for the interests of the institution, and it is mainly owing to his exertions that the late improvements and alterations have been so successfully carried out. This period of his life, however, was marred by frequent and severe attacks of that malady which eventually carried him off in the full bloom of professional success, and we know that it was in this severe school of personal suffering that he acquired that ready sympathy and unfailing kindness of manner and of heart which so endeared him to his large circle of patients and friends. His powers of endurance were very great, and when suffering from that which would have prostrated almost any one but himself, he would go about his work as usual, sacrificing himself utterly to his professional duties, and there can be little doubt that his disregard for his own health in this respect hastened his end.

**University of Dublin.**—The following degrees were conferred last week :—

*Bachelor in Surgery.*

Cohen, Abraham
Darling, John Singleton
Moore, Malcolm Henry
Silcock, Alexander
Smith, David Chadwick

*Bachelor in Medicine.*

Dixon, Charles Hampden
Hickson, Richard Charles Coleman
Kane, John Seymour
Lucas, Thomas John Rashleigh
Mason, Alfred
Moore, E. Erskine
Mouillot, Francis Albert
Patton, William Johnstone
Silcock, Alexander
Smith, David C.
Studdert, Richard Charles

*Doctor in Medicine.*

Dudley, Henry Nathaniel
Hickson, Richard Charles Coleman
Poole, Jonas Sealy

**Army Medical Department.**—List of candidates who were successful for appointments as Surgeons in Her Majesty's British Medical Service at the competitive examination held in London on 9th February, 1880 :—

| No. | Name. | Marks. |
|---|---|---|
| 1. | Sylvester, G. H. .. | .. 1925 |
| 2. | Macnamara, W. J. | .. 1900 |
| 3. | O'Sullivan, D. .. | .. 1725 |
| 4. | Milward, E. O. .. | .. 1710 |
| 5. | Conolly, P. B. .. | .. 1660 |
| 6. | Woods, C, R. .. | .. 1600 |
| 7. | Babington, H. F, | .. 1585 |
| 8. | Milward, W. C. .. | .. 1575 |
| 9. | Bracker, W. H. ... | .. 1565 |
| 10. | Macnamara, M. F. | .. 1490 |
| 11. | Sandiford, J. O. | .. 1480 |
| 12. | Love, R. L. .. | .. 1455 |
| 13. | Murray, H. W. .. | .. 1455 |
| 14. | Kerin, M. W. .. | .. 1420 |
| 15. | Peterkin, A. .. | .. 1420 |
| 16. | Harran, J. .. | .. 1405 |
| 17. | Lockey, W. S. .. | ... 1395 |
| 18. | Maunsell, E. L. .. | .. 1375 |
| 19. | Langdon, J. S. .. | .. 1350 |
| 20. | Heffernan, W. F. | ... 1345 |
| 21. | Nicholson, R. W. E. H. | 1345 |
| 22. | Crofts, J. G. U. .. | .. 1330 |
| 23. | Dugdale, W. .. | ... 1325 |
| 24. | Irvine, D. L. .. | ... 1325 |
| 25. | Ronayne, J. .. | .. 1320 |
| 26. | Clabburn, C. H. .. | .. 1290 |
| 27. | Cree, E. R. ... | .. 1275 |
| 28. | Drury, M. O. C. ... | .. 1260 |
| 29. | Deane-Freeman, W. | .. 1245 |
| 30. | Nicholas, J. H. .. | .. 1200 |
| 31. | Franklin, D. F. .. | .. 1175 |
| 32. | Curtin, J. L. .. | .. 1160 |
| 33. | Saunders, H. .. | .. 1155 |
| 34. | Battersby, J. .. | .. 1150 |
| 35. | Lane, A. V. .. | .. 1135 |

# NOTICES TO CORRESPONDENTS.

### "A KNOT IN THE UMBILICAL CORD."

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In answer to "Inquirer," I beg to state that the week before last I met a case of perfect knot in the umbilical cord, being the second which I have recognised in the course of my practice. The cord was very long, and wound round the thigh of the infant, but did not in any way interfere with the successful treatment of the labour.

I am, Sir, yours, &c.

Portlaw, Feb. 20. JAMES MARTIN.

AN EX-STUDENT.—Again held over for more pressing matter.

HARVEIAN SOCIETY OF LONDON.—Thursday, March 4, at 8.30 p.m., Mr. George C. Coles, "Cases of Cyphosis."—Dr. Percy Boulton, "Typical Development of Children."

ROYAL MEDICAL BENEVOLENT COLLEGE.—Candidates for pensionerships or scholarships must deliver their applications to the Secretary at the offices in London on or before March 3rd. The election takes place in May.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day (Wednesday), at 5 p.m., Gulstonian Lectures: Dr. Gowers, "On Epilepsy."

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 o'clock, Dr. Stephen Mackenzie will show a Case of Urticaria Pigmentosa (living subject), and read a paper "On Annular Stricture of the Intestine."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, Feb. 27, at 5 p.m., Gulstonian Lectures: Dr. Gowers, "On Epilepsy."

CLINICAL SOCIETY OF LONDON.—Friday, Feb. 27, at 8½ p.m., Mr. Teevan, "A Case of Retention of Urine from Impacted Urethral Calculus, relieved by pushing the Stone back into the Bladder and Crushing it."—Dr. Buzzard, "A Case of Paraplegia from Pott's Disease, treated by Sayre's Splint; Intestinal Obstruction; Death from a Kink in the Duodenum." "A Case of rapid and almost universal Paralysis, involving the four Extremities, both sides of the Face, Respiration and Deglutition; Recovery."—Dr. Sangster, "A Case of Molluscum Fibrosum."—Dr. Greenhow, "A Case of Typhoid Fever, with Acute Nephritis and Profuse Hæmaturia."

QUEKETT MICROSCOPICAL CLUB.—Friday, Feb. 27, at 8 p.m., Dr. T. Spencer Cobbold, "On Human and Canine Filariæ."—Dr. Sylvester Marsh, jun., "On Bleaching and Washing Microscopical Sections."

### THE LATE DR. O'LEARY, M.P.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—Feeling interested in the movement on foot to raise a substantial fund to aid the family of the late Dr. O'Leary, allow me the opportunity, through your columns, to suggest to the several Poor-law medical officers of Ireland to subscribe, say even a pound each, which, in the aggregate, would be a large amount. Dr. Lyons, one of the treasurers of the Fund, would, I am sure, take charge of it and hand the sum in as the united mite and aid from the Irish Poor-law medical officers. I have no doubt the Council of the Irish Medical Association would give a stimulus to it if, on the adoption of a resolution recommending to their several members the desirability of assisting in their present distress the family of him who felt always willing and anxious to support at any inconvenience every movement, in and out of Parliament, that might be calculated to better the position of the Irish doctor.

It is my intention to issue a circular to the coroners of Ireland asking them to subscribe to the Fund, and to remind them that the poor fellow for whose family we now plead always gave practical proof of supporting any measure in Parliament to serve the interests of the coroner.

I am, Sir, your obedient servant,
F. J. DAVYS, B.A., F.R.C.S.I.,
Coroner, co. Dublin.

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## VACANCIES.

Buckingham General Infirmary, Aylesbury.—Resident Surgeon. Salary commencing at £80, with board. Applications to the Secretary on or before Feb. 28.

Carmarthen County Infirmary.—House Surgeon. Salary, £125. Applications to the Secretary, King Street, Carmarthen, before March 31.

Chatham.—Assistant House Surgeon for the St. Bartholomew's Hospital. Salary, £80, with board. Applications to the Clerk of the Trustees before April 14.

Manorhamilton Union, Drumkeeran Dispensary.—Medical Officer. Salary, £100, with fees. Election, March 5.

Metropolitan Asylum District, Leavesden Asylum.—Two Assistant Medical Officers. Salary of first Assistant, £150; of second, £120, rising to £150, both with board. (See Advt.)

Navan Union, Painestown Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Feb. 27.

Rathdown Union, Bray and Rathmichael Dispensary.—Medical Officer. Salary, £110, with fees, and £27 as Medical Officer of Health. Election, March 8.

St. Pancras Infirmary.—Honorary Physician. Applications to the Hon. Sec., 126 Euston Road, London, before March 2.

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## APPOINTMENTS.

BALLANCE, C. A., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

BROOM, C., M.R.C.S.E., Medical Officer for the Wednesfield District of the Wolverhampton Union.

CULLIMORE, D. H., M.K.Q.C.P.I., F.R.C.S.I., a Physician to the North-West London Hospital.

DE LA HUNT, J. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Attendant to the Royal Irish Constabulary, Lawrencetown, co. Galway.

EWART, W., M.B., M.R.C.P.L., Assistant Physician to the Hospital for Consumption, Brompton.

FISHER, F. C., M.R.C.S.E., Assistant House Surgeon to St. George's Hospital.

HATTON, G. S., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

LUNN, J. R., L.R.C.P., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

MADIGAN, B., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Kilrush Union Workhouse.

MCHARDY, M. M., F.R.C.S., Professor of Ophthalmology to King's College, and Ophthalmic Surgeon to King's College Hospital.

NEWSHOLME, A., M.R.C.S., L.S.A., House Physician to St. Thomas's Hospital.

PHILPOT, B. P., L.R.C.S.I., an Assistant House Surgeon to the Liverpool Dispensaries.

SHAW, J., M.R.C.S., L.S.A., House Physician to St. Thomas's Hospital.

SHEPPARD, C. E., M.B. (Lond.), M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

SMITH, R. P., M.B. (Lond.), M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

WADE, J. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Medical Officer of Health for the Lettermore Dispensary District of the Oughterard Union, co. Galway.

WILLIAMSON, R. J., M.A., M.B. (Oxon.), M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

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## Births.

BROWNE.—Dec. 26, 1879, at Anson Street, Orange, N.S.W., the wife of Valentine E. Browne, M.B., T.C.D., of a daughter.

CREAN.—At Clonmel, co. Tipperary, the wife of Thos. Crean, L.R.C.S.I., of a son.

DOLAN.—Feb. 6, at Horton House, Halifax, Yorks, the wife of T. M. Dolan, F.R.C.S.Ed. of a son.

HIGGINSON.—Feb. 15, at Bridge House, Bangor, the wife of H. Talbot Higginson, M.D., L.R.C.S.I., of a son.

ROBINSON.—Feb. 16, at Newry, co. Down, the wife of William Robinson, L.K.Q.C.P., Newtownhamilton, of a son.

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## Deaths.

BROWN.—On Feb. 17, at Steeple Bumpstead, Essex, Alex. Brown, M.R.C.S., in the 86th year of his age.

DE MIERRE.—On Feb. 19, at Ben Venue, Torquay, Albert de Mierre, M.D., aged 75.

EWART.—On Feb. 17, suddenly, at 21 Rubislaw Terrace, Aberdeen, Jessie Caroline Schafer, wife of J. Cossar Ewart, M.D.

HALL.—On Feb. 4, at Malta, Surgeon-Major A. R. Hall, of dysentery contracted when serving in Afghanistan.

JONES.—On Feb. 14, Llewelyn Jones, M.D., for many years in active practice at Beaumaris, Anglesey, aged 78.

O'LEARY.—At 111 Jermyn Street, London, W. H. O'Leary, F.R.C.S.I., M.P., aged 41.

RAINSFORD.—On Feb. 17, at 2 Merrion Square West, Dublin, Richard Rainsford, M.B., T.C.D., F.R.C.S.I.

SOPWITH.—On Feb. 7, at 1 Calverley Parade, Tunbridge Wells, Henry L. Sopwith, F.R.C.S.E., aged 71.

TRIBE.—On Feb. 16, at Strood Hill, near Rochester, Benjamin Tribe, M.R.C.S., late of Chatham, aged 85.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 3, 1880.

## CONTENTS.

PAGE
Abstracts of the Gulstonian Lectures on Epilepsy. Delivered before the Royal College of Physicians of London, by W. R. Gowers, M.D., F.R.C.P., Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic—Lecture II. ... 168

ORIGINAL COMMUNICATIONS.

Domestic Scavenging. By Charles F. Moore, M.D., F.R.C.S., late Physician to the Cork Street Fever Hospital, &c. 164

CLINICAL RECORDS.

Leeds General Infirmary—Urticaria from taking Rosin. Reported by Dr. Ernest H. Jacob, late Resident Physician ... 166
Case of Secondary Puerperal Hæmorrhage. By Eben. Donaldson, L.R.C.S.I. ... 166

TRANSLATIONS.

Histological Examination of a Cystic Kidney. By Dr. Cornil, Paris. Translated by D. Campbell Black, M.D., Physician to the Glasgow Public Dispensary ... 166

SPECIAL.

PAGE
The Relations of Medical Men to the Coroner's Court ... 167
Royal Medical Benevolent College—the Mode of Election ... 168
France ... 169

DEPARTMENT OF LUNACY.

Proposed New Lunatic Asylum—Surgical Operations on the Insane—Edinburgh Ropal Asylum for the Insane ... 169

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Retention of Urine from a Calculus impacted in the Membranous Urethra, relieved by Pushing back the Stone into the Blad- with a Wax Bougie and Crushing it ... 170
Paraplegia from Pott's Disease—Death from a Kink in the Duodenum ... 170
Molluscum Fibrosum ... 171

LEADING ARTICLES.

THE EFFECT OF ALCOHOL UPON THE LIVER 172
THE NEW VICTORIA UNIVERSITY ... 173
THE IRISH PRISONS SURGEONS ... 174
SUPERVISION OF PRIVATE EXECUTIONS ... 175
ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY ... 176

NOTES ON CURREN TOPICS.

PAG
Euthanasia ... 176
A Chemist's Blunder ... 177
Oleomargarine ... 177
Aid to the Injured ... 177
Patent Medicines in Switzerland ... 177
Breach of Harmony at a Special Hospital 177
Cremation among the Indians ... 178
Heredity ... 178
London Water Supply ... 178
Vacant Commissionership of Irish Poor-Law ... 178
The Netley Competitives ... 179
Cheap Dietaries ... 179
Royal Medical Beneuolent College Election 179
Vaccination ... 179

SCOTLAND.

Epidemic of Measles at Coatbridge—Glasgow—Poisoned with Confections, &c. ... 186

LITERATURE.

Diseases of Women ... 181
CORRESPONDENCE ... 182
Presentation to Mr. Lambert H. Ormsby 183
Novelties ... 183
Medical News ... 183
Notices to Correspondents ... 184

# Abstracts
## OF THE
## GULSTONIAN LECTURES ON EPILEPSY,

*Delivered before the Royal College of Physicians of London,*

By W. R. GOWERS, M.D., F.R.C.P.,

Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic.

### LECTURE II.

THE second lecture was devoted to a consideration of some of the symptoms of the series of cases of epilepsy which formed the subject of the lectures. The first point examined was the time at which attacks occurred. Of 840 cases, the attacks occurred by day only in 2-5ths, and at night only in 1-5th; by both day and night in about 2-5ths. No difference in this respect was observed between the cases of epilepsy and hystero-epilepsy. In epileptics the first fit occurred rather more frequently by day than by night: in hystero-epileptics it was much more frequent for the first fit to occur by day. Applying certain other facts to prognosis, it was shown that if the first attack is in the day the probability is as six to one that some subsequent fits will occur in the day: and only one in seven that all will occur in the night: the probabilities are equal that the future attacks will or will not be confined to the day, and that some attacks will or will not occur in the night. If the first attack is in the day, the probabilities are, each, two in five that subsequent fits will be confined to the night, or will occur both day and night, and the probability is five to one against the attacks being confined to the day. If fits which have been established by night begin by day they commonly cease by night. If fits which have occurred by day commence to occur at night, they commonly cease by day; but when fits which have occurred only at night, occur by day, they commonly cease at night. Of 82 cases in women no attacks occurred at the menstrual period in one-twelfth. There was no difference at those times in one-third. In half, the attacks were worse at those times, most commonly before, less commonly during, and least commonly after the period.

Of the symptoms of attacks, their modes of onset was selected as the most important for detailed analysis. It was pointed out that the aura is the subjective effect of the commencing change in the brain, of the character of which it gives information to be obtained in no other way. It differs in character according as the "discharge" begins in a structure subserving sensation, motion, or an intellectual process. Of 1,000 cases, an aura was present, at least occasionally, in 505. The various modes of onset were classified in seven groups, each of which was considered in detail:—(1) Unilateral peripheral auræ present in 86 cases. Of five cases, beginning in the tongue, all were right-sided, which suggests (as does its paralysis, often marked in aphasia) that the movements of the tongue are chiefly represented on the left side of the brain. In 16 cases the commencement was in the face, much more frequently by a motion than by a sensation. In 40 cases the commencement was in the arm; when by a spasm it was almost always in the hand as a whole, or in the arm as a whole; but when by a sensation (14 cases), the commencement was almost always in a definite part of the hand, and never higher up the arm than the wrist. Commencement by motion, or by motor sensations, was equally frequent on the two sides. Simple sensations were twice as common in the left hand as in the right. The aura passed, in some cases, up to the head or mouth, and in others down the side to the leg, while in others there was a second commencement in the foot. The onset was in the leg in 14 cases—5 by distinct motion, 5 by sensation In some cases the aura passed up the side to the head, and in some up the side and down the arm: in some cases up both limbs. There are thus two ways in which the limb secondarily affected may be involved. Reasons were given for believing that, in the cases in which the aura passes from one limb to the other by the trunk, the sensory centre leads in the discharge. No aura beginning in the tongue, face, arm, or leg, was associated with one in the special senses, but the latter occurred in three cases commencing in the arm by a sensation. The progress of some limb auræ as from the face to the arm and then to the leg, or from twitching outwards of the mouth to the rotation of the head, is explicable by the relations of the motor centres of the convolutions, but in other cases the progress of the aura cannot be thus explained, and reason was given for believing that in many of these latter cases the sensory centres, the position and relation of which are unknown, lead in the discharge.

The second group of auræ comprehend the bilateral sensations in the limbs and certain general sensations and motions. In eleven cases the commencement was in both arms, in twelve in both legs. Commencement in the trunk was rare, and almost always in the spine. All the cases with a spinal aura were epileptic, and most of them commencing in both arms, but many beginning in both legs were hystero-epileptic. General tremor, or startings, malaise, and faintness, marked the onset in fifty-one cases; almost all those beginning with the two former were purely epileptic, but many beginning with malaise or faintness were hystero-epileptic.

The third group are visceral auræ, referable chiefly to the region of the pneumogastric. An epigastric sensation was present in fifty-one cases, sometimes felt to the left of the epigastrium, never to the right. Whenever it was actual pain it remained at the epigastrium till consciousness was lost; when vague it often passed to the head and throat. The latter sensation seems referable to the respiratory function of the pneumogastric, that remaining at the stomach to its gastric function, and the latter was often associated with nausea, sometimes with actual retching. Cardiac sensations constituted the aura in sixteen cases. Hystero-epileptic cases constituted about a third of this group.

In the next group were placed the cases beginning with a sensation of vertigo or actual rotation; these were ninety in number, almost all epileptic. The fifth group comprehended the sensations referred to the head, present in fifty, pain in twenty-one, vague sensation in twenty-nine. In one-fourth of each the attack was hystero-epileptic. The sixth group was constituted by the psychical auræ, present in twenty-five cases, an emotion in ten, an idea in fifteen. The emotion was always fear, and the attacks always epileptic. The idea which preceded the other attacks could not always be described, but in some it was elaborate, and sometimes consisted in a sudden recollection of many past events.

The last group constituted the auræ referred to the special senses and their organs, present in 119 cases. Sensation of smell, usually unpleasant, preceded the fits in seven cases. In only one was there a gustatory aura. A sensation in the eyeball was present in seven cases; double vision preceded the attacks in five; apparent increase or diminution in the size of objects were occasional auræ; loss of sight (inhibition of the visual centre) was the aura in twenty-six cases, and in no less than forty-six the aura was a visual sensation (discharge in the visual centre); in nine cases it was merely light, in seventeen colour. Red and blue were the most frequent, never both absent, and no other colour was ever seen alone.

The order of frequency of colour, was red, blue, green, yellow, and purple once. This order does not correspond to the lengths of light unto the visual fields, but it is not far from the order of visibility of colours as determined by Cohn, which is red, blue, and green equal; yellow, violet. In fourteen cases the aura was a highly specialised visual sensation, a visual idea. In one case very complex auditory, visual, and olfactory sensations separated the two parts of an epigastric throat aura. The only known autopsy on a case of organic disease with a visual aura was one recorded by the lecturer, in which a tumour was found on the occipital lobe extending up to the centre for vision in the angular gyrus. Auditory auræ were present in twenty-five cases; in six auditory loss, a sudden sense of stillness; in twenty-one auditory sensations, in some low in specialisation, in others auditory ideas, and some of the latter were associated with visual ideas of corresponding elaboration. A case (Dr. Hughlings Jackson's was mentioned in which fits with an auditory aura were due to a tumour within the upper temporo-sphenoidal convolution, in which the auditory centre is located by Ferrier.

One or two other points on the symptoms of epileptic attacks were then alluded to. Pallor of face, present at the commencement of some attacks, is, it was urged, often absent from the first in both major and minor seizures. The tonic and clonic spasm is continuous: the interruption in the former can be felt by the hand before it is visible to the eye. The hands are not always clenched, but are often in the position resulting from the action of the interossei, the wrist also being strongly flexed: an exaggeration of the posture in tetany.

The cases presenting co-ordinated spasms were then described. Hystero-epileptic attacks, often called hysterical, but presenting alliances with epilepsy and mania, as well as with hysteria. Four varieties seen in this country were sketched. The first presents sometimes after tonic spasm, wild movements, opisthotonos, paroxysms of terror, and a tendency to bite, often in a curiously animal manner. The second is characterised by emprosthotonic spasm; the third, by rhythmical movements of flexion and extension of the legs; the fourth, by intense dyspnœa. These forms are common in girls, women, and boys, but the first occurs also, in most severe type, in men. In women ovarian pressure may rarely arrest, but does not produce the attacks, and they could always be cut short more readily by other methods.

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# Original Communications.

## DOMESTIC SCAVENGING. (a)

By CHARLES F. MOORE, M.D., F.R.C.S.
Late Physician to the Cork Street Fever Hospital, Dublin; Examiner in Materia Medica, Queen's University; One of the Medical Officers of Health, Dublin City, &c.

THAT part of the important subject to which I would ask the attention of the Society of Metropolitan Medical Officers of Health, on the present occasion, is generally known as the ashpit system in Dublin; it is, however, in almost all cases rather that which is known in Great Britain as the midden-privy system, being in the greater number of cases in conjunction with the privy, especially in the case of tenement houses.

I have long been conversant with the ill results of the state in which these receptacles usually are in this city, and the matter has been urged upon me also by highly influential citizens, as an evil needing prompt and permanent remedy.

In certain instances, by repeated reporting, remonstrance, &c., amelioration has followed, but in many of the leading fashionable and important business localities, cases of great neglect, in this particular, exist at the present moment. It is hardly necessary to add that, in the poorer parts of our city, houses provided with sanitary accommodation have, in the great majority of instances, only this objectionable system to depend on.

It may be well to state that in most cases the ashpit is excavated to some depth below the surface; one was reported to me lately as a couple of yards deep—very rarely is it provided with either masonry or water-tight cement lining. Some are covered over, several are not, and the size is so considerable generally, that a very large accumulation occurs before the necessity of cleansing becomes apparent to the casual observer. In this way the air, as well as the soil and the surface-waters, become more or less saturated with offensive matter frequently perceptible, but in not a few cases only, by a certain heavy sickly odour rather than a downright stench.

It is not uncommon to find the tenants in localities where such nuisances exist, which, unfortunately, is rather the rule than the exception, complain that they are obliged to keep their windows closed to keep out the offensive effluvium.

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(a) Read before the Society of Metropolitan Medical Officers of Health, Feb. 18, 1880.

In the great majority of cases these foul receptacles are built against the wall of a dwelling house; some have, and many have not, outlets in connection with the street sewers; a few are actually within the walls of the houses.

When the attention of the public and of the authorities was forcibly drawn to the state of the Dublin tenement houses by the occurrence of epidemics, the basements were, some time ago, in very many cases, being used as receptacles for filth of the most injurious description. In not a few houses, even in some of the best localities, the area cellars are even now used in this way.

When such places in close connection, in fact, forming with the scullery a part of the dwelling house, are used for ashes, bones, decaying animal and vegetable refuse, invariably also find their way into them.

Improvement has been effected in some cases, but a vast amount of nuisance still remains, and so long as it is so, and as other depositories of "matter out of place"—to use the late Lord Palmerston's definition of dirt—are allowed to continue, we need not be surprised to find the Dublin death-rate high, and the humbler classes resorting to the public houses rather than their own insanitary and therefore cheerless dwellings.

A resident in a court near St. Patrick's Cathedral wrote to me some time ago, complaining that the only overflow from a privy was over the court. Since the attention of the authorities was drawn to the case, I have not had any further complaints ot this court, and I notice it here, as it reminds me of what is by no means uncommon in some of the poorer parts of Dublin; instances of which I have seen to-day, namely, the backyard on a higher level than the ground of the floor of the house, and the yard being badly paved, and not having a proper fall to the sewer, if one exists, the surface drainage runs into the house—a highly objectionable matter, as this generally contains the overflow from the ashpit, &c.

If the house has a sewer it is generally very ill-constructed, and covered with flags, perforated with rat holes, and allowing the foul gases to escape into the houses. Several houses in New Row South, on the north side, are so situated. I have by me notes of a case of cellulitis of the neck in one person, and of fever in another, in a room on the ground floor of a house in that locality, the sufferers complaining of the effluvium of the sewer which passed from the backyard under the flooring.

I should but weary the Society were I to enumerate particular instances of defective ashpits. With your permission, Mr. Chairman, I will shortly state the usual defects I have observed in ashpits in Dublin; they are mostly far too large and badly constructed, are generally placed against, or too near, or in a position likely to injure the air entering dwelling-houses, or the soil cellars or basement storey of houses; they are constantly allowed to be overfull, and as at present existing are highly injurious from being in connection with the necessary. They are generally made the depository of liquid refuse from houses.

I will now conclude this part of my subject with the observations of two highly competent observers.

Dr. Martin Tuomy, writing on the causes of fever in Dublin in 1810, amongst others, enumerates foul, stagnant, corrupted air, as of dirty cellars and garrets, &c. He points out that these agencies are all the more potent and dangerous in seasons of distress, when food is scarce and bad.

The then medical officer of the Privy Council and Local Government Board, England, in his Report for 1874, wrote that, "of all the filth influences which prevail against human life in this country, privies of the accumulative sort operate undoubtedly to far the largest extent."

The largest factor at present in producing foul air is the ashpit receptacle, as above described, and the observation of Mr. Simon quoted above, is fully borne out by the system pursued in Dublin, aided in its deleterious influences by the large depôts permitted to exist in our city.

The Public Health (Ireland) Act of 1878 provides that no house shall be erected or re-built without sufficient water-closets, earth-closets, or privy accommodation, and an ashpit furnished with proper doors and coverings; thereby, as it seems, rather encouraging the continuance of a system fraught with danger to the public health, in the judgment of such eminent authorities as I have quoted above.

However, the sanitary authority has a check over these matters in the powers given them as evidenced in the words "sufficient," "proper," and in the Act generally, as well as in having the function allotted to them of making bye-laws with respect to buildings, streets, sites, &c., and for purposes of health.

The model bye-laws of the English Local Government Board order that every person who shall construct such an ashpit in connection with a building, shall construct such ashpit at a distance of *six feet* at the least from a dwelling-house or public building, or any building in which any person may be, or may be intended to be, employed in any manufacture, trade, or business.

A person who shall construct an ashpit in connection with a building, shall not construct such ashpit within the distance of ——— feet from any water supplied for use, or used, or likely to be used by man for drinking or domestic purposes, or for manufacturing drinks for the use of man, or otherwise in such a position as to endanger the pollution of any such water.

Every person who shall construct an ashpit in connection with a building, shall construct such ashpit in such a manner, and in such a position, as to afford ready means of access to such ashpit, and of removing the contents thereof, and, so far as may be practicable, in such manner, and in such a position, as to admit of the contents of such ashpit being removed therefrom, and from the premises to which such ashpit may belong, without being carried through any dwelling-house or public building, or any building in which any person may be, or may be intended to be employed in any manufacture, trade, or business.

Every person who shall construct an ashpit in connection with a building, shall construct such ashpit of a capacity not exceeding in any case *six cubic feet*, or of such less capacity as may be sufficient to contain all dust, rubbish, and dry refuse, which may accumulate during a period not exceeding *one week*, upon the premises to which such ashpit may belong.

It is unnecessary here to detail *in extenso* the other conditions obligatory in the construction of ashpits, except that it is provided that its floor, which must be flagged or asphalted, must be at least three inches above the surface of the ground adjoining; its walls must be of flagging or slate, or good brickwork nine inches thick, and rendered inside with good cement or asphalte.

Moreover, no ashpit is to communicate with any drain; a matter which urgently requires being carried out in Dublin, as indeed do all the details above specified, before we need hope for improved health for our citizens.

It is also ordered in England that no filth or wet refuse shall be thrown into any ashpit constructed and adapted for use only as a receptacle for ashes, dust, and dry refuse.

Very stringent directions are given for the construction of cesspools, which many of our ashpits in Dublin much resemble in use, but not in construction. Ashpits should be used as receptacles for dry ashes only. The construction of midden-privies as at present in common use in Dublin, should be entirely abandoned. In this paper I will not enter on the subject of what should be adopted in their stead.

In the removal of the contents of ashpits, as of all other refuse, the very stringent rules as to the use of properly-covered vessels, and the prevention of scattering filth and dust, and the clearing up of any that may unavoidably fall, should be adopted in Dublin. The wretched carts which are now used for the purpose here should not be tolerated.

I would especially press on my hearers the necessity of carrying out the *dictum* of the late medical officer of the Privy Council, Mr. Simon, namely, that the sanitary authority should aim at becoming "the preventer rather than the remover of nuisances; and so universally is this the fact that, bearing it in mind, sanitary authorities, when proceeding to think systematically of their duties, will generally find it advantageous to regard the prevention rather than the removal of nuisances as their main administrative problem."

The heavy death-rate of parts of Dublin where attention to the matters touched upon in this paper is much needed, must be my excuse for trespassing on your notice with a subject which, however necessary, cannot be agreeable to the health officer or the public generally, but that it demands constant thought and attention is seen when we find that the annual death-rate in many of the parts of our city, to which I have referred, varies from 35 to 100 per 1,000 annually.

# Clinical Records.

## LEEDS GENERAL INFIRMARY.

### *Case of Urticaria from taking Rosin.*

Reported by Dr. ERNEST H. JACOB,
Late Resident Physician.

E. T., æt. 36, was admitted into the Leeds Infirmary on Jan. 16, under the care of Dr. Clifford Allbutt. Ten days previously she had assisted in "laying-out" the body of a person who had been dead some days. She became sickly and ill after this, and the same day her bowels began to be loose. For this she took some powdered rosin—"about as much as two walnuts." The next day her face began to swell, and has continued so ever since.

On admission there is considerable swelling of the face, and she can hardly see. There is a slight papular eruption of urticarious character on her chest and arms. Urine, sp. gr. 1020, contains no albumen and gives no reaction or tarry odour on the addition of sulphuric acid.

She was ordered a mixture containing citrate of potassium, and a lotion of benzoic and hydrocyanic acid. She quickly improved, though at times there was severe itching, and was discharged in ten days' time.

This is a somewhat rare form of poisoning, and differed considerably in the appearance of the eruption from that produced by tar; nor was there the usual reaction of the urine with sulphuric acid obtained in that condition.

## CASE OF SECONDARY PUERPERAL HÆMORRHAGE.

By EBEN. DONALDSON, L.R.C.S.I.,
Medical Officer of Burt Dispensary District.

SUSAN D., æt. 40, a multipara, early in the morning of the 26th of last July, sent for me in great haste. As soon as I arrived I found her in a very weak state; blood was flowing in a small stream from the vagina. She stated that she had been confined twelve days before, and that when she got out of bed to pass her water early in the morning blood commenced to flow from her. She had had a quite natural labour. A neighbouring woman (not a midwife) attended her. I ascertained that a pillow-case had been used for a binder, and that it was not attended to after its first application. Patient did not leave her bed till the eleventh day after labour. She suffered from a constant cough, and during coughing the flow of blood was increased and clots were expelled. On making a vaginal examination I found the vagina hot, the uterus enlarged, and the os closed round something which felt soft, and which I concluded to be a clot of blood. Fundus was found to be as high as the umbilicus, and felt quite soft, and was not tender. I immediately proceeded to make pressure on the fundus, and to inject ergotin. Three minims of ergotin were injected into the glutæus muscle soon after my arrival, and three minims in about one hour and a half afterwards. The uterus to my great satisfaction very soon began to feel harder under my hand, and gradually became smaller, so that in the course of twenty minutes it could with difficulty be felt above the pubes. Hæmorrhage then entirely stopped. Patient, after the uterus contracted and the hæmorrhage ceased, complained of failure of sight and noises in her ears. She then fainted, and became pulseless and extremely pallid. She rallied soon after the exhibition of stimulants. Before leaving I applied a binder, and prescribed a mixture containing ergot. During the hæmorrhage no pieces of placenta or membrane were expelled as far as could be ascertained. With the exception of severe headache and other symptoms of "hæmorrhagic fever," which after some time passed off, recovery was uninterrupted. No abscess formed after the injection of the ergotin.

It appears that in cases of secondary puerperal hæmorrhage, with our present knowledge, it is impossible to say with any degree of scientific accuracy under what circumstances the enlarged uterus will contract when the stimulus of manual compression is employed. Barnes, in his excellent work on "Obstetric Operations," says:—"At an early period, that is, within two or three days after labour, you may squeeze out placenta or clot, by grasping the uterus firmly above the symphysis." He also observes, when speaking of the retention of clots mixed with fluid blood, "It is advisable, first, to try to empty the uterus by squeezing. If this is not satisfactory, the fingers or hand must be passed into the cavity."

This case is interesting, chiefly because it shows that we may hope to succeed in staying uterine hæmorrhage *twelve* days after delivery, by adopting the "expression" method without having recourse to the difficult alternative of introducing the fingers or hand into the uterus.

# Translations.

## HISTOLOGICAL EXAMINATION OF A CYSTIC KIDNEY.

By DR. CORNIL, of Paris. Translated from *Le Progrès Médical* by D. CAMPBELL BLACK, M.D., Physician to the Glasgow Public Dispensary, and formerly Extra-Physician to the Royal Infirmary.

THE large cysts contained either a liquid altogether transparent and colourless, or of citrine or rose colour. The colouration of the liquid was due to the presence of red blood corpuscles held in suspension.

The liquid of these large cysts, completely closed on all sides, was examined with a view to determining the existence therein of urea. It was found to contain urea in a sufficiently marked quantity. Two grammes of the liquid on analysis were found to contain 0·017 of nitrate of urea, and 0·0083 of urea, a quantity representing 4 gr. of urea per litre. It was of consequence to prove the existence of urea, for a distinction had been attempted between serous cysts (Rayer), in contradistinction to urinary cysts. The liquid contained albumen besides.

I have examined, in the fresh state, in water, the cellules lining the large cysts. They form a thin lining composed of one layer of flattened cells, having a large oval flat nucleus. Many of these cysts contained a thicker and more opaque liquid, even muddy sometimes, of a yellow-brownish or chocolate colour. In all these cysts there was then a greater quantity of red blood corpuscles, of round granular cells, epithelial cells, of granulo-fatty pus globules, and a large quantity of cholesterine crystals. In order to examine the kidneys on section I hardened fragments of the kidney by means of Muller's liquid, certain parts comprising the walls of the large cysts, other portions of the renal parenchyma which had almost retained its microscopical characters; there were, indeed, in the midst of innumerable cysts with which the kidney abounded, greyish portions where the renal tissue was easily recognisable by the naked eye. Even in those parts microscopic examination revealed cysts likewise.

*Walls of the Large Cysts.*—On fine section, including the walls of the large cysts, it is observed that they are composed of many layers of lamellated interstitial or connective tissue. That layer of connective tissue is more or less thickened, but generally it is thin and permeated by capillary blood-vessels, gorged with blood, and existing immediately under the epithelium, but not appearing on the internal surface of the cyst. Just without that fibrous layer are seen sections of the uriniferous tubes, which are small, atrophied, flattened parallel with the internal surface of the cyst, and lined with a peculiar layer of flat cells similar to those which exist in the loops of Henle. The epithelial lining of the large cyst is composed of a simple layer of flat cells, forming a thin membrane, easily detached, and which is here and there separated. These large cysts, which nowhere communicate with the uriniferous tubes, and which have not appeared to me at least to possess, either on their surface the vestige of vessels associated with the Malpighian capsule, teach as little regarding the origin of these pathological formations.

*Cysts of Medium Size.*—The smaller cysts, but still visible to the naked eye, which exist in portions of the solid renal parenchyma, examined on fine hardened section presented a variable aspect. Certain of them were almost of a round form, but frequently presented in their interior a projecting spur, which incompletely divided them in two portions; others were altogether spherical, but their cavity was frequently partitioned, one or more very fine partitions of the connective tissue following the diameter of the section indicated that the opening of a cyst proceeded originally from several distinct cavities, which ultimately opened the one into the other. Furthermore, at the periphery of these cysts there existed numerous *diverticula*. The partitions and *diverticula* of spheroidal form were always lined with a membrane of flattened cells.

In the interior of these cysts there were found sometimes only rounded lymphatic cells and red blood corpuscles, sometimes granular cells, at other times clear spherical bodies, without nucleus or granulations, with extremely fine and scarcely visible outline. These bodies of mucus or proteic matter were specially visible after their colouration by carmine, or better after the action of osmic acid. The osmic acid, indeed, enabled it to be seen that they were composed of a small mass of transparent substance, slightly coloured but solid. These little bodies, from fifteen to twenty-thousandths of a millimetre in diameter, sometimes filled the entire cystic cavity. We have been able to observe them emanating from the interior of the cells which line the wall of the small cysts, for there were here frequently numerous epithelial cellules, presenting in this protoplasm a cavity, either empty or occupied by one of these masses of mucus. The cysts of medium size justify the belief, owing to the presence of the walls which divide them, and of processes and *diverticula* at their periphery, that they proceeded from an irregular sinous dilatation of pre-existing uriniferous tubes. Their general form, their divisions and peripheric *diverticula* absolutely excluded the hypothesis that they sprung from dilatation of the Malpighian capsule, for in that case we should have had to do with cysts regularly spherical and not partitioned.

*Dilatation of the Uriniferous Tubes.*—An examination of the more compact portions of renal tissue confirmed the foregoing opinion by demonstrating the communication of small microscopic cysts with the uriniferous tubes, or rather with irregular dilatations of the tubes. On section of these parts there were observed indeed complete dilatations of a tube four or five times the diameter of the tube with which it was in direct communication, or rather these were the successive sinuous dilatations of the same tube separated by processes. These dilated tubes constituted cavernous islets in contact with one another, separated only by their partitions of renal connective tissue. It is easy to comprehend in regarding these islets of dilated tubes separated by their partitions, that a little more dilatation or a little more thinning of the walls would suffice to transform an islet of these tubes into a cyst of medium size, the cavity of which will remain yet a certain time partitioned, and whose borders will show *diverticulà*. It is thus easy, after having constituted the descending scale of cysts from the more voluminous to the smaller, to ascend from the latter to the greater, and perfectly to comprehend the mechanism of their formation. The islets of dilated tubes are surrounded by renal tissue of which the connective tissue is thickened, and the tubes and glomeruli atrophied Here, indeed, a zone exists in which the thickened connective tissue is infiltrated by small round cells, transformed into embryonic tissue. The tubes are small, compressed by fibrous tissue, and internally contain colloid cylinders. The capsuli of the glomerulus is thickened and undergoes fibroid atrophy, and around the islets of dilated tubes in course of becoming cysts, all the lesions, in a word, of interstitial nephritis, are found. Hence we are constrained, after this histological examination, to agree with the views of Virchow regarding the production of renal cysts. It is rare to find, post-mortem, complete cystic transformation of the two kidneys, while large cysts of one kidney are not infrequent. Rayer has figured two cases; one of the two is comparable to our case (pl. xxxvi., figs. 1 and 2). Cruveilhier gives likewise a good example (6th book, pl. iv., figs. 1 and 2). Lebert, one case (pl. cxxxviii., fig. 4). The *Bulletins de la Société Anatomique* also contain some good examples reported by Tavignot (1840), by Vigla (1837), and by Jessé (xxixth year), &c.

In all these cases the patients died with cerebral symptoms without cerebral lesions (uræmia), except in Jessé's case, where the patient succumbed to an attack of pneumonia. Almost always the urine contained albumen. The clinical history of our patient, apart from the lesions found after death, demonstrates that extensive changes of the two kidneys may exist without any appreciable concomitant phenomena. There can be no doubt that in our case the urinary excretion must have been long imperfect. In short, to the portion of renal substance forming cysts, and thus incapable of secretory function, must be added the periphery of these cysts where the uriniferous tubes are either compressed between adjacent pouches, or strangled by connective tissue of new formation, rendering the excretory surface very circumscribed. The slowness, however, of the morbid process permits a kind of adaptation on the part of the system, to the new order of things, and alone explains the compatibility of life with such lesions. A supplementary excretion takes place by the skin and the intestines. But in such cases a trifling cause frequently suffices to destroy the new equilibrium thus established, and suddenly to determine irremediable consequences.

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# Special.

## THE RELATIONS OF MEDICAL MEN TO THE CORONER'S COURT.

The following report of the proposals and subjects discussed at the recent meetings of medical men to consider their relations with the Coroner's Court, has been drawn up by Dr. Thomas, the Deputy Coroner for Central Middlesex, and Dr. Steavenson, and has been submitted to Dr. Hardwicke, the chairman of the meetings, and received his sanction.

The first question discussed was the desirability of the coroner appointing skilled pathologists to make the post-mortem examinations. It was suggested by medical men present that the examinations would often be more skilfully performed, and the evidence given before the coroner and his jury of a clearer and more definite character. It would also lessen the probability of medical witnesses engaged in general practice getting dissection wounds, or carrying septic poison to their puerperal patients. On the other hand it was contended by some that for the most part the post-mortem examinations were sufficiently well made by the general practitioner, and that only in certain cases were the services of an expert required.

The first resolution proposed and carried was :—

> "That the coroner be requested to accept the services and receive the evidence of a skilful medical gentleman in such cases where the medical man called in at death does not desire to make the post-mortem examination, the fee for which (one guinea) should be paid by the medical man desiring such services."

In the course of the discussion reference was made to the injustice under which the medical officers of hospitals and other medical institutions suffer by being obliged to give evidence in the Coroner's Court without remuneration, should the deceased person die within the walls of the said hospitals or infirmaries.

Many of the difficulties at present surrounding the procedure of the Coroner's Court were brought prominently forward. For instance: The difficulty a medical man is placed in when he feels conscientously obliged to refuse a certificate, either from want of knowledge of the real cause of death without a post-mortem examination, or from a feeling that his services have been called in too late for him to do any good, and obviously only for the purpose of obtaining a certificate.

Also the question: Whether the medical man should be responsible for putting the Coroner's Court in motion; or whether it should be made compulsory on the friends of the deceased person to communicate with the coroner when a medical certificate is not procurable.

Those present strongly objected to any discretion in the matter being left to the Registrars of Deaths. The weight of opinion seemed to favour the proposal that in cases in which a medical man had been called in, and was unable to give a certificate either from insufficient length of attendance or any other cause, he should have a form supplied to him which he could fill up and send to the coroner stating his reasons for refusing a certificate, for desiring a post-mortem examination, or for suggesting an inquest.

In the case of persons dying suddenly without any medical attendance, it was left undecided whose duty it would be to acquaint the coroner that a death had taken place.

It was pointed out that a registrar is bound to register a death reported to him by the nearest relative or other person present at the time of death, without asking any questions besides those necessary for registration. Under the present law a man might murder his wife and claim that her death should be registered by the district registrar as caused by any complaint he might like to name, and the death, without a medical man's certificate, would simply be returned as "uncertified." An order for burial would possibly not be granted if the registrar had any reason to think that the death occurred under suspicious circumstances, but he could if he liked grant an order for burial without communicating with the coroner.

The second resolution proposed and carried was :—

> "That it is desirable to refer the friends of a deceased person to the Registrar in cases where the medical man called in cannot satisfactorily certify as to the cause of a death, but that the said medical man communicate the ascertained facts direct to the Coroner's office on a form to be supplied for that purpose, so that the coroner can form his judgment as to the necessity of holding an inquiry. The communication being of a private character."

In the course of the discussion it was pointed out—that a medical man need not use the printed form supplied by the Registrar-General when certifying as to the cause of a death, but may word a certificate as he likes; and if he states the cause of death the death would be registered as "certified." The printed forms are merely to lighten the labours of medical men, and to try and obtain a uniform system of registration.

And also—that it is not lawful to make a post-mortem examination of the body of a person found dead, or who had died suddenly without medical attendance, after the coroner or his officer has been communicated with, as is sometimes done at some of the metropolitan hospitals; the body becomes the property of the Crown, and cannot be examined or buried without an order from the coroner.

The third resolution proposed and carried was :—

> "That no registrar of deaths shall be entitled to give an order for the burial of a body without first receiving from a duly registered medical practitioner a certificate of the death as 'from natural causes; or a certificate from the coroner of the district after an inquest."

This would involve alterations in the Registration Act.

If the last three words of the third resolution were retained the number of alleged unnecessary inquests which are now held would be greatly increased.

Reference was made to the action of the Middlesex magistrates in the question of fees payable for inquests, and the charge brought against coroners of holding unnecessary inquiries. There is no doubt that many inquiries are held as to the cause of death which a post-mortem examination proves to be clearly natural; and to eliminate this large class of cases, it was proposed that the coroner should have the power of ordering a medical man to make a post-mortem examination, and to forward to him a written report of the result; and should the death be from natural causes the medical man should receive a guinea fee for his report, and no inquest be held. This would materially reduce the fees payable for inquests, and might prove more satisfactory to the medical profession and to the magistrates. But it was objected that the House of Commons and the public would not tolerate such an arrangement. By it each medical man would, upon occasion, take upon himself the office and duties of a coroner, and the proceedings would be of a private character. But if this objection holds good, and a public inquiry is considered necessary in all cases of uncertified death for the purposes of public safety and the repression of crime, then the county rates for coroners' inquests must be very much increased instead of diminished in the face of the objections of the Middlesex magistrates. The public cannot have this guarantee of personal safety, and at the same time grumble at the price they have to pay for it.

The objections to private inquiries above alluded to could be met in the following way: In cases of sudden death, unattended by suspicious circumstances, the coroner might allow a post-mortem examination to be made with the consent of the friends of the deceased, by a medical man appointed by him, and a report rendered for which the coroner should pay a fee, and if the report proved death from natural causes unaccompanied by any cruelty or neglect, a public inquiry should be dispensed with. No *compulsory* post-mortem examination should be made without a subsequent public inquiry.

If this proposal were incorporated in the new Coroner's Bill, the number of unnecessary inquests now held would be greatly reduced, and also the county rates.

[The resolutions, as passed at the meetings, have been given, although in some respects they seem to be contradictory to the opinions expressed in the report of the discussions, and do not appear to embody all the proposals which the members of the meetings meant them to include. The order in which the several subjects were introduced has, as far as possible, been retained.]

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## ROYAL MEDICAL BENEVOLENT COLLEGE: THE MODE OF ELECTION.

The following report has been drawn up by the Committee of Governors of the Royal Medical Benevolent College, for improving the mode of election of beneficiaries.

It will be remembered that, at the last general meeting of the Royal Medical Benevolent College, resolutions were carried, in accordance with the wish of a large majority of the governors and subscribers, suggesting a plan whereby the evils of canvassing inherent to the voting system might be much diminished, if not entirely remedied. The committee formed to promote this desirable object, wish to make it known as widely as possible that the College Council, fully accepting the verdict of the meeting, have proceeded to carry it out in its best sense; and the ensuing election will be conducted on the altered system.

A knowledge of the proposed alteration in the mode of election has already had its effect in sensibly diminishing the applications for votes which formerly took place, and it is confidently believed that canvassing, with all its attendant evils, will, under the new regulations, almost entirely cease.

The chief reason which led some warm friends of the College to disapprove of the then proposed alteration, was a fear that it would undermine the interest of many in the elections, and diminish the number of subscribers.

Our excellent College, however, like other charities, is, we fear, feeling the effects of the present hard times. The moment, therefore, appears very opportune for those who can afford to do so, to rally round the Institution, and to evince, in a practical way, their belief that the Royal Medical Benevolent College is now more than ever worthy of support.

It is extremely gratifying to hear that additional contributions have been already made to the College funds, on the broad ground that the evils of the old system have been practically done away with, and that the poorer members of the profession, their widows and children, will henceforth be relieved without incurring an unnecessary expenditure of time, money, and harassing labour, heretofore the only means of securing success at the elections.

On behalf of the Election Reform Committee—

CHARLES J. HARE, M.D., Chairman of Committee.
JABEZ HOGG, Honorary Secretary of Committee.

February, 1880.

The Committee appointed by the Council of the Royal Medical Benevolent College recommended the following resolutions, which have been adopted, and will be acted upon at the next election in May.

"That the resolution of the annual general meeting be adopted as a resolution of the Council, omitting the proposal to alter the bye-laws, and substituting the word 'March' for the word 'April' in the first paragraph.

"That the Committee of Examination consist of seven members of the Council, inclusive of the Treasurer, who is *ex officio* a member of all Committees, and that four be a quorum.

"That, at the Council meeting in March 1880, the six ordinary members of the Committee of Examination be elected by ballot, each member of the Council present at the meeting voting for not more than six members.

"That, at the Council meeting in March 1881, the three ordinary members of the Committee of Examination who are to remain members of the Committee during the second year be determined by ballot in the Council, and that, at the same meeting, three new members of the Committee be elected by ballot.

"That, after the year 1881, it be the rule that the three ordinary members of the Committee who have served for two years shall retire, and shall be for one year ineligible for re-election, and that, at the Council meeting in each March, three new members of the Committee shall be elected by ballot."

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## FRANCE.

(FROM OUR OWN CORRESPONDENT.)

PARIS, FEB. 12, 1880.

AT the Academy of Medicine last week, M. Vidal, of the St. Louis Hospital, read a paper on the "Treatment of Prolapsus of the Rectum by the Hypodermic injection of Ergotine." By this new procedure the author succeeded in curing three cases of prolapsus of the anus in adults. The solution that he used was composed of one gramme of the extract of ergot dissolved in five grammes of cherry laurel water; the amount injected at one time was fifteen to twenty drops. None of the injections were followed by inflammation or abscess. In one case where the prolapsus was of long standing, M. Vidal operated twenty-two times, leaving an interval of two days between each injection. After the twelfth injection the prolapsus was completely reduced.

The inconvenience, if not absolute danger attending the plug *à demeure* in certain uterine affections, has often been dwelt upon by many surgeons of note, but according to M. Després, these inconveniences have been singularly exaggerated, at least, when the plug is judiciously used. Against the most frequent affections of the uterus, M. Després has recourse to a very simple means of cure. The agent he employs is a medicated plug called *tampon de Lourcine*. The employment of this tampon can be traced back to the foundation of this hospital, but like many other excellent remedies, was abandoned. The principle to which it owes its virtue is sulphate of alum. This substance is buried in a piece of cotton wadding about the size of a walnut, and covered by a bit of fine linen. The plug thus formed is armed with a string to draw it out when desired. The quantity of alum used is two grammes. Vaginitis of the gravest type is cured in five or six weeks by the application of this plug. In ulceration of the womb caustics should never be used, which, according to Dr. Després, only tend to aggravate the wound. The plug, on the contrary, succeeds admirably, presenting a double mode of action. It is endowed with astringent properties resulting from the dissolving of the alum in the utero-vaginal liquids. It acts also by compression, especially if care be taken to put it in the posterior *cul de sac* of the vagina. It suffices to apply one plug a week, and should not be left in longer than twenty-four hours, after which all the alum is dissolved, and the plug becomes a foreign body, which should be withdrawn. The withdrawal effected, the local treatment is limited to the injection three or four times a day of water, as warm as the patient can support.

In uterine hæmorrhage the same Dr. Després uses strong coffee, of which he makes his patients take four or five cups daily. He attributes to it properties analogous to those of ergot, and employs it under the same conditions.

The intense fog that enveloped the city last week has greatly increased the number of chest affections. *La Grippe* has been particularly rife, due in a great part to the sudden rise of temperature. Accidents resulting from the *brouillard* have been very numerous and serious. In one case a woman was run over by a heavy vehicle, and when she was carried to a chemist's it was found that one of her legs was missing! She expired almost immediately. The leg, which was completely cut off a little below the knee, was found lying in the street where she was run over.

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# Department of Lunacy.

## PROPOSED NEW LUNATIC ASYLUM.

AT a meeting of the Exeter Town Council on Thursday last, it was decided to erect a new Lunatic Asylum, there being in other parts of the county over 100 lunatics who belong to the city, and whose maintenance annually takes from £3,000 to £4,000 out of Exeter. Authority was given for the purchase of 66 acres of land near the Woodbury Common, a locality specially recommended on account of its healthy situation. The cost of the land will be £2,150, a much lower sum than had been anticipated for so large a site. The building to be erected is expected to cost over £50,000.

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## SURGICAL OPERATIONS ON THE INSANE.

AT a recent meeting of the Paris *Société de Chirurgie*, M. Pozzi brought forward two cases in which severe surgical operations had been performed on insane patients. The first was a case of necrosis of three metetarsal bones, and Lisfranc's amputation was performed with removal of the first cuneiform bone. Cure and cicatrisation took place without complication. The second patient, a general paralytic, was affected with gangrene of the foot; the general condition being very bad, œdema, cachexia, &c. Dr. Pozzi performed amputation above the malleoli, which succeeded perfectly, the patient regaining the comparatively healthy condition he had previously enjoyed. These two cases prove to M. Pozzi that mental alienation, and even a chachectic condition, are not contra-indications for surgical interference, these patients being as susceptible of cure as others.

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## EDINBURGH ROYAL ASYLUM FOR THE INSANE.

THE annual meeting of the Corporation of this Institution was held in the Council Chamber last week, Lord Provost Boyd in the chair.—Mr. Scott Moncrieff, W.S., secretary, read the report of the managers for the past year, which stated that the gross daily average number of patients under treatment in all departments was 812, being an increase of 36 over the number of last year. The ordinary income for the year was £39,696 6s. 3d., and the expenditure, including instalments to the sinking fund, £35,621 13s. 7d., leaving a surplus revenue of £4,074 12s. 3d. The indebtedness of the asylum at the 21st December, 1878, was £50,204 7s. 1d., and at the same date in 1879 it amounted to £47,215 15s. 6d., showing a decrease of debt of £2,988 11s. 7d. There was a marked increase in the number of patients paying the higher rates of board, which was mainly attributable to the additional accommodation afforded for such patients in the mansion of Craighouse. As the proposed Edinburgh Suburban and South-Side Railway would pass through the grounds in such a direction as to cut off the estate of Craighouse from the rest of the property, the managers and medical board were of opinion that it would inflict serious injury upon the asylum property, and might injuriously affect the patients, and they had resolved to oppose the bill in Parliament. The Charity Fund accounts showed that the income during the year had been £445 13s., and the expenditure £518 19s. 1d. The fund now amounted to £9,487 16s. 3d. The number of patients on whose accounts allowances were made during the year was 48, and the average allowance to each £10 16s. 2d.—The Lord Provost said it was exceedingly gratifying to the managers to be able to present so gratifying and satisfactory a report. He had much pleasure in moving that the report be approved of, and the accounts remitted to the auditor in the usual way.—The motion was adopted.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

The last meeting of the Clinical Society of London was held on Friday evening, Feb. 27, the President, Dr. E. Headlam Greenhow, in the chair.

Mr. **Teevan** related the particulars of

### A CASE OF RETENTION OF URINE FROM A CALCULUS IMPACTED IN THE MEMBRANOUS URETHRA, RELIEVED BY PUSHING BACK THE STONE INTO THE BLADDER WITH A WAX BOUGIE AND CRUSHING IT.

He stated that it had always been his practice when a calculus was impacted in the deeper portion of the urethra to try and push it back with a wax bougie into the bladder, and there to crush it. It appeared from a perusal of English works on surgery that the above practice, so well known in Paris, was unknown here. The recommendation in English books to push back the calculus with a silver catheter generally failed, as the opposed surfaces of the stone and catheter were usually convex, hence the cathether, instead of pressing against the calculus, attempted to pass by it, thus driving the stone into the wall of the urethra. Even if the catheter was truncated it was not more useful, for the surface of the calculus was usually irregularly convex, so that it did not fit into the end of the instrument, and thus it was that no efficient pressure could be made. A wax bougie, however, fulfilled all indications. If it were slightly warmed before using it, and one end curved, it would, when arrested by the stone, become accurately moulded and fitted to the surface of the calculus, so that the two bodies virtually became one, and the surgeon could exercise gentle, firm, and efficient pressure.

Dr. **Buzzard** read a paper on

### A CASE OF PARAPLEGIA FROM POTT'S DISEASE, TREATED BY SAYRE'S SPLINT; INTESTINAL OBSTRUCTION—DEATH FROM A KINK IN THE DUODENUM.

The patient was a labourer, æt. 22, employed in carrying heavy sacks, who, after suffering from pain in the back, lost the use of his legs in December, 1878, and was admitted into the National Hospital for the Paralysed and Epileptic, under Dr. Buzzard's care, in April, 1879. On examination it was found that in the mid-dorsal region there was an angular curvature, of which the sixth dorsal spine formed the apex, the curve extending from the fourth to the tenth dorsal vertebra. There was absolute paraplegia, with anæsthesia, of all parts below a line encircling the body two inches beneath the nipples, and incontinence of dejectum. On April 24th the patient was slung, and Sayre's plaster jacket applied. This was found to be comfortable. On April 30th, after indulging freely in dough pudding the patient was seized with discomfort and vomiting, on account of which, as an ordinary enema failed to produce relief, the plaster casing was removed. There was abdominal distension with tenderness, especially in the epigastric region, and percussion appeared to show that the stomach was distended. Morphia and atropine were employed hypodermically, but the symptoms of obstruction continued, and death took place after they had lasted only sixty-eight hours. The vomiting was never fæcal in character. Autopsy showed the spinal dura mater thickened and adherent to the anterior wall of the canal in the region of the curvature, where the bodies of two vertebræ were disintegrated, and abscesses corresponding to them were found about the column when the chest was opened. The cord was bent upon itself at an angle of 125° and at this part had lost its natural firmness. Microscopically, evidence of diffuse myelitis was discovered, with secondary degenerations, extending to either extremity. On opening the belly, the stomach and duodenum were found enormously dilated, and the last part of the duodenum folded down upon itself, the whole intestinal canal below this point being contracted and containing scybala. Dr. Buzzard remarked that the origin of the disease was clearly traumatic, the cause being, as in the case of another patient of his at the same time in hospital, the carrying of heavy sacks. This accorded with Dr. Sayre's experience as to the etiology of Pott's disease. The object sought in employing the splint was that the patient might enjoy the best possible condition for ankylosis without the necessity of keeping his bed, and it was carefully and skilfully applied. The point of special interest was with regard to the question whether the casing had conduced to the kink in the bowel. The situation of the latter was uncommon, and attributable to interference with the natural peristalsis. With so complete a paraplegia the innervation of the intestines was probably to some extent troubled, and it was conceivable that when the ribs were fixed and the stomach distended, the jejunum might easily, during the descent of the diaphragm in inspiration, get forced downwards, and thereby bent upon the duodenum, which was not free to move on account of its attachments. The peristaltic action which was necessary for the unfolding of the gut might be either deficient or unable to be exerted successfully from the relations of the parts to the rigid casing which embraced the abdomen as well as the chest. Dr. Buzzard reserved his opinion as to whether or not this had happened in the present instance, but he thought it important to put the case on record. The incident, of course, may have been a simple coincidence. He referred to a case published by Mr. Willett in the 14th vol. of St. Bartholomew's Hospital Reports, in which fatal vomiting followed the application of the plaster-of-Paris bandage in a case of spinal curvature. The stomach in that case, as in this, was found enormously dilated, but, further, it was thought also to show evidences of old disease, and it did not appear that any obstruction in the intestinal canal had been discovered. As regards the obstruction in the present instance, Dr. Buzzard remarked that its nature would have peculiarly fitted the case for operative interference, but he left it to the surgeons to say whether its position (at the third portion of the duodenum) would have proved or not a bar to successful gastrotomy.

The **President** inquired whether Dr. Buzzard was able to ascribe the injury to his patient to any particular occasion. It is difficult, he explained, to imagine that so considerable an amount of spinal curvature could be produced by a cause so simple as that described in the paper. Also he wished to know if sections of the cord had been made. Such sections would be of the greatest value.

Dr. **Duckworth** asked if the intestine had been opened *post mortem*, since it might have exhibited considerable and instructive change. He had, more than once, been compelled to remove the plaster bandages soon after application.

Mr. **Heath** was of opinion that the injury was not correctly described as a kink of the duodenum, since it really was in the jejunum; and it is, he continued, a well-known fact that this point of the intestine, close to the mesenteric artery, is excessively liable to injury by tearing, &c. For this there is a mechanical reason, the duodenum being firmly attached, while from it depend the freely movable intestines; consequently a very small cause might determine a fold in this situation. He could not agree that the pressure on the body produced by the jacket would suffice of itself, since in women the continuously-maintained pressure on the ribs with stays would then be an equally productive source of danger. He believed that an internal abscess *always* accompanies caries of the spine. Many, he admitted, denied this, and he was glad to find Dr. Buzzard's case supported his belief.

Mr. **Marsh** did not think that the scrofulous diathesis should be entirely omitted from the list of causes predisposing to spinal disease. The injury must necessarily be as great, when traumatic, in a scrofulous, as in a healthy patient; and surgeons generally agree that Sayre is wrong, and that some constitutional defect is at the bottom of disease of this kind. He thought that in dealing with cases of intestinal obstruction time ought never to be lost, the safety with which an operation can be performed, as well as the danger incurred by delay, serving to indicate its early performance. He had recently been called to see a case of supposed strangulated hernia. It turned out not to be this, but an easily-removed intra-abdominal obstruction. Though the patient died eventually of pyæmia, he considered the case tended to prove the ease and security with which operations of this kind can be performed. He was almost certain that death occurred through the patient being placed next another one suffering from blood poison. He thought morphia only masked the symptoms of disease, and wondered that Dr. Buzzard prescribed it. Concerning the tightness with which the bandage fits, much misconception, said Mr. Marsh, exists. In the majority of cases as much as ⅛th of an inch of space separates it from the body, and the introduction of the dinner pad is another security against compression of the body-walls. He would be sorry to imagine that there had been described a *new* danger in the treatment of those cases arising out of interference with the intestinal functions.

Dr. Duffin mentioned a case recently seen by him; it was that of a Post-office official, who presented an angular curvature involving the ninth, tenth, and eleventh dorsal vertebræ. The pressure on the cord produced considerable paraplegia, there was little motor power, the loss of sensation was only small, and reflex action was well preserved. The angle was very marked. Sayre's jacket was applied, and the patient kept in bed. When the bandage was removed, he cut a hole successively over different points, and applied thereto the actual cautery, repeating the treatment with much success. When patient left the hospital, he could walk easily as far as three miles at a stretch, and experienced no distress on pressure of the spine. He thought much of the good done by treatment is due to the varying methods adopted.

Mr. Barker said that by pressing on the dura mater, the abscess could produce an influence on the cord through it. He thought that during the fitting on of the plaster casing, the body being straightened, the thorax is really disturbed, and pressure on the abdomen is relieved. The thorax subsequently shrinks, and leaves ample room for the respiratory movements. Another point not considered is the fact that the thorax has the form of an inverted cone, and the shape of the complete casing of plaster bandages is that of two inverted cones meeting by their apices. He did not think the functions of the bowel were in any way interfered with by the casing.

Mr. R. W. Parker inquired whether the paraplegia preceded or followed the adjustment of the jacket.

Mr. Barker added that he made a post-mortem examination of the first case which Prof. Sayre treated in this country. The patient died of pneumonia, and an abscess similar to that described by Dr. Buzzard as found in his case was discovered.

Dr. S. Coupland thought it desirable to operate early in cases of acute intestinal obstruction. The difficulty of accurate diagnosis of the point of obstruction he judged to be the sole cause of such delays as do occur.

Dr. Walsham said he had recently made some experiments to determine whether the hand could trace the direction in which it was exploring when proceeding along the intestine. He came to the conclusion that it could not be mistaken when going towards the duodenum. He believed the disease originates in the joints, and not the substance of the bone.

Mr. Howard Marsh did not agree with Mr. Barker's description of the state of the thorax, which he (Mr. Marsh) thought is really drawn down during suspension of the patient. From this it should follow that on being released from the apparatus of support, the bandage would be perceptibly tighter; and that such is the case is a common experience.

Mr. Barker explained that in his description he assumed the patient to be suspended not by the head alone, but with the support afforded by the arm slings ordinarily employed.

Dr. De Haviland Hall mentioned a case in which a patient died through rupture of the ileum, which was preceded by the descent into it of a large gall-stone.

A visitor said he had recently seen a case under treatment by Mr. Golding Bird which tended to prove that spinal disease might originate traumatically. The patient dated the affection from the time of receiving an injury, angular curvature following recovery. He (the speaker) had witnessed instances of intestinal obstruction caused by food in the horse, the duodenum being directly implicated.

Dr. Buzzard in replying on the points raised during the discussion of his paper, said microscopic sections of the cord had been made, and marked sclerosis was present in it. There was much hypertrophy of connective tissue, and general overgrowth. At the point where the cord was softened there were many important changes noted. The axis-cylinders were few, but there were numerous vacuous and medullary fibres, and the appearance of transverse interstitial myelitis involving the lateral and posterior columns. There was no history of traumatism, of scrofula, or phthisis. The subject was a healthy man, in whom the pain in his back had come on gradually, forcing him eventually to keep his bed. At the same time, said Dr. Buzzard, as he was treating this case, he had another patient under observation. He, likewise, was a healthy labourer, accustomed to lifting heavy sacks. Both cases went to confirm Sayre's views. In many cases it is admitted that violence precedes symptoms of disease. In the case reported to the Society, the point at which the gut was folded presented no ulcer, or other pathological change, except a hyperæmic condition of the parts. He noticed that four out of twenty-two men required the removal of the plaster-jacket within twenty-four hours of its application. He thought the delayed operation for intestinal obstruction justified by the conditions. It was not unreasonable to suppose that the obstruction arose from the food previously taken in such quantity. This had happened over and over again, and by a little waiting the interference had been removed. In making the post-mortem examination, the spinal canal was first opened, and the pus found was excessively inspissated. The patient was treated on account of paraplegia, which, therefore, preceded the application of the jacket.

Dr. Sangster read notes on a case of

### MOLLUSCUM FIBROSUM.

of which the following is an abstract:—The patient, J. S., æt. 50, was small in stature, but by no means stunted or ill-developed. There was nothing of interest in his family history. One of his children was said to have been born with a tumour on the penis similar to those on the patient's body. The first tumour appeared on the patient when he was 23 years old. According to his statement—one which can scarcely be credited—his body was covered at the expiration of a year from the appearance of the first tumour. The face had been attacked more recently. The trunk was most affected, hundreds of molluscum tumours being seen in front and behind. They presented the usual diversity as to size, shape, mode of attachment, &c.; some were so closely packed that their opposed surfaces were flattened. They appeared to congregate especially round the nipples and in the grooves between the erector spinæ muscles. The extremities were affected in a lesser degree. The scalp presented many tumours; and, a point of great interest, there were tumours on the right sole and palm. One tumour was pendulous and flaccid, as large as a small orange; it felt like a varicocele. The skin everywhere was dusky and muddy-looking; there was clearly much disturbance of pigment, brown vascular patches of all sizes being scattered over the surface. A small tumour was noticed on the hard palate behind the central incisors. Variously sized tumours were excised for examination, together with some minute papular elevations with comedo-like orifices, which appeared to be the earliest lesions. Dr. Sangster added that the comedo-like spots are easily recognised. On pushing the skin about the tumour, it puckers up, thus indicating its deep origin. The Germans averred that the sebaceous glands are not involved, but he (Dr. Sangster) thought the microscopic sections he exhibited would prove that these structures are not inert during the production of the diseased growth. The patient shown before the Society had some of these tumours on the plantar surface of the foot, and this led him to think that the growths are connected with both the glands and the skin.

Mr. George Brown exhibited a fresh specimen, consisting of an intra-pelvic tumour of about fourteen months' duration, removed from a boy (during post-mortem examination) aged fourteen years. Mr. Brown will read a paper on the case at a later date. The tumour presented encephaloid characters.

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At the annual election of Fellows into the Council of the Royal College of Surgeons of England there will be at least three absolute vacancies. Messrs. Busk and Curling have definitely declined to be put in nomination for re-election, and the death of Mr. Hancock throws another seat at the disposal of the Fellows.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MARCH 3, 1880.

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## THE EFFECT OF ALCOHOL UPON THE LIVER.

THE recent trial of Lewis Paine for procuring the death of Miss Maclean by encouraging her to drink ardent spirits, and at the same time neglecting to supply her with proper and sufficient food, has attracted a great deal of attention. It has long been a generally recognised fact that indulgence in spirits, and especially when only slightly diluted, or what is known as "raw" spirit, induces enlargement of the liver. Whether this enlargement passes onwards to subsequent contraction and diminution, the normal history of cirrhosis, in all cases may be questioned. That such ulterior diminution of the bulk of the liver is found with chronic drunkards is certain enough; but how far the liver can reach the cirrhotic stage in cases of acute alcoholism we do not yet very definitely know. From the history of the case given above this would seem probable. It would appear that in April last Miss Maclean was in her usual health. In the middle of September Dr. Beadles was consulted as to whether she was pregnant or not. Whether this impression of pregnancy was caused by abdominal enlargement or not is scarcely quite clear from the evidence. But it seems probable. About the same time, a day or two before, Mr. Shepherd, of Worcester, saw her, and found her to be suffering from a large abdomen—"flatulent distension of the abdomen." There is at this time no statement as to any enlargement of the liver, Mr. Shepherd believing that the liver was "congested." On the 6th of November Mr. Waller, of Upper Dorset Street, was called in, and found "the liver was very hard and enlarged, and prominent to the touch." On the 20th of November Dr. Spurgin made a post-mortem examination on the poor lady, and found the liver enlarged. It weighed 60 ounces. Gray gives the weight of the liver as from 50 to 60 ounces. Now, granting that Miss Maclean was diminutive in stature, this was not because she was so *petite*, but because she had short lower extremities and a spinal curvature; her liver was but little more in weight at the time of her death than her liver would normally be in health. Yet only a fortnight before the liver was enlarged and prominent to the touch, as well as abnormally hard. Now if we are to accept this medical testimony, and there is nothing of a doubtful character about it, the conclusion which is suggested is—that under the free use of ardent spirits Miss Maclean's liver, which was of normal size on the 16th of September, when seen by Mr. Shepherd, and on the 20th, when seen by Dr. Beadles, had become distinctly enlarged by the 6th of November; and that on the 20th of that month it was found enlarged, but not to any very abnormal extent, i.e., to the weight of a normal liver in a man. Not only was there evidence of the liver being organically changed, but the structure of the heart was in an early stage of fatty degeneration. We are quite familiar with the rapidity with which tissue degeneration is set up by alcohol; but this is a terribly instructive lesson. Here we have a comparatively young woman who, though deformed, was not diseased, and whose habits, though irregular, did not extend to distinct intoxication, at the commencement of April is in apparently perfect health; and yet on the 17th of November of the same year she dies with well-marked degenerative changes in her viscera.

Now Murchison says that in the early stage the symptoms are those of alcoholic dyspepsia; a craving for alcohol, loss of appetite for solid food, and furred tongue, depression of spirits, &c., often with flatulence. In the second stage "there is progressive emaciation and debility. In consequence of the obstruction of the portal vein the intestinal absorption of nutritive material is diminished and then suspended, while the blood-forming functions of the liver and spleen are more or less impaired. In many cases the patient dies by exhaustion, the intellectual faculties remaining clear to the last." It appears that on the last morning visit paid to her by Dr. Thorman she complained of shortness of breath, and was in so far rational. As to gastric inflammation from drinking ardent spirits, it was not found in this case; and doubtless Dr. Spurgin was correct in saying that the stomach might have recovered itself in the last few days of life when she was not taking other than highly diluted spirits. In his opinion Miss Maclean died of syncope of the weakened heart.

Here, then, we have a distinct history of liver change, and death from exhaustion in a period of certainly not more than six months under the effect of acute alcoholism. From a condition of perfect health, as regards the organs and tissues of the body, death with well-marked degenerative changes is reached in this brief period. We are compelled to regard this as an instance of very rapid downward changes, and the rapidity of the changes teaches two lessons. One, a pathological lesson, is this: that the tissues of some persons deteriorate much more swiftly under alcoholism than do those of others. Just as the intellectual and moral changes differ in the time of their production, under alcoholism, so do the organic changes in the viscera. It is well-known that when comparatively young women "take to drinking," their course is usually a very brief one. Especially is this the case where enlargement of the liver is a conspicuous symptom; and where this is found the most active measures should be taken to remove the patient from any possible access to spirits. Then there is a second lesson: a moral one as well as a clinically interesting one. An unfortunate deformed girl, with strong passions, forms an attachment to a scoundrel; at the same time that she developes a liking for stimulants. On the death of her mother she becomes her own mistress, and he induces her to cohabit with him. By doing so she forfeits her position in society and alienates her friends. Having got his prey into his clutches, her paramour encourages her to drink. Under this isolation and intemperance combined he succeeds in depriving her of her property. Now, however defective Miss Maclean's moral sense may have been, we have no evidence of intellectual incapacity in her. Seduced, indeed living in open shame, robbed, conscious of being deceived, no wonder then that the craving for ardent spirits was strong! It needed no fomenting, probably. The progress of her liver disease was remarkably swift. We now know something of the effect of mental worry in the production of visceral mischief. Not only did the unfortunate creature drink heavily, but her mental distress must have been extreme, so that the loss of appetite and craving for spirits was intensified by mental worry. Such being the case it was comparatively easy for her paramour to develope the natural craving. Under these circumstances, then, we can readily understand the rapidity with which the morbid changes in the liver advanced.

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## THE NEW VICTORIA UNIVERSITY.

With an absence of pomp and circumstance, which may be regarded as characteristic of the plain and practical North, Owens College has at length obtained its charter, and Victoria University is an established fact. In hastening to proffer our best wishes for the future career of this interesting stranger, we note but one rock ahead, which threatens to give us a repetition of the fate of Durham; we mean, of course, the absence of medicine and surgery from the degree-granting power of the University, and can only hope that the name of William Bowman, among the list of its rulers, may foreshadow a near removal of this serious blemish.

The Owens College, it is needless to say, would have sued in vain for its charter without the aid of its medical school; and it seems but a poor return for all the College has gained by the union with the proprietary school of the late Messrs. Turner and Southam that this large department should be the only one to profit nothing by the charter.

The very *raison d'être* of the University, in a great measure is its medical school; and were this elevated along with the rest of the College, we should have a centre of intellectual activity which would act as a most healthy protest against the centralisation of London and Edinburgh; so that we might confidently look for more and better original work, just as the smaller German Universities, which have become such formidable though friendly rivals of the great schools of Berlin or Vienna, year by year turn out abundant work of the very first quality. Doubtless the failure is only temporary, for we may expect the opposition led by Liverpool will not be repeated when more liberal terms are offered to this important neighbour, and a little more tact is imported into the mutual negotiations. Much stress is laid upon the fact that Liverpool is a proprietary school of medicine, and cannot therefore be affiliated; it is more than questionable whether the *therefore* is a logical *sequitur* in the case at all; red tape may see difficulties in the simplest things, but these are not matters to stop common sense. The common sense as well as politic step is to accept attendance on all the classses at Liverpool as equivalent to attendance upon similar classes in Owens College; and if this were granted we have reason to believe that Liverpool would be perfectly satisfied with the terms, and would consent to send her students to those classes not at present represented in her own school, until she had followed the lead of Manchester and Leeds, and established classes in arts and science for herself. The same terms should be offered to Sheffield.

In regard to Leeds no difficulty exists: there is already the Yorkshire College of Science, and though it is not yet amalgamated with the School of Medicine, this amalgamation will probably shortly take place, when Leeds may be affiliated to the University on perfectly equal terms with Owens College, less the fact that the examination will take place in Manchester.

Meanwhile it is the clear duty not only of the medical profession outside, but of the medical portion of the Senate, to urge the claims of medicine to recognition. At present the Colleges have gained everything from the amalgamation with the Medical School; the School, on the other hand, has lost as much as it has gained, for while it has obtained access to admirable physiological and chemical laboratories, it is sore let and hindered by having to tramp a mile and a quarter from the hospital to their laboratories. So great indeed is the inconvenience and trouble caused by the long distance which lies between the Infirmary and the College, that it may well be considered the duty of the College to obtain premises close to the hospital, where the lectures, except those on anatomy, physiology, and chemistry, might be delivered, with an ulterior view of enlarging the premises so as to accommodate all the classes, including those which at present might be excluded.

It is generally agreed that the medical and surgical degrees should, if granted, be purely decorative, and should in no case be conferred until the candidate was entitled to practise by having passed some examining and licensing body, so that the recognition of medicine and surgery in the Victoria University would not in the smallest degree interfere with, or oppose, the creation of the single portal system.

## THE IRISH PRISON SURGEONS.

As the disputes which have arisen between the surgeons to prisons in Ireland and the department under which they act, have now extended over two years and four months, and the references in our columns to the circumstances of those disputes have been necessarily somewhat desultory, we may with advantage recapitulate the facts of the controversy from first to last. On the 1st of April, 1878, the Prisons (Ireland) Act came into force, and thereupon the office of Inspectors of Prisons was abolished and a new General Prisons Board was invested with the entire control of gaols in Ireland. Previous to the passing of this Act the office of medical officer to an Irish county prison had been, as a matter of law, held by the surgeon to the County Infirmary, who received a certain salary from the grand jury as the Infirmary Surgeon, but on condition that he presented a certificate that he had efficiently discharged the duties of the prison. This tie between the Infirmary and the Prison being dissolved by the Prisons Act, it became necessary to provide separately for the medical care of the gaol, and accordingly the clause of which the following is a faithful abstract, was embodied in the Act :—

> The officers atttached to prisons on April 1, 1878, shall hold their offices by the same tenure, and upon like terms and conditions, as if this Act had not passed, and shall receive salaries of not less amount than those which they have hitherto received.
>
> Such existing officers as aforesaid (except medical officers, apothecaries, &c.) may be distributed amongst the several prisons, and all such officers shall perform such duties as they may be required to perform by the said General Prisons Board, so that such duties are the same or analogous to those they performed previously to the commencement of this Act, and, subject as aforesaid, they shall perform the same duties as nearly as may be as they shall be performing at the same date.
>
> From and after 1st April, 1878, no surgeon of the infirmary of any county shall be bound or required as a condition precedent to the making of any presentment for his salary as such surgeon under the provisions of sec. 86 of 6 & 7 Wm. IV., cap. 116, to give his attendance or assistance to the prisoners or others in the gaol of such county.

It will be observed that this section bound "the officers *attached* to prisons" to perform duties the same or analogous to those "they performed previously to" April 1, 1878, and "the same duties as nearly as may be, as they shall be performing at same date." Notwithstanding this provision, the first Act of the General Prisons Board was to superadd a number of new duties, which nearly trebled the work of the surgeon; their next proceeding was, in direct violation of the clause, to dismiss the apothecaries (who were to "hold their offices by the same tenure as if this Act had not passed") and to require the surgeons to dispense the medicines, a duty which they had never been charged with before, and which most of them felt themselves incompetent to perform. To these impositions, which were, and are, plainly a violation of the spirit of the Act, the medical officers of prisons objected, as being illegal and unjust, and they received for reply an intimation that they must elect between performing the additional duties or being dismissed.

This audacious attempt to break the law which they were appointed to administer, the General Prisons Board tried to justify by asserting that the surgeons were not, within the words of the clause, "officers attached to prisons," inasmuch as they were infirmary surgeons performing the prison duty, so to speak, into their bargain. Such an interpretation of the words of the Act was plainly an evasion of the intention of the Legislature which passed it—for this the Prisons Board cared nothing—but it was also obviously a malversion of the law, and was declared positively so to be by Mr. Purcell, Q.C., who was consulted by the Irish Medical Association thereupon. So far did the Irish Prisons Board push this quibble of theirs, that they actually refused to pay the salary of a medical officer who was tortured into resigning his office after nine months' service under the Board. And not only has not that salary been paid, but not a sixpence has been paid to a single prison medical officer in Ireland for this two years of duty since April, 1878. Up to this period of the controversy, the General Prisons Board had confined itself to imposing illegal duties, and attempting illegal dismissals. It remained for it to complete the transaction by fixing illegal salaries, and attempting to "do" the surgeons out of the rights reserved to them by the law. The Board after some little time, promulgated an order, fixing the salaries at £80, £60, and £40 a-year for the three classes of prisons; these amounts being, in most cases, a considerable curtailment of the emoluments previously received in consideration of the prison work, and this curtailment was proposed, despite the imposition of many onerous duties not at all authorised by the Act. Such salaries the prison surgeons positively refused to accept, and, if it had been necessary, they would, doubtless, have fallen back upon the Court of Queen's Bench to defend their rights. Seeing the probability of this course, and of a discreditable exposure before the public if they persisted in their despotic course, the Prisons Board gave in, and covered their retreat with a "Departmental Committee" charged, no doubt, with the task of planning a decent escape of the Board from the opprobrium of its previous proceedings.

That Committee reported a couple of weeks since, and recommended salaries of £200, £100, and £60 respectively, for the three classes of prisons, being nearly three times the amount which the Board had previously thought to force upon the medical officers. In pursuance of this report the following letter has been addressed to the surgeons :—

> Dublin Castle, 18th February, 1880.
>
> SIR,—I am directed by the General Prisons Board to inform you that the Treasury have sanctioned the payment of a salary of £—— a-year from the 1st April, 1879, to the surgeon of —— Prison, on the condition that he shall compound all medicines prescribed by him for the inmates and officers of the prison.
>
> The Lords of the Treasury have also laid down the following rule, viz., That in every case in which existing medical officers do not compound the medicines prescribed by themselves a reduction of £20 per cent. will be made from their salaries.
>
> You are aware that a salary of —— was sanctioned for the surgeoncy of —— Prison for the year 1878-79, on the condition that that officer compound his own prescriptions, but the question is still under consideration whether any abatement is to be made from such salary consequent on your not compounding during that time.
>
> You are requested to reply to this communication at your earliest convenience.
>
> I am, Sir, Your obedient servant,
>
> RICHARD CLEGG, Chief Clerk.

On careful perusal of this letter two points present themselves—

1. That surgeons are to be fined £20 a-year if they refuse to compound.

2. That they are to be paid for the year 1878 the salary originally proposed and repudiated by them.

We have given reasons above for our certainty that the Board has no legal power whatever to superadd compounding to the surgeon's duty, and the Board seems to be quite conscious that it never had any such power and that the surgeon may, if he pleases, refuse absolutely to dispense his medicines.

It seems likely, however, that most of the prison surgeons, while feeling that the Board has meanly taken advantage of them, will accept the terms offered to them.

The second proposition of the Board, that they shall pay for the year 1878-9 a much less salary than for the year '79-80, is clearly untenable, and were we not accustomed to the aberrations of public departments, we should be surprised that the Board should advance such a suggestion. It pleased the Board, in flagrant violation of the law, to lay down its own scale of payments. That scale was at once vehemently repudiated and scorned by the medical officers, and it was not confirmed by the offer or the acceptance of a single payment, and now the Board seeks, while fixing the value of a doctor's services in 1879 at a given amount, to assess, by its own mere motion, the value of the self-same services in 1878 at about one-third of that amount. The proposal is as ridiculous as it is illegal, and we venture to believe it will not be countenanced for a moment by Parliament.

We cannot leave the subject without pointing to the action of the Prisons Board in the whole affair as a very unedifying spectacle but a very useful warning. How much of its proceedings we ought to credit to its own intrinsic despotism and disregard for justice, and how much to the meanness of the Treasury in the granting of money for Irish purposes, we cannot judge; but we cannot hesitate to express our astonishment and disgust that a public department should condescend to attempt to bully its officers out of rights which they always possessed, and which Parliament confirmed to them. We regret to observe that it has become the fashion in Government departments to "try on" how much they may encroach upon legal rights and vested interests, and, when met by a vigorous opposition, to retreat ignominiously and fall back upon the law. In the business of a private commercial firm it is not considered reputable to offer five shillings in the pound on an honest debt to a creditor, on certain conditions, and then, when met with refusal, to pay at once twenty shillings in the pound without any conditions, and we do not think that the public service of the country can long maintain the respect due to it if it adopts such a course.

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## THE SUPERVISION OF PRIVATE EXECUTIONS.

A good deal of dissatisfaction has been felt of late with the manner in which executions have been conducted, and especially with the growing practice of excluding reporters from them, by which privacy is being converted into secrecy. A new departure in the art of occult hanging has just been made at Manchester, where the governor of the Strangeways Prison declined to admit reporters to the gaol in order that they might be present at the inquest on the body of William Cassidy, who was executed there on the 17th ult. The coroner very properly resented this attempt to interfere with the privileges of his court, and held the inquest at a neighbouring hotel, where the jury made a presentment, which has since been forwarded to the Home Secretary, in favour of reporters being admitted to executions. The public will, we believe, agree with the jury, and demand that the objectionable regulations of a testy and timid officialism be rescinded forthwith. While shop windows in our leading thoroughfares exhibit the *Illustrated Police News*, and while the literature of crime still circulates freely, it is foolish to argue that such temperate descriptions of executions as are likely to find their way into the columns of our respectable newspapers will brutalise the masses or inflame evil tendencies. A punishment which cannot bear to be described is not fit to be inflicted, and capital punishment is itself at its last gasp if it can only be carried out when shrouded in mystery. Even if the sketches of the reporters were proved to be prejudicial to public morals, we should have to encounter that evil rather than the far graver evil involved in any distrust of the machinery entrusted with the consummation of judicial penalties, and the current of sympathy which would consequently flow towards our criminal classes. The public has a right to require a trustworthy assurance that capital sentences are decently and humanely carried out, and that assurance they cannot have save by the testimony of their own direct representatives in addition to that of paid officials. We have nothing to say against the officers of our prisons. Doubtless they are all efficient, kind-hearted, honourable men, but their evidence on a matter falling within their sphere of duty can never be absolutely above reproach, because they see through official spectacles which have a curious practice of growing dim, unless constantly polished by extraneous friction. Hence the necessity for having vigilant, clear-eyed, and open-eared reporters present at executions. Even their presence will not always secure propriety and merciful care, for we have just heard of the public execution in Canada of a wretched Indian, called Swift Runner, which was conducted with scandalous negligence. The miserable man had to wait in sight of the gallows while they were being repaired, and when everything else was ready, his death was again delayed because the nervous executioner had forgotten a strap with which to bind his arms and legs. No wonder that he offered to cut short suspense by braining himself with his own tomahawk. But this was not permitted, and so he ate some pemican with the noose round his neck while the strap was being fetched, and was at last thrown off while his own people performed the death-dance around him, and expressing his disbelief in the God of the white man, who had ruined him with whisky and hanged him so lamely. Atrocities of this kind are not likely to be perpetrated in our midst; but still very painful scenes have occurred at executions in this country within a recent period, and of course no one knows what may have taken place at executions of which no account has been given beyond the hoisting of a black flag. In our view, not only should reporters be present at executions, but an independent medical man also, appointed by the coroner, to witness the execution and the post-mortem examination afterwards. The coroner and his jury would then have unimpeachable evidence as to whether the execution was conducted in a humane and scientific manner, and as to the immediate cause of death. The evidence of the prison surgeon would of course be heard also, but that can never have the value of the testimony of a medical man of good standing in general practice drawing no salary from the prison department, and in no way under its authority.

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## THE ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

At the annual meeting of the Association of Surgeons practising Dental Surgery, held on February 18th, the President, Mr. W. A. N. Cattlin, F.R.C.S., delivered an address dealing chiefly with the position in which the dentists stand with respect to the general profession. He briefly sketched the progress of the dental surgeon in the past, and attributed a very great amount of the advance made in the professional status of the dentist to the action of the Odontological Society, assisted, as this has been in its attempts at elevation, by the other dental associations and colleges. He expressed an opinion that "the amount of scientific knowledge which dental surgeons have contributed to the general stock of literature will bear favourable comparison with any other specialty," and continued—"All was proceeding well with dentistry until the Dentists' Act of 1878 fell, like a withering stone, and cut us off from the parent tree." Mr. Cattlin then proceeds to consider by what means this unfortunate evil is to be met, and emphatically declares his conviction that the separation of dentistry from surgery, as is practically done by the Dental Register, is "an error of the highest magnitude." The whole gist of the matter is undoubtedly contained in this particular. That it has been an unwise proceeding on the part of dentists to transform themselves into a body of pure specialists, most people are ready to admit; and this the more especially as through it the way is opened to pretentious aspirants who would otherwise be shut off from a pursuit to which they do not bring the essential qualities of the general practitioner. Since it is true, as asserted by Mr. Cattlin, that out of 5,289 names which appear in the Dental Register, no more than 532 have given positive evidence of either a medical or dental education, the simple fact is a sufficient proof of the unsatisfactory state in which this branch of the profession is placed. In the way of amending the situation, a suggestion is made that under the proposed conjoint scheme a candidate may be at liberty to notify his desire to be examined as to efficiency in a special branch of surgery, subsequently to his successfully passing the common qualifying test. He should then, if he show a satisfactory acquaintance with the selected specialty, dental surgery being one, receive a testimonial to that effect, and, thus provided, he would be in a position to practise as a specialist, with all the advantages derivable from a proper general knowledge of his profession. The sound wisdom of this proposal will commend it to every one anxious to see the new departure in education that will follow the passing of the Medical Acts Amendment Bill productive of practical benefits, and the young Association of Dental Surgeons is to be congratulated on the admirable perspicacity with which they regard the anomalous position they at present occupy; and further, too, on the firm determination they show of doing their utmost to remove the reproaches that cling to their order as a body.

With the disagreement between the presidents of rival societies we have no particular concern, but we can hardly refrain from the thought that the reproach of which Mr. Cattlin complains, viz., that "they who had the power to carry the Dentists' Act have also the power to maintain it," seems not entirely undeserved. His straightforward admission of error, however, disarms his opponents, and his frank suggestion that the action taken, apparently in ignorance of the fatal results it has borne for fruit, shall be amended by retracing the wandering steps that have led the dentist from the mother tree, will be approved by all right-minded people, whatever the view they originally held on the matter. He insists that the amendment shall be speedy and complete, and adds, "All qualified practitioners now on the Dental Register I would carry as fast as I could to the Medical Register, and for the future adopt the scheme suggested" (that of special certificates, under the conjoint examining board).

We welcome the liberal spirit of reform indicated by the address, and congratulate the Association on the steps it is taking to advance the dentists' position.

## Notes on Current Topics.

### Euthanasia.

The doctrine of Euthanasia, with which some cultivated sections of society have dallied of late, is evidently not viewed with favour in our Courts of Justice. Mr. Justice Hawkins, in charging the jury at the trial of Paine for the murder of Miss Maclean, on the 24th ultimo, said—"It is equally criminal by the law of this country to accelerate by one hour the death of a person as to cause it;" and when passing sentence he observed—"I can conceive nothing more atrocious than the exclamation you made on the last morning on which that poor creature saw the light of day; to her you said it was a sin to preserve such a life." Perhaps the last observation on the part of the Judge was a little over-strained. Paine was shown to have been a most cruel and degraded criminal, and it is therefore allowable to put the worst construction on everything that he said; but exclamations not very dissimilar to that which called forth the indignant condemnation of the Judge are not rarely used in the hearing of medical men by persons who have no evil designs, but who, being simply coarse and uneducated, are tainted by a spurious philosophy, or bewildered by the inscrutable mystery of human suffering. Nay, intense sympathy and affection, baffled by poverty in their strivings to alleviate the pangs of sickness, sometimes find utterance in prayers that the struggle may be ended, and the balm of death sent quickly.

To the medical profession Euthanasia has no meaning beyond the obligation which rests on them to contend with pain to the last, and to pluck bitterness from the death-bed as far as that can be done without curtailing for one second that life which it is their opportunity and which it is their mission from first to last to tend and foster.

## A Chemist's Blunder.

At Newcastle-on-Tyne an inquest was recently held on the body of a boy who had died from the consequences of a cut in the knee, the immediate cause being "lock-jaw." In the evidence it came out that a chemist undertook the surgical treatment of the case, and proceeded to stitch up the wound, continuing his attentions for some days subsequent to the accident. The boy did not improve, and ultimately died. The coroner, in accordance with a desire expressed by the jury, severely censured the chemist for his presumption in dealing with a case that should have been seen to by a duly qualified practitioner; and the justice of the reprimand was apparent from the assertion of Dr. Redmond, who was called to the case just before death, that the boy's chances of recovery would have been materially advanced by his removal to the infirmary. This instance would probably not have come to light had not the ill consequences of the unskilled treatment to which the patient was subjected been followed so quickly by the fatal issue. A great number of minor surgical operations are, without a doubt, daily performed by chemists; and although it may be, and indeed very probably is true, that a considerable minority of them are effected with some degree of skill, yet the very evident danger to which the public must be submitted by the prevalence of the practice should be a proof that it is against its interest to allow *any* chemist to operate as a surgeon in the absence of his fitness to do so as certified by a surgical qualification.

## Oleomargarine.

The manufacture of "Oleomargarine," or imitation butter, is carried on to a very considerable extent in the United States, and recently some controversy has arisen concerning the suitability or otherwise of the material as an article of food. In consequence, too, of representations made in this country, our Board of Trade has caused inquiries to be instituted as to the amount of oleomargarine exported to England from America. The result has been to show that comparatively little of the compound finds its way here, the bulk of it going to the Continent. There is little doubt, however, that no inconsiderable amount of the so-called butter brought to our ports from Holland and other places is in reality oleomargarine put in tubs to look like the natural product, and hence, being sold under a deceitful guise, it becomes really an adulteration. In the case of the open sale of oleomargarine, under its legitimate name, there can be no objection made to such a sale; but when the vendor intentionally deceives his customers, he should be dealt with under the act which enacts his punishment. The evil effects of the artificial compound have been shown to be nil, and if it can be sold at a rate to bring it within the reach of the poorer classes, there should be no bar placed upon its consumption. Only, we repeat, the strongest discouragement should be given to any attempt to palm off as *butter* the manufactured product of fats. But that this is largely done at present, we venture to believe.

## Aid to the Injured.

The Blackheath Central Committee of the St. John Ambulance Association has just issued its report for the year ending 31st Dec., 1879. From it we learn that instruction in bandaging and elementary minor surgery has been given by lectures and demonstrations to 463 women and 285 men during the year. Of these 265 women and 141 men obtained certificates of proficiency in the subject of instruction, after having undergone examination therein by the teachers. The lectures are delivered at different places, and in every one the attendance has been extremely satisfactory. The balance-sheet shows a sum in hand of £11 14s. 2d., and this after payment of all expenses, and also of £60 rent to the central executive committee towards defraying the expenses of instructing the Metropolitan Police and poor districts. It may be that this flourishing state of affairs is due to the energetic way in which the hon. secretary, Mr. C. D. Davies, has performed his duties; but the example should prove a salutary one, and other districts might emulate the success achieved by the Association in the Blackheath centre. That incalculable good results from these classes is manifest; already numerous cases of prompt assistance rendered, when but for it death must have ensued, being recorded. We cordially wish success to the Association's endeavours.

## Patent Medicines in Switzerland.

The *Chemist and Druggist* considers that patent medicines are entering on a bad time on the Continent, if not in England. In Germany, where their sale is prohibited by law, the stupidest remedial swindles are popular. In Russia a paternal Government watches at the gates of entry for them, and prohibits all but a favoured few. All sorts of precautions are taken in France against dangers resulting from unofficial combinations, and yet Paris is the centre of a trade in them of enormous proportions, in the benefit of which Spain, Italy, Belgium, Holland, Turkey, and Austria chiefly share. A vigorous attempt is now being made to keep them out of Switzerland. A Bill has been introduced into the Swiss Federal Assembly which prohibits the sale or advertisement of secret or special medicines which contain poisonous or very active substances, or of which the price is out of proportion to the value of the ingredients, or if the advertisement shall be injurious to public morality, or if the medicines are recommended for acute diseases. A commission of competent men is to be appointed to decide what are the specialties which fall under either of the named sections. Penalties of 20 francs to 200 francs are imposed, and publishers of journals are to be held responsible for advertisements of interdicted remedies in their pages.

## Breach of Harmony at a Special Hospital.

The following excerpt is from the *Newcastle Daily Journal*:—

"Throat and Ear Hospital, Newcastle-on-Tyne. Extract of Minute read by Dr. Wicks, at a Committee Meeting, held in the Hospital in December, 1879. Henry Downie, Esq., in the chair. 'Mr. Chairman and Gentlemen,—This meeting was called to consider certain rules for the working of the Institution. Since the last meeting was held, however, certain circumstances have come to light, which render it absolutely impossible for Dr. Torrance and myself to be any longer associated in any way whatever with the other medical officer, Dr. Ellis. . . . Under all these circumstances, much as we regret severing our connection with an Institution which has done so much good, it is absolutely impossible to work any longer with him; either he, or we, must retire.' Referring to the above extract of minute, as Dr. Ellis refused to retire, we, the undersigned, have ceased to have any connection with the Throat and Ear Hospital, 1 Clayton Street East, Newcastle-on-Tyne. (Signed)

"WM. CAIRNS WICKS.
"February 4th, 1880." "ROBERT TORRANCE.

In the absence of any particulars further than those contained in the above notice which has been forwarded to us, we are unable to speak definitely on the matter it refers to. *A priori*, however, the fact of medical officers of a public institution feeling it necessary to resign all official connection therewith, indicates the probability of some serious obstacle to prevent their harmonious association with the other member of the staff. Possibly we may be favoured with Dr. Ellis's explanation.

## Cremation among the Indians.

AMONG certain sections in India cremation has been practised from time immemorial, but their proceeding has absolutely nothing in common with that now sought to be introduced into this country, if we may judge by an article which has appeared in an American contemporary. The writer recently witnessed the funeral ceremony over the wife of an Indian, which he thus describes:—The body having been placed on a horse, the procession started; no music was heard save the buzzing of millions of flies round the corpse. On arriving at Anthony House Camp the body was placed on an immense mass of wood; it was then set on fire, and the Indians, with the help of pointed sticks, stirred up the funeral pile; then surrounding it they held the body in the middle of the flames, uttering now and then a savage cry as if to increase the fury of the flames. The custom then follows to gather up the ashes in a sack and bring them back to their homes, to make of it, with a mixture of tar, a sort of paint. This tarry matter is used specially for the ladies' toilet, and it is treasured as a great luxury.

## Heredity.

THE *Journal of Science* remarks that for several generations the Darwin family has been distinguished for an intelligence far above the average, which, in two cases at least, has risen to the rank of genius. Almost all its members have possessed scientific tastes, and have followed the learned professions generally with success. We read that Robert Darwin, the father of Erasmus, was a man given to scientific pursuits; he left two sons, Robert Waring, a poet and botanist, and Erasmus. Of the children of the latter, five reached maturity:—Charles, who had already become distinguished as an anatomist, when he died from the effect of a dissecting-room wound; Erasmus, a statistician and genealogist; Robert Waring, a skilled and eminent physician, father of *the* Darwin of to-day; Francis, a naturalist of merit; and, Violetta, who became the mother of Mr. Galton, the author of the well-known treatise on the "Heredity of Genius." A son of Francis, Captain Darwin, in his "Gamekeeper's Manual," shows keen observation and knowledge of the habits of various animals. The two sons of Dr. Charles Darwin, George and Francis, have not merely taken part in their father's researches, but have entered into independent scientific researches.

## London Water Supply.

DR. FRANKLAND reports, as the results of his examination of the water supplied to London by the several water companies during the month of January, that, taking the average amount of organic impurity contained in a given volume of the Kent Company's water during the nine years ending December, 1876, as unity, the proportional amount contained in an equal volume of water supplied by each of the Metropolitan Water Companies and by the Tottenham Local Board of Health was:—Kent 1·6, Colne Valley 1·6, Tottenham 1·7, West Middlesex 2·2, East London 3·4, New River 4·3, Chelsea 4·7, Grand Junction 4·9, Southwark 5·2, Lambeth 5·9.

The Thames water supplied by the Chelsea, Southwark, Grand Junction, and Lambeth Companies was greatly inferior to that sent out by the same companies in December. The West Middlesex Company, however, whilst taking water from the same source, reduced the proportion of organic impurity to less than one-half before distribution. All the Thames water was efficiently filtered, except that supplied by the Grand Junction Company, which was slightly turbid, and contained moving organisms.

The Lea water distributed by the East London Company was of superior quality, but that sent out by the New River Company was only slightly better than Thames water. It was efficiently filtered by both companies.

The deep-well water supplied by the Kent and Colne Valley Companies, and by the Tottenham Local Board of Health was of its usual excellent quality for dietetic purposes, and that sent out by the Colne Valley Company was suitable for all domestic purposes, having been softened before delivery.

Seen through a stratum two feet deep, the waters presented the following appearances:—Kent, Colne Valley, and Tottenham clear and colourless; West Middlesex clear and nearly colourless; Chelsea and East London clear and pale yellow; Southwark, Lambeth, and New River clear and yellow; Grand Junction slightly turbid and yellow.

Lieut.-Col. Bolton, the Government water examiner, reports, in addition to the foregoing, that the water at all the intakes was generally in an indifferent condition during the month, in spite of efficient filtration. The companies, however, are generally moving in the matter of giving a constant supply under the provisions of the Water Act.

## The Vacant Commissionership of Irish Poor Law.

THE seat in the Irish Local Government Board vacated by the death of Mr. R. M. Bellew has not yet been filled, and we rejoice to believe that the chance of its being made a sinecure for the accommodation of Mr. George Morris, M.P., is less than it was.

In the House of Commons last week, in answer to Mr. Gray, Mr. J. Lowther said the question of permanently filling up the vacancy upon the Local Government Board in Ireland had not been finally decided upon, but arrangements were in course of being carried out with the object of temporarily strengthening the Board, and he was in hopes that the services of a gentleman possessing a wide experience of the administration of the Poor Law might be secured for that purpose.

We don't like the expedient of "temporarily strengthening" the Board, especially as there can be no reason but a political one for delaying the permanent appointment of a competent person to the vacant office. We derive consolation however—and some hope that the Irish medical charities system may escape Mr. George Morris—from the Chief Secretary's statement that he is in hope of appointing "a gentleman possessing wide experience of the administration of the Poor Law." Mr. George Morris certainly does not answer this description, and Mr. O'Brien, one of the other eligible candidates, certainly does, and, as it is rumoured that there is £2,000 a year waiting for the honourable gentleman in another department, we encourage the hope that he will accept the latter office.

## The Netley Competitives.

Sir George Balfour has given notice of his intention to move for returns from the Army, Naval, and Indian Medical Departments, showing—

1. Number of candidates examined annually from 1870 to 1879.
2. Total marks attainable by each candidate.
3. Number of candidates passed.
4. Highest and lowest marks obtained, taken not individually, but in the aggregate.

## Cheap Dietaries.

On Saturday last the medical and lay press were invited to a private view of a large restaurant in London, which was to be opened to the public during the present week, on purely vegetarian principles. The success of the Manchester establishment is said to be so great that it is intended to open other houses in all large centres gradually. For some time past the thing has been tried in the metropolis on a very limited scale at 429 Oxford Street, which, when we visited it out of curiosity a short time since, was so well patronised that there were no empty seats available. Whether the small minority of vegetarians which is supposed to exist in every community will be found sufficient to support large establishments like that which was opened this week in the Farringdon Road time only will show. Having devoted several articles lately to the food question, founded on the results of practical experience, we are far from thinking that a dietary of vegetable soups, vegetable savouries, milk puddings, and fruit, should be limited to professed vegetarians. On the contrary, nothing will be found more wholesome more nutritious, or more conducive to sound health than a change to this from a meat diet once or twice a week, as proved by the researches of Carpenter, Pavy, Bland, Radcliffe, Playfair, Parkes, Letheby, and others. Whether the enterprise succeeds as a monetary venture we are not concerned; for the public it is a step in the right direction, and on economical grounds as well as for health, it were well for them to know that a little less from the butcher and a little more from the greengrocer would be better for them in both respects. For the economist we may add that each dish is served at threepence, except the *pièces de resistance*, "the savouries," which are fourpence, and that the coffee (alcohol not being allowed on the premises), made from Branson's extract, at twopence per cup, is as good as one need wish to have.

## The Registration (Ireland) Amendment Bill.

This Bill, which was prepared by the Council of the Irish Medical Association, and introduced two years since by the Earl of Donoughmore in the House of Lords, has been entrusted by the Association to Mr. Meldon, M.P., who has introduced it into the Commons, and got it through its first reading. It stands for second reading on next Tuesday, the 9th of March. It is a technical measure, of interest only to the registrars of births, deaths, and marriages in Ireland, whose work it greatly facilitates, while it will, if passed, greatly improve and simplify the public working of the system, and we therefore transfer its details to the Irish Supplement of this Journal. We understand that its principles have met with the approval of the department responsible for registration, and we may, therefore, hope that it will become law.

## The Royal Medical Benevolent College Election.

In another column there appears a communication from the Hon. Sec. of the Committee of Governors of the Medical Benevolent College, charged with the duty of obtaining an improvement in the mode of election. The Council of the College, loyally accepting the expression of opinion of the majority of governors, at once set to work to devise a scheme which will, we believe, be generally acceptable. A committee of selection has also been appointed, half of whom will go out of office in rotation. The Committee of Governors are to be congratulated on the successful termination of a long war waged against the abuses of the voting system in the Medical Benevolent College. The recognition of the evils of voting by our profession cannot fail to exert a widely extended influence, and the conclusion arrived at will, we trust, be the means of securing the benefits of the College to the most deserving amongst the candidates.

## Vaccination.

On the second reading of Dr. Cameron's Animal Vaccination Bill, which is fixed for the 10th of March, Mr. P. A. Taylor is to move "That, in the present unsettled condition of medical opinion in regard to the safety of using ordinary humanised lymph, as also of the safety, effectiveness, and practicability of the use of animal vaccine, it is, in the opinion of this House, inexpedient and unjust to enforce vaccination under penalties upon those who regard it as undesirable or dangerous." Would Mr. Taylor be good enough to inform us what he means by "the present unsettled condition of medical opinion?" Is there even an insignificant fraction of medical opinion or half-a-dozen medical men whose opinions are worthy of notice "unsettled" on the subject of vaccination? No doubt a very few obscure practitioners, who must secure notoriety, no matter how it is got, have refurbished old fallacies, and published them as their own ideas; but there is nothing on which medical opinion is so firmly fixed as it is in favour of vaccination. Dr. Cameron, M.P., also has given notice that on going into Committee of Supply on the Civil Service estimates, he will "call attention to the result of the system of public vaccination pursued in this country, and will move a resolution on the subject."

H.R.H. THE PRINCE OF WALES will take the chair at Willis's Rooms, on Saturday week, at the Festival Dinner in aid of the funds of the Westminster Hospital.

H.R.H. PRINCE LEOPOLD has consented to preside at the annual Festival Dinner on Thursday week, in aid of the funds of University College Hospital.

SIR JAMES PAGET, BART., F.R.S., will preside at the annual Festival in aid of the funds of the Hospital for Sick Children, Great Ormond Street, Bloomsbury, on the 8th prox.

AT a meeting of the council of the St. Andrew's Graduates Association, held a few days since, it was unanimously resolved that it was outside the duty of the Association to take official part in the coming election of Member of Parliament for the conjoined Universities of Edinburgh and St. Andrews.

WE understand that a committee of members of the House of Commons representing all political parties has been formed for the purpose of co-operating with the medical and other committees in Dublin in furthering a public subscription to the family of the late Dr. O'Leary, M.P.

A WELL-KNOWN provincial member of the profession passed away from us last week in the person of Dr. Copeman of Norwich. Deceased had been for many years physician to the Norfolk and Norwich Hospital, and at the annual meeting of the British Medical Association in 1874, held at Norwich, he was made Vice-President and presided over the meeting. He was the author of several contributions to medical literature.

IN the principal large towns of the United Kingdom last week, the rates of mortality per 1,000 were—Brighton 12, Portsmouth 18, Leicester 20, Oldham 20, Wolverhampton 20, Newcastle-upon-Tyne 21, Sunderland 21, Leeds 21, Bradford 21, Bradford 21, Sheffield 22, Birmingham 22, Edinburgh 22, Salford 24, Liverpool 24, Bristol 25, Manchester 26, Glasgow 26, Hull 28, London 29, Nottingham 31, Norwich 35, and the highest rate was 38 in Plymouth and Dublin.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were—in Calcutta 27, Bombay 35, Madras 46; Paris 38; Geneva 41; Amsterdam 38, Rotterdam 35, The Hague 26; Copenhagen 33; Stockholm 27; Christiania 16; St. Petersburgh 48; Berlin 25, Hamburg 25, Dresden 22, Breslau 30, Munich 39; Vienna 31, Buda-Pesth 34; Rome 53, Turin 43, Venice 37; Alexandria 41; and New York 26 per 1,000 of the population. Small-pox caused 70, and typhoid fever 73 more deaths in Paris.

THE death-rate last week from the seven principal zymotic diseases ranged from 0·8 and 1·4 in Portsmouth and Oldham, to 5·8 in Dublin, 5·9 in Hull, and 9·7 in Plymouth. Measles showed the largest proportional fatality in Plymouth, Nottingham, and Hull; scarlet fever in Sunderland and Bradford; and whooping cough in London, Salford, Hull, and Newcastle-upon-Tyne. Eleven deaths (including 7 in the workhouse) were referred to enteric fever in Sheffield, against 4 and 10 in the two previous weeks. Small pox caused 13 more deaths in London, and 6 in Dublin.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

EPIDEMIC OF MEASLES AT COATBRIDGE.—A rather alarming epidemic of measles prevails at present in the parish of Old Monkland, and at the largest school, where there are upon the roll 960 children, there are about 200 absentees from this cause alone. The epidemic is of a mild type, and only one or two deaths have occurred.

GLASGOW.—POISONED WITH CONFECTIONS.—A child, æt. 5 years, named Murdoch McLeod, exhibited symptoms of poisoning from eating confections last week. Drs. Walker, Miller, and Buchanan gave it as their opinion that he had been poisoned by the colouring matter of the confections.

ROYAL MEDICAL SOCIETY OF EDINBURGH.—The annual dinner of the Royal Medical Society was held on the 24th ult. in the Waterloo Hotel, Edinburgh. Dr. Greves, Senior President of the Society, occupied the chair, and Dr. Caverhill acted as croupier. Among those present were, the President of the Royal College of Physicians (Dr. Haldane), and the President of the Royal College of Surgeons (Mr. Imlach), Professor Annandale, Dr. Angus Macdonald, Surgeon-Major Robertson, Dr. Keiller, Professor Turner, Professor Gairdner, Dr. Clouston, Dr. Heron Watson, &c. Surgeon-Major Robertson, in responding for the Army, said that he had often been asked for advice by medical students as to whether they should go into the army or into private practice. Well, that depended entirely on their own individual inclinations. His own private opinion was that the army, as compared with private practice, and taking it all round, had for the majority of medical students more advantages and few disadvantages. He hoped the army would always have a large infusion of the men of Edinburgh, because he believed they furnished the best medical officers the army could have. The chairman, in giving the toast of the "Royal Medical Society," said the Society was generally regarded as the junior medical society in the city, inasmuch as it was almost exclusively supported by the junior members of the profession. But when they remembered that this was the first scientific society inaugurated in the city of Edinburgh—a city which had ever been famous as a seat of scientific learning and culture; that it was founded in 1737—47 years before the Royal Society was instituted—he thought they would agree with him that in that sense they should rather consider it the senior society. They held a position of which they had every reason to be proud, more especially when they remembered that long list of illustrations names who had gone forth from this Society to become foremost in the ranks of science; men like Cullen, Black, Gregory, Bright, Simpson, Syme, and a host of others. At the present time he was happy to say the Society was in a most flourishing condition. The President also stated that in virtue of an Act of Parliament passed in the early years of the present reign, it has been found that the premises of the Royal Medical Society were not liable to be rated for municipal purposes; also that fines for non-attendance at the weekly Friday meeting of the Society had been abolished. The result of this relaxation had been that last year they had the maximum number of new members—viz. 55—who had ever joined the Society in one year. They were all deeply indebted to the Professors of the University for the support they had given to the Society during the year.—Professor Fraser, in responding to the toast of the "Edinburgh and Scotch Universities," remarked that the most remarkable feature of their own University was the rapid increase of its students, the number at present being 2,800, a figure to which few universities in Europe had attained. Professor Gairdner, of Glasgow, also replied, and stated that the University of Glasgow had now over 2,000 students. He further indulged in a verbose threnody on the subject of the contemplated medical reform, and tried to show, in a manner not distinguished by logical precision, how, if conjoint boards were established whose pass would qualify, it would develope, not liberal culture, but "cram," and especially prove baleful to studies in the primary sciences, which was one of the characteristics in the Unviersity of Edinburgh. He animadverted on the teaching of the so-called initiatory sciences in London, and how the new *régime* would prove hurtful to the "liberal science" (!) of botany. He asked all connected with the University of Edinburgh to come to the front and assist in resisting this conjoint board system with which they were threatened. Other toasts followed, and the sentiment *Floreat res medica* (which we venture to assert three-fourths of the members of the liberal profession of medicine in Scotland are unable to construe, except in *this* manner) was "dluy honoured" previous to the termination of the proceedings.

**Dr. Mathew Charteris.**—Dr. Charteris, of Glasgow, is, we understand, a candidate for the Chair of *Materia Medica* at the University of that city, which becomes vacant through the resignation of Professor Cowan. Dr. Charteris has considerable experience as a lecturer, and is understood to be very popular with the students, while he is well known to be a judicious physician. He possesses strong claims to the consideration of the Crown, in whom the appointment is vested. Several other candidates, all local as yet, are spoken of, but their intentions have not been publicly announced.

**Registrar-General's Report.**—According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland, the death-rate for the week ending with Saturday the 21st February, 1880, was 25·5 per 1,000 of estimated population. This rate is 1·3 above that for the corresponding week of last year, and 2·3 above that for the previous week of the current year. The lowest mortality was recorded in Greenock—viz., 20·3 per 1,000, and the highest in Perth—viz., 39.0 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·7 per 1,000, being 0·6 above that for the previous week. A slight increase occurred in the number of deaths from measles and whooping-cough. In Leith 4 deaths resulted from measles, and 3 from scarlet fever. Three of the deaths recorded in Dundee were of persons who lost their lives by the Tay Bridge accident. The number of deaths from inflammatory affections of the respiratory organs was 169, or 20 more than the number recorded during last week.

**Glasgow University Court.—Resignation of Professor Cowan.**—At a meeting of this Court held on the 23rd ult., present all the members except the Lord Rector and Dr. James A. Campbell, there was presented in the usual form a petition by Professor Cowan, praying the Court to report to her Majesty in Council in favour of his application to be allowed to retire from the chair of Materia Medica in consequence of the state of his health.

**Death of Dr. Fiddes, Aberdeen.**—Dr. David Fiddes, one of the oldest and best known medical practitioners in Aberdeen, died on the afternoon of the 25th ult., after an illness of barely four days' duration. A native of Aberdeen, he was educated in her seminaries and at her University, and as was the custom in those days, when Scotch medical degrees were not in such high repute as now, went south, and in 1832 passed M.R.C.S. Eng., following this up eleven years later by taking the M.D. degree at Marischal College. Immediately after becoming a member of the Royal College of Surgeons he accepted an appointment as surgeon on board an East Indian, and made several voyages to the East. Dr. Fiddes afterwards settled in Aberdeen, where by degrees he built up a practice in both branches of his professional work, which was possibly one of the best in the north. At one time Surgeon to the Royal Infirmary, a post which he held for many years, he was on his retirement appointed Consulting Surgeon, an office which he held to the last.

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## Literature.

### LECTURES ON THE DISEASES OF WOMEN. (a)

The revising editor says in his preface that "it would be almost absurd in the present growing state of gynæcology to look for identity of opinion or view in any two authors," but he goes on to say that in the tone and spirit of the work he heartily concurs. His (Dr. Matthews Duncan's) contributions to the text are enclosed within brackets, and we are disappointed to find that they are infrequent.

The class of specialists, the "lady doctors," to which the authors belong is especially the object of suspicion on the part of many medical men, which leaks out in expressions such as "balancing the uterus on the sound," accusations of cauterising the os uteri to cure any and all female ills, and similar charges, founded on fact, perhaps, which all medical men have heard some time or other. No doubt this is in great measure due to the liking women—especially those of the middle and upper classes—appear to have for being told that their maladies are dependent on uterine derangement. One can easily understand that it is satisfactory to be told that languor and pain in the side are the result of anything so simple, and therefore curable, as a "displacement"—a twist of the sound sets it right, and the patient must "rest." And there is a dash of mystery about the lady who has "an internal complaint," and who is usually a typical professional invalid—*ubi stimulus ibi fluxus*—and this female weakness for "internal complaints" has found encouragement from those men who practise medicine for profit only. Probably this is the reason why in times past this most important subject, gynæcology, has fallen into disrepute; but another factor has been the ignorance about this class of diseases which did exist in the profession, and which led to the antipathy which the unlearned feel for the learned. Their feelings of mistrust are now wearing out, and would never have been produced by such

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"Lectures on the Diseases of Women." By Charles West, M.D. Fourth edition. With numerous additions by J. Matthews Duncan, M.D., F.R.S.E., Obstetric Physician to St. Bartholomew's Hospital. London: J. and A. Churchill. 1879.

a method of dealing with women's maladies as we find in the present work, the writer, though an obstetric physician, being a *physician* emphatically. For instance, in the treatment of uterine versions and flexions, Dr. West says—"To the best of my power I take care of the general symptoms, and leave the misplacement to take care of itself." In the treatment of uterine fibrous tumours the author speaks of the use of the German mineral waters to express his disbelief in their power of reducing the morbid growth; would such treatment ever be expected to benefit such tumours in other parts of the body?

Dr. West then handles a certain operation which has lately been "forced into notoriety—spaying women in cases of obstinate dysmenorrhœa—and which, in spite of an admitted mortality of one in five of those who submitted to it, is spoken of with intense satisfaction by its advocates as a great therapeutical discovery of no very narrow application."

An old friend appears at page 407—"spermaceti draughts"—which some of the younger members of the profession probably never heard of, though living medical men can remember their use for a month after parturition as orthodox practice, and Shakespeare himself recommends spermaceti as a sovereign remedy for an inward bruise.

In alluding to cysts of the broad ligament—parovarian cysts—Dr. Matthews Duncan says that, as compared with true ovarian cysts, they are uncommon, but that they are generally unilocular, and the fluid they contain is like limpid water, having no albumen; whereas the ovarian cystoma is probably always multilocular, and its contents are frequently colloid, and almost constantly albuminous. The parovarian growths are more amenable to simple methods of treatment than those of the ovary itself.

Solid tumours of this organ are, he says, comparatively rare, as one would expect in a structure of such limited activity, and growths which are described as arising from the ovaries may be supposed in many cases to have taken origin from other tissues in the neighbourhood.

The present—the fourth edition of the oldest standard work on diseases of women (of any note)—has been carefully revised and brought up to the most recent gynæcological knowledge, and the assistance of an editor from a fresh school of medicine has had a good effect on the book.

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# Correspondence.

## A SIMPLE METHOD OF EVACUATING SMALL CALCULI.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Amongst your Notes on Current Topics in the issue of February 25th, you draw attention to "A Simple Method of Evacuating Small Calculi," and give credit to Dr. Mercier for having recently demonstrated before the Société de Médecine of Paris an easy and practical means of getting rid of small calculi. It consists, you describe, in making the patient lie on his belly, then the calculi fall by their own weight into the anterior part of the bladder. The patient is then allowed to rise slowly on to all fours. He micturates in this position, and the calculi, which have not yet had time to return into the cul-de-sac behind the prostate, are carried away in the stream of urine.

This practice I have adopted for years with success; and you may find it described in my work "On the Practice of Surgery," published in 1873, under the heading of "Treatment of Hypertrophy of the Prostate," as follows:—"Patients with this affection should, as a matter of habit, once a day pass urine on their hands and knees; in this way the bladder has more power to evacuate its contents, and the mucus and *other more solid contents* that otherwise would lie behind the prostate are got rid of with greater certainty" (p. 73, vol. ii., 2nd edition). I believe this suggestion to be a good one, and am thus induced to send you the correction contained in this letter as to priority.

I am, yours, &c.,

THOMAS BRYANT.

53 Upper Brook Street, Grosvenor Square, W.
February 26, 1880.

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## THE IRISH LECTURE CERTIFICATE SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the article in your issue of the 14th inst. on "The Irish Lecture Certificate System," I think there are some assertions which should not be allowed to pass without comment. You state that—"Finding that neither a personal presence at lectures or hospital, nor medical study of any sort, was essential to the obtaining of certificates of 'diligent' attendance, a large number of young men have been encouraged to enter the medical profession without any real medical study whatever. These *soi-disant* students are engaged for the entire working day, and often for the evening also, behind counters in shops, banks, and offices, and their system has been to enter their names for lectures and hospital at the beginning of each session, to occupy the three years of their supposed study in putting together the money for the subsequent purchase of the certificates, and, at the end, to resign their employment, buy up the documents, and devote themselves ardently to six months' grinding, and to the passing of their examination." Now, Sir, you must be unaware of the amount of professional knowledge necessary to obtain a diploma from any of the licensing bodies of Great Britain or Ireland, to state that men, after six months' grinding merely, could pass the necessary examinations. You also state that "it is a well-known practice for needy students to undertake service behind an apothecary's counter, and to continue in that employment steadily and regularly engaged in dispensing and attending to the shop business until within a few months of the time of their examination, at which period, having saved up by their service behind the counter a sum sufficient to pay for their certificates of 'diligent' attendance at hospitals and lectures, and for the services of an experienced 'grinder,' they leave the service of the apothecary, submit themselves to a hasty 'cramming,' and are in due time impressed with the stamp of medical competency by a licensing corporation." These men are all allowed a certain number of hours daily to attend hospital and lectures, as you will find by referring to the advertising columns of any of the medical papers, and I could name several of these men who now hold commissions in the Indian Medical Srvice, and other responsible posts, which they could never have obtained if they were so totally ignorant of their profession as your article would lead people to believe.

I can state from my own knowledge that the students of what Dr. Haughton describes as a "certain medical school in Dublin" have been more successful at the examinations of the College of Surgeons during the past year than those of any other school in Dublin, a remarkably small percentage having been rejected; in fact, at one recent examination, not a single man failed; and at an examination held at the commencement of last year, for the "first half" of the College of Surgeons, England, the only successful Irish candidate was a student from this school, and, strange to say, an assistant in an apothecary's establishment. It is a well-known fact that the average Trinity medical student, who is compelled to strictly attend lectures, cannot compete in knowledge of anatomy with the student of other Dublin schools, which do not enforce such a strict attendance at lectures. If examinations are not a test of a student's proficiency, what is? Surely not the fact of his having attended a certain number of lectures, from which—it rests with himself—he may or may not have derived benefit. From my own experience as a student, I can state that the time I occupied in attending *some* lectures might have been far more profitably spent in either dissecting or "grinding." By inserting this letter in your influential columns you will much oblige

Your obedient servant,

AN EX-STUDENT.

Dublin, 27th January, 1880.

[The remarks of our correspondent are arguments for requiring no curriculum at all, but they afford no reason for tolerating a sham curriculum. He seems to admit fully the charges we have made against the Irish certificate system, but he argues that very good practitioners can be made without the required course of study.

We know of cases in which students have, with six months' grinding, supplemented by a very little previous reading, obtained diplomas. We also know that the "hours for attendance of lectures" by students who are engaged in dispensing are often imaginary, and are sometimes not employed in any such attendance. It is not *ad rem* to argue that individuals have been successful in spite of their never having fulfilled their curriculum of study. Even if true, this would not prove that all students should be allowed the opportunity of doing so.—Ed. M. P. & C.]

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## PRESENTATION TO MR. LAMBERT H. ORMSBY, L.R.C.S.I.

On Saturday week an address was presented to Mr. Lambert H. Ormsby, L.R.C.S.I., surgeon to the Meath Hospital, by the past and present students of that hospital. The proceedings took place in the theatre of the hospital. The chair was taken by Mr. Porter, senior surgeon to the hospital and surgeon to the Queen.

The following members of the medical staff were present—Dr. J. W. Moore, Mr. Smyly, Mr. Rawdon Macnamara, Mr. Hepburn. There were also present—Messrs. George F. Fisher, David Smith, R. Lyle, Mr. Crozier (house surgeon), — Finigan, A. B. M'Kee, J. H. Parkinson, L.R.C.S.I.

The Chairman remarked that he cordially approved of the course adopted by the students, which reflected the highest credit, not only upon Mr. Ormsby, but also upon them themselves.

Mr. Parkinson said he had been desired on behalf of the committee to present to Mr. Ormsby a testimonial of their respect and esteem. When it became known that he was about to resign the honorary secretaryship of the medical board, a general feeling was manifested amongst the students to show some token of their approbation of the way in which he had discharged the duties of that office, and also of his efforts on their behalf as a clinical teacher. He was speaking the sentiments of the entire body of students when he said Mr. Ormsby had always done his best for them. In conclusion he would, on behalf of all, wish Mr. Ormsby long life, every happiness, and continued professional success. Those of them who would soon be leaving would, in bidding him farewell, testify their approbation of the "old Meath" by sending from time to time others to that place, where, they felt themselves, they had acquired what was to be their capital in the life they would be entering upon (applause).

The address, beautifully designed and illuminated, was then presented amidst applause to Mr. Ormsby, and was accompanied by the presentation of a massive gold ring.

Mr. Ormsby then briefly replied, thanking them for their kind and complimentary expressions. The address had proved that his exertions for the past eight years had met with their approval (applause). He gratefully accepted it, and desired to state that he fully appreciated their testimony to the manner in which he had discharged his duty. He hoped the relations now existing between them would grow and deepen to their mutual good.

The proceedings then terminated.

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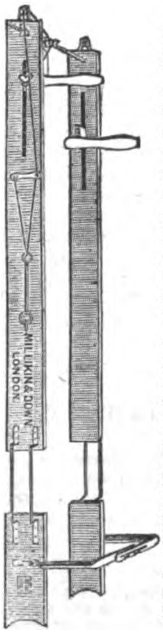
## THE SCHOOL OF DR. STEVENS'S HOSPITAL, DUBLIN.

We understand that our anticipation of the regrettable effect upon the School of the recent election at Dr. Stevens's Hospital, Dublin, has been verified, and that Dr. Robert MacDonnell has resigned his position as Lecturer on Anatomy in the School. It is said that the resignations of other lecturers in the institution are to follow immediately, and, if so, we may assume that at the conclusion of the present session the School will close its doors. The result, though we greatly regret it, does not surprise us.

# Novelties.

## A NEW SPLINT FOR HIP INJURIES.



Mr. Bryant, Surgeon to Guy's Hospital, has perfected an improved form of splint for use in diseases and injuries of the hip and femur. The special features of the instrument are an arrangement by means of which the parallelism of the extremities is maintained, a point on which Mr. Bryant lays special stress, and which in the treatment of the cases for which his double splint is devised, he assumes is too little considered. By an ingenious construction, well-regulated and persistent extension of the limb is kept up, and thorough immobilisation secured. The improvement appears to be a very valuable one, and by aid of it there seems a probability of reducing the great number of disfigurements by shortening consequent on operations on the hip. The new splint is applicable to cases of fracture, whether in the neck of the thigh bone or in the shaft; and one great advantage connected with its use is that it permits easy and safe change of position on the part of the patient, no fear of disturbance of the injured parts being entertained when it is once firmly adjusted. The general form and construction of the apparatus will be clear from the appended engraving.

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## EMS NATURAL MINERAL WATER.

This water is from the Victoria Rock Spring, and has been long celebrated. It may be classed among the alkaline mineral waters, and contains 200 parts of bicarbonate of soda in every 100,000, together with some small quantities of chloride of sodium, bicarbonate of lime, and bicarbonate of magnesia. It is a pleasant water for the table, and is useful for its slight medicinal action in constipation or dyspepsia. The Company has recently appointed an agent in this country for its waters and pastilles, both of which can now be obtained, put up in the ordinary form of all mineral water dealers, or of the agent, Mr. Massingham, 16 Union Court, London, E.C.

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**King and Queen's College of Physicians.**—At the February examinations the following obtained the licences in Medicine and Midwifery of the College:—

Medicine.

Allman, Robert
Fisher, George Edward
Hayes, John Joseph
Lyle, Robert Charles
M'Coy, Michael Joseph
M'Dowell, Benjamin George
O'Donovan, Jeremiah
Marshall, Mary Adamson
Miller, John Alex.
Palmer, Walter Stephen
Taylor, Thomas Cathcart

Midwifery.

Allman, Robert
Alvares, Nicolas Santana
Fisher, George E.
Hayes, John Joseph
M'Coy, Michael J.
Marshall, Mary Adamson
O'Donovan, Jeremiah
Sharpe, Alexander
Taylor, Thomas Cathcart
Williams, J. Almericus de Courcy

**The Seamen's Hospital, Greenwich.**—The annual court of this hospital was held last week in London under the presidency of the First Lord of the Admiralty. In an appeal which has been issued for increased support to the institution it was stated that since its foundation in 1821 upwards of 200,000 sick seamen had been relieved, of whom 30,000 were foreign. Unfortunately the hospital does not receive the amount of support necessary to maintain its efficiency, and an effort is now being made to increase the annual subscriptions from £3,000 to £5,000. Subscriptions to the amount of £500 were announced in the room.

**Samaritan Free Hospital for Women.**—The annual festival of this institution was held on Thursday last, under the presidency of H.R.H. the Duke of Connaught. In proposing "Prosperity to the Samaritan Free Hospital for Women and Children," his Royal Highness said that many of those present would no doubt have heard the story of this hospital, which was one full of interest, and he might say of satisfaction, to all those who had the welfare of their fellow-creatures at heart. It seemed almost incredible that some fifty years ago there did not exist in this metropolis a single hospital, nor even a single ward, specially devoted to the diseases of women. It was about thirty-eight years ago that a small back-room was taken in a densely-populated district of Marylebone, at 5s. a-week, to enable poor suffering women to obtain medical assistance and advice. That humble beginning met with such excellent results that the good work was continued, and, with increased means, they had ultimately founded an hospital, of which this was the festival. Since its foundation some 240,000 women and children had received out-door treatment, and 6,000 had been admitted as in-patients. Those numbers would show the enormous amount of good which had already been done. The hospital was entirely dependent on voluntary contributions, and he appealed most earnestly to those present to support it, feeling sure that in so good a cause he would not appeal in vain. Subscriptions were announced in the room to the amount of £1,682 12s., his Royal Highness heading the list with a donation of £25.

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## NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention o this rule.

**Dr. C. B.**—Thanks; too obvious to need correction.

**Royal College of Surgeons of England.**—There will be two primary examinations for the diploma of Member during the month of April next, commencing on Friday, the 2nd, and Friday, the 23rd of April, respectively. Certificates of students completing their anatomical studies at the end of the present winter session must in all cases be transmitted through the post on and not later than Thursday, the 25th of March, for the examination commencing on the 2nd of April; and for the examination commencing on the 23rd of April, on and not later than Tuesday, the 13th of that month. Certificates from Scotch and Irish students completing their anatomical studies or curriculum, as the case may be, at the termination of the present winter session, will not be received until after the close of the session in Ireland or Scotland respectively. Particulars relating to these examinations and the regulations with respect to exemption from examination in medicine, and the special required certificate in vaccination, may be obtained on application to the Secretary.

**Dr. W. H. Pearse**, Plymouth.—The paper is marked for early insertion.

**Surgeon-Major Curran**, Warrington.—We hope to find space in our next for your paper on "The Pathology of Starvation."

**Uses of Oyster-shells.**—Few probably can imagine what becomes of the tons of oyster-shells which are daily carted away from the various fish-shops. On the authority of *Le Propagature* we have it that when sufficient quantities of them have been collected, they are crushed in a mill worked by horse-power, and then put under a stamper, whence they issue in the form of a coarse powder, which, when dry, is sold to the manufacturers of aerated water, who make use of it in the preparation of a portion of the carbonic acid gas required in their trade. But this is not the only economic advantage obtained from oyster-shells. In the crushing and stamping operation, the portion known as the "gall" or "bitter" is separated from the shell. This is carefully collected in troughs, and afterwards employed in the manufacture of certain cheap kinds of soap.

**Journalistic Vagaries.**—At the Clinical Society on Friday evening, Dr. Buzzard gave an amusing account of the various ways in which the title of his paper had been announced. Only one paper (*Medical Press and Circular*) had printed it correctly. According to one, the patient died from a *kick* in the duodenum; while another, more liberal, said Dr. Buzzard, boldly declared the cause of death to be a kick in the abdomen. The announcement should be "death from a *kink* in the duodenum."

**The Medical Society of the King and Queen's College of Physicians** will meet this evening, March 3rd, at 8 p.m., at the College of Physicians, when the following communications are set down for reading:—Dr. H. Kennedy, "On Fatty Heart, with exhibition of recent specimen."—Dr. Duffey, "On Iodic Purpura."

**Obstetrical Society of London.**—Wednesday, March 3, at 8 p.m., Specimens: Dissection of a Two-headed Monster, by Dr. Godson.—Pelvic Viscera, showing Congenital Communications (1) between Rectum and Vagina, ( ) between Rectum and Urethra, by Mr. Alban Doran.—Anteflexed Uterus, by Dr. Hayes. Paper: "On Axial Rotation of Ovarian Tumours, leading to their Strangulation and Gangrene: Three Cases successfully treated by Immediate Ovariotomy," by Mr. Lawson Tait.

**The** Croonian Lectures of the Royal College of Physicians of London will be delivered on March 3, 5, 10, at 5 o'clock, by Dr. Cayley, on "Some Points in the Pathology and Treatment of Typhoid Fever."

**The** Annual Metropolitan Dinner of the Irish Graduates' Association will take place at the Holborn Restaurant on St. Patrick's Day, March 17.

**A meeting** of the Pharmaceutical Society of Great Britain will be held this evening at 8 o'clock, when the following papers will be read: "The Diffusive Properties of some Preparations of Iron," by Professor Redwood; "Note on Cantharides," by Henry G. Greenish, F.C.S.; "Volumetric Determination of Alkaloids," by J. C. Thresh, F.C.S.

**An Anti-Vaccinator's Mare's Nest.**—An amusing incident occurred in the House of Commons on Monday night which aptly illustrates the method of preparation of "statistics" by our friends the anti-vaccinators. Mr. Gourley called attention to the reports of the vaccination officers of the Durham Guardians for the year 1878, in which they stated that out of 2,381 children born in the Western and St. Nicholas district, 3'5 died from the effects of vaccination, and during the first six months of last year the number of deaths in the same union, from the same cause, were 141.

In reply, Mr. G. Sclater-Booth said the reports of the vaccination officers of the Durham Guardians for 1878 and 1879 had been carefully examined. They contained no information as to the deaths from vaccination; but they contained the number of children born, and who died previously to vaccination. As he found the numbers corresponded very nearly to the numbers quoted by the hon. member, *the excessive mortality was the mortality of the children who had died before vaccination.* Loud laughter followed, in which Mr. Gourley did not join.

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### VACANCIES.

Carmarthen County Infirmary.—House Surgeon. Salary, £125. Applications to the Secretary, King Street, Carmarthen, before March 31.

Chatham.—Assistant House Surgeon for the St. Bartholomew's Hospital. Salary, £80, with board. Applications to the Clerk of the Trustees before April 14.

Manchester Dispensary for Sick Children, Gartside.—Assistant Visiting Medical Officer. Salary, £180, without board or residence. Immediate application to the Chairman.

Queen's University in Ireland.—Examinership in Medicine; Salary, £100. Examinership in Surgery; Salary, £100. Examinership in Midwifery; Salary, £75. Examinership in Materia Medica; Salary, £75. Examinership in Medical Jurisprudence; Salary, £75. Candidates must address the Secretary on or before March 16. (See Advt.)

Rathdown Union, Bray and Rathmichael Dispensary.—Medical Officer. Salary, £110, with fees, and £27 as Medical Officer of Health. Election, March 8.

Seamen's Hospital, Greenwich.—House Physician. Salary, £75, with board. Applications to Mr. Burdett at the Hospital, before March 8.

Woolwich Union.—Assistant Medical Officer to the Plumstead Union. Salary, £90, with board, &c. Applications to the Clerk of the Board before March 9.

York Dispensary.—Resident Medical Officer. Salary, £130. Applications to Mr. S. W. North, F.R.C.S., 84 Micklegate, York, before March 9.

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### APPOINTMENTS.

**Buchanan**, G., M.D., F.R.C.P.L., Consulting Physician to the London Fever Hospital.

**Callum**, D. B., M.B., House Surgeon to the Leith Hospital.

**Cobbold**, C. S. W., M.D., M.R.C.S.E., an Assistant Medical Officer at the Middlesex County Lunatic Asylum, Colney Hatch.

**Delahoyde**, Dr. O'Connell, Medical Officer for Coleraine Street Dispensary, North Dublin Union.

**Ferrier**, D., M.D., F.R.C.P., F.R.S., a Physician for Out-patients to the National Hospital for the Paralysed and Epileptic.

**George**, W. H., L.R.C.P.Ed., L.F.P.S.G., an Assistant Medical Officer to the Middlesex County Lunatic Asylum, Colney Hatch.

**Gowers**, W. R., M.D., F.R.C.P.L., a Physician for Out-patients to the National Hospital for the Paralysed and Epileptic.

**Henderson**, G. C., M.B., Physician to the London Fever Hospital.

**Horrocks**, P., M.D., an Assistant Physician to the National Hospital for the Paralysed and Epileptic.

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## Births.

**Clay.**—Feb. 26, at Plymouth, the wife of R. H. Clay, M.D., of a daughter.

**Mapother.**—Feb. 21, at 6 Merrion Square North, Dublin, the wife of E. D. Mapother, President Royal College of Surgeons, Ireland, of a daughter.

## Marriages.

**Hall—Wilson.**—At St. Stephen's Church, Dublin, J. C. Hall, M.B., Monaghan, to Frances, only daughter of the late John Mason Wilson, Esq., of Harvest Lodge, Tipperary.

## Deaths.

**Baird.**—Feb. 17, at Linlithgow, G. Dallas Baird, F.R.C.S.Ed., aged 73.

**Clancy.**—Feb. 15, at Kilworth, co. Cork, J. Clancy, A.B., L.R.C.S.I.

**Copeman.**—Feb. 25, at Norwich, Ed. Copeman, M.D., F.R.C.P.Lond., aged 70.

**Davies.**—Feb. 17, at Dover, E. Pellew Davies, M.R.C.S., formerly of Christ Church, Hants, aged 66.

**Eddie.**—Feb. 21, at Barton-on-Humber, W. Healeden Eddie, M.R.C.S., J.P. co. Lincoln, aged 68.

**Fairbank.**—Feb. 26, suddenly, at Windsor, T. Fairbank, M.D., aged 37.

**Hannay.**—Dec. 11, at Nicaragua, Rbt. Strickland Hannay, M.R.C.S.E., aged 32.

**Harper.**—Feb. 20, at Killyleigh, co. Down, Hans Harper, M.D., in his 88th year.

**Stewart.**—Feb. 22, at 75 Eccles Street, Dublin, Eliza Stewart, widow of the late Henry H. Stewart, M.D.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 10, 1880.

## CONTENTS.

PAGE

Abstracts of the Gulstonian Lectures on Epilepsy. Delivered before the Royal College of Physicians of London, by W. R. Gowers, M.D., F.R.C.P., Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic—Lecture II. .......... 185

ORIGINAL COMMUNICATIONS.

On a Remarkable Case of Congenital Malformation of the Rectum. By W. Thornley Stoker, M.D., Fellow, Member of Council, and Professor of Anatomy, Royal College of Surgeons in Ireland, &c. .......... 186

Epitomised Account of a Case of a Large Ranula, accompanied by a Tumour which occupied the whole Floor of the Mouth. By W. I. Wheeler, M.D., M.Ch. Univ. Dub., Fellow and Member of Council, Royal College of Surgeons, Ireland, &c. .......... 188

CLINICAL RECORDS.

Diphtheria conveyed by Polluted Water. By John Moore, Esq., M.R.C.S., communicated by J. C. Thorowgood, M.D. .......... 189

PAGE

TRANSACTIONS OF SOCIETIES.

HARVEIAN SOCIETY—

Recurrent Tumour of the Eye .......... 189
Typical Development of Children, or the Bearing of Anthropology to Hygiene 189

SURGICAL SOCIETY OF IRELAND—

Morbid Specimen—Amputated Arm .... 190
Congenital Malformation of the Rectum—Discussion .......... 190
Large Ranula, accompanied by a Tumour which occupied the whole Floor of the Mouth—Discussion .......... 191

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY—

Means of Diagnosis afforded by an Examination of the Teeth and Mouth in Doubtful Cases of Constitutional Disease .......... 191

SPECIAL.

France .......... 192

LEADING ARTICLES.

THE PROPOSED METHODS OF "DIRECT REPRESENTATION" .......... 192
THE LUNACY LAW AMENDMENT ACT ..... 195
PUNITIVE TREATMENT AT HIGH SCHOOLS .. 197

PAGE

NOTES ON CURRENT TOPICS.

The Dangers of Smoking .......... 198
St. John Ambulance Association .......... 198
Heredity .......... 198
Dr. Farr .......... 198
Friedrichshall Water .......... 198
Provident Dispensaries .......... 198
The Coroner's Court .......... 199
Herpes of the Larynx .......... 199
Local Temperature in Phthisis .......... 199
Alteration of the Maxillary Bones in Ataxy 199
Doctors in the Society Papers .......... 199
Military Sinecures in Cyprus .......... 199
Last Legal Refuge of the Anti-Vaccinators 200
Indian Medical Service .......... 200
Help for the Widows of Medical Men in France .......... 200
Tartrate of Morphia .......... 201

SCOTLAND.

Provident Dispensaries and Public Health—Glasgow Science Lectures, &c. .......... 201

The New Indian Medical Warrant .......... 202

OBITUARY .......... 203

CORRESPONDENCE .......... 203

MEDICO-PARLIAMENTARY .......... 204

The Medical Reform Bills .......... 205

Notices to Correspondents .......... 206

# Abstracts

OF THE

## GULSTONIAN LECTURES ON EPILEPSY,

*Delivered before the Royal College of Physicians of London,*

By W. R. GOWERS, M.D., F.R.C.P.,

Assistant Professor of Clinical Medicine, University College; Physician to the National Hospital for the Paralysed and Epileptic.

### LECTURE III.

THE third lecture was devoted to pathology and treatment. Pathological anatomy in idiopathic epilepsy gives us little help. Regarding convulsions, however, pathological anatomy and experiment give us two sets of facts regarding the seat of the "discharge." Experiment shows that convulsions may originate in the medulla, from a centre near the respiratory. On the other hand, no local diseases cause convulsions so frequently as those of the cortex; and irritation of the cortical motor "centres" may cause convulsions, having definite modes of onset, like those sometimes seen in idiopathic disease. But other experimental facts make it possible that these convulsions, though excitable from the surface, arise in connected lower centres. Hence the latest writer of a systematic account of the disease, Rothnagel, with full knowledge of all pathological and experimental facts, concludes that epilepsy is a disease of the medulla oblongata. But the clinical study of modes of onset shows that at least many attacks commence in the hemispheres, viz., those of which the earliest symptom is a special sense or psychical aura. The clinical evidence that attack ever commence in the medulla is small. The "pneumogastric auræ" might be regarded as such evidence, but it may be present in attacks which certainly originate in the hemispheres. Such visceral sensations may accompany psychical auræ, as they do normal psychical states (*e.g.*, fear.) A curious case, however, was narrated, in which fits could be produced by passive movement of the spine, evidence of a probable origin in the medulla. The wide extent of "warnings" makes it probable that, as Dr. Hughlings Jackson has suggested, any of the grey matter of the encephalon which subserves sensori-motor processes may be the seat of the primary discharge in idiopathic epilepsy, but the evidence that the process of the fit commences in the hemispheres is much stronger and more frequent than that it commences lower down.

To explain loss of consciousness, vaso-motor spasm has been assumed, but the hypothesis is unnecessary, since the affection of consciousness may be the result of the discharge. Other evidence that vaso-motor spasm causes any of the symptoms is inconclusive. Pallor of face is not invariable, and does not necessarily show anæmia of brain. It may result from the cerebral discharge. To explain all the symptoms of attacks it is unnecessary to go farther than the instability of the grey matter in which the discharge begins.

This instability may be better understood as instability of resistance than as any increase in the energy-producing function of cells. The doctrine of internal resistance to action has underlain many current expressions as "nerve-tension," and its recognition gives us clearer views of many physiological and pathological problems. Thus we can understand why loss of blood causes convulsions, or a peripheral impression can arrest a fit, not for the moment, but for a long time.

The treatment of epilepsy, it was remarked, is a subject on which numerical analysis gives little help, because so many patients whose fits cease under treatment relapse when treatment is relinquished. The time available permitted little more than a statement of the remedies most useful in 562 cases in which the effect of treatment was carefully noted. The results showed that, while we must not rely *exclusively* on bromides, on these our chief trust must still be placed. Of the three alkaline salts the bromide of potassium deserves, as it has received, the first place. The salt of ammonium is more useful, only in proportion to the slightly greater quantity of bromine which it contains, while a careful comparison in a series of cases, between the salts of sodium and potassium showed that the former is distinctly less useful. The maximum effect of each dose of bromide occurs the sooner, the smaller the dose; hence small doses used to be given frequently. Bromide lessens reflex action, perhaps by increasing resistance in the centre, since it antagonises strychnia, which is believed to lessen resistance. If the view that unstable resistance is the chief element in epilepsy is correct, increase of resistance may be the explanation of the action of bromide. The mode of administration is usually by continuous course, in doses just sufficient to arrest the fits. Given thus it was rarely found well to give more than a drachm and a half daily; if this dose not suffice, combinations with other drugs answered better than increasing the regular dose. But it was urged that a course of large doses may be for a time employed, with a view of obtaining the full nutritive change in the nervous system, which bromide can effect. For this purpose it was thought best to give it in considerable doses, at longer intervals, beginning with half an ounce. The largest single doses given had been of one ounce, the doses being given at intervals of three to five days.

The value of the various combinations of bromide with other drugs had been tested by ascertaining first, during several months, the effect of a given dose of bromide, and then adding to it the agent to be tested. Of the combinations in common use, those with digitalis and belladonna deserve, as they have commonly received, the first place. Digitalis has enjoyed repute in epilepsy for two hundred years. Alone it sometimes does marked good, and in 63 cases the combination of digitalis and bromide was distinctly more useful than bromide only; in 37 of the cases the attacks ceased during the treatment. The effect of this combination is not confined to the cases in which there is cardiac disturbance, although in these it is almost always useful. Digitalis markedly increases the effect of bromide in nocturnal epilepsy. A case was mentioned in which a patient had not had a single fit for two years on the combination, although he had a fit at night every few weeks on bromide only. Belladonna alone will sometimes arrest attacks. The combination of it with bromide was distinctly more useful than bromide alone in 35 cases, and in 15 arrest of the fits was obtained. Indian hemp is now and then of marked service even alone. A case was mentioned in which the attacks always ceased on this drug, and recurred at once when bromide was substituted. Other combinations which had been found useful were bromide with aconite, and bromide with hydrocyanic acid. The cases in which the addition of iodide to bromide increases its effect are rare.

Zinc deserves some of the repute it has enjoyed for more than a hundred years. Of a large number of cases, in which the oxide was used in doses as large as the patient could bear it, it was diatinctly useful in ten, but in only three did the attacks cease. Bromide of zinc, in doses which could be borne, and the bromide of camphor, had seemed of small value. The addition of arsenic to bromide in no case had any influence on the fits, although largely used, on account of the certainty with which the bromide rash could thus be lessened or removed. Turpentine (recommended by Dr. Radcliffe) had been found distinctly useful only in hystero-epilepsy. The use of iron in epilepsy was discountenanced by high authorities. In some cases it seemed to increase the attacks, but in the majority in which it had been given its influence was distinctly beneficial. In four cases the attacks ceased on iron only; in eight others iron alone was distinctly better than bromide alone; and in nineteen the addition of iron to bromide had a marked influence; in eleven the attacks, which had persisted on bromide, ceased when iron was added, and remained absent as long as the combination was given. In several inveterate cases, in which bromide had little effect, the lecturer had given borax in doses of ten to fifteen grains twice or three times a day. In some it was useless, in some its beneficial effect was most distinct. Several cases were narrated in which the attacks ceased for a long time under its use. Occasionally it causes gastro-intestinal disturbance, but many patients bear it well. Cocculus indicus had not been tried sufficiently for an opinion to be formed, but very little benefit had been observed from its alkaloid, piciotoxine. The same conclusion was drawn from an interesting series of cases in which Dr. Ramskill had employed it hypodermically, which showed, however, that a dose of eighteen milligrammes will almost invariably produce a fit in from twenty to thirty minutes. Other drugs which had been tried and found useless were benzoate of soda and nitro-glycerine.

In hystero-epilepsy bromides, sometimes useful, often fail. Belladonna, iron, valerianate of zinc, and turpentine had appeared of greatest value. The treatment of the actual attacks of hystero-epilepsy is often a matter of difficulty. In the slight fits Dr. Pare's plan of closing the mouth and nose is often useful. When this fails Faradisation of the skin and cold douches on the head and water poured into the open mouth are often efficacious. Chloroform is of little value. Where all fail the lecturer had found the hypodermic injection of apomorphia invariably successful. After a twelfth of a grain had been injected, in four minutes all spasm was over, in six minutes the patient would get up, in eight minutes vomit, and then, except for slight nausea, be well.

In conclusion, the lecturer remarked that although the condition of many epileptics was still gloomy enough, yet the present generation had witnessed an advance in the treatment of the disease equalled perhaps in no other branch of therapeutics. Thanks to the influence of the drug the use of which in epilepsy was wholly due to Fellows of that College, hundreds of sufferers had been cured, and thousands were leading useful lives who would otherwise have been incapacitated by the disease. For all the victims of the disease we might surely trust that the progress of the recent past is the dawn of a brighter day.

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## Original Communications.

### ON A REMARKABLE CASE OF CONGENITAL MALFORMATION OF THE RECTUM. (a)

By W. THORNLEY STOKER, M.D.,

Fellow, Member of Council, and Professor of Anatomy, Royal College of Surgeons in Ireland; Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals, and to Swift's Hospital for Lunatics; formerly Surgeon to the City of Dublin Hospital.

On February 5th, 1878, I was consulted by a girl named Anne Fitzwilliam with reference to an abdominal tumour, for the treatment of which I received her into the Richmond Hospital. She was 21 years of age, unmarried, about 5 ft. 1 in. in height, of slender build, and with the exception of the bowel derangements hereafter to be mentioned, had always enjoyed excellent health.

On inspecting the abdomen an enlargement was visible which was as apparent as that observable in a pregnant woman about the end of the eighth month of gestation, but differing in its want of symmetry. A careful manual examination discovered a hard and heavy tumour, *which yielded a tympanitic note on percussion*, somewhat oval in form, with its long axis extending downwards and to the right, and occupying the following regions: the whole of the left lumbar, the upper part of the left iliac, the lower part of the left hypochondriac, and the greater part of umbilical, and top of hypogastric. It therefore lay chiefly to the left of the mesial line, extending 2½ inches above the level of the umbilicus, and below being traceable as far as the symphysis pubis beneath the level of the upper edge of which articulation it could be followed deep into the pelvis.

Careful measurement with a callipers gave the following diameters to the tumour, and in order to appreciate their great comparative magnitude, it is necessary to remember the small stature and slenderness of the patient:—

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(a) Read before the Surgical Society of Ireland.

| | |
|---|---|
| Transverse ... ... ... | 6½ inches. |
| Vertical ... ... ... | 8¾ „ |
| Oblique ... ... ... | 9 „ |

The tumour had pushed the uterus forwards and upwards, and it could easily be felt between tha wall of the abdomen and the smooth anterior surface of the mass. It could be exactly defined and moved from side to side by pressure.

The hollowness of the enlargement as evidenced by its percussion note, and certain facts elicited by questioning, at once made me suspect that in spite of its unusual size, I had to deal with a fæcal collection; and placing the patient on her side I proceeded to examine the bowel, and here a new and very interesting feature came to light.

I could not discover the slightest trace of an anus, and on introducing my finger into the vagina the reason was apparent, for the rectum opened on its posterior wall about 1½ in. above its orifice. The vagina was otherwise natural, if you except the facts that it was larger and more patulous than is usual in a virgin of normal development, and that it was elongated owing to the displacement upwards of the womb by the pressure of the tumour. The aperture of the rectum was round, had a thick edge, and was sufficiently large to admit one finger easily, or two with a little effort and the production of some slight pain. It did not appear to have any sphincter, and this was farther shown later on by the way in which fæces, at times when they were soft, passed into the vagina without the complete control of the patient. Some control she could exercise, but not as much as would be present if a sphincter existed.

The rectum passed a little below the level of the orifice, so as to form a shallow cul-de-sac, but was separated from the surface by a mass of tissue more than an inch in thickness, no rudiment of the natural opening being present.

The finger passed into the bowels discovered an indurated mass of fæces occupying it, the accumulation being also easily traced by the finger pressed upwards along the posterior wall of the vagina, where it made an oblong projection as large as a moderate-sized forearm its continuity with the abdominal enlargement could thus be followed and established.

The girl herself appeared ignorant of her peculiarity, or, at all events, of its exact nature, her mother having concealed it from her. She stated that she had suffered from constipation ever since her earliest childhood, her bowels only acting once, or occasionally twice, a week, and then generally under the influence of medicine, her usual and favourite drug being castor oil, which she habitually employed. For the last twelve months the above discharge had been still less frequent, once in a fortnight or three weeks being the average, and the intervals between the motions being at times much longer.

She suffered occasional griping pains for the five months previous to her reception into hospital. She had never noticed the "lump" until lately, but knew that her stomach was hard, and had felt the displaced uterus for the last four or five years; the latter observation showing the tumour to have existed for that period at least, as it was the cause of the displacement. She had never been sufficiently incommoded to oblige her to relinquish her employment, that of a parlour maid; and she had never suffered from jaundice, œdema of the lower extremities, or any other intercurrent complaint.

The nature of the case was now perfectly evident; in addition to, and dependent on, the malformation of which the patient was the unhappy subject, there existed a fæcal collection of most enormous dimensions, engaging the rectum and at least the whole of the sigmoid and descending colons; but its position towards the left side, its shape, the inclination of its axis, and the absence of any jaundice, pointed to the freedom of the upper part of the great bowel.

The question now arose how was this great collection to be removed. As she suffered from no symptom of obstruction except constipation, which at the time of her admission had lasted some weeks, and as the tumour gave a distinctly tympanitic sound when percussed, it was easy to understand that it was hollow, and afforded a receptacle in which each addition of fæces was received, and was being stored up. I therefore sought in the first instance to "uncork," as it were, the lower end of the mass, and for this purpose on two occasions introduced my index finger and Crampton's spoon into the rectum through the vaginal orifice, and removed as much hardened fæces as I could. I may say, however, that owing to the difficulty of approaching a rectum more removed from digital examination than would be the case in an ordinary person, the process of scooping the fæces was not attended with much success, and the quantities I removed were small. I was able, however, to break up the lower end of the mass, and to some extent free the exit. I found greater benefit result from enemas and purgatives. Of the latter several varieties were employed alternately, including calomel, sulphate of magnesia in combination, castor oil, and compound senna mixture prepared with carbonate of potash, the latter having the best effect, and in alternation with occasional doses of castor oil being that on which I mainly relied. The purgatives acted so well that I found the use of the enema necessary only at intervals, about half-a-dozen lavements of warm water being employed during her treatment, the bulk of each being from two to three quarts or more. The long tube was used and was readily introduced on the index finger as a guide. It required a slight amount of gentle force to get it through the mass which filled the rectum, but when past this point the facility with which it could be pushed into the bowel was remarkable; it passed for its whole length without resistance into the hollow interior of the tumour. Those who have used O'Beirn's long tube are aware that its whole length can but seldom be introduced, especially with so much ease.

Under the influence of this treatment large motions were passed frequently.

One day while manipulating the abdomen I felt the mass yield under the pressure of my fingers, and on using some cautious force I broke up the whole collection, now reduced to a shell. After this time increased quantities of excreta passed away under the influence of the purgatives; the bowels began to show a tendency to unassisted action. She was put upon a course of belladonna, and finally left the hospital on March 20, 1878, that is, 44 days subsequent to her admission, with her bowels acting as naturally as her deformity permitted, and with no evidence of hardened fæces remaining. I have seen her since, and she remains in excellent condition. I may add that care was taken not to procure too rapid a discharge of the contents of the gut, so as to allow time for its contraction and return to a state of health.

This case affords two points of interest; one, the size and circumstance of the collection of fæces; the other, the nature of the malformation which was its cause. In reference to the first it is to be said that but seldom do intestinal collections attain such a size as this, and when they do it is usually in much older persons. I can only in my own practice recall one case parallel to it in respect of this, that of a very old lady whom I saw some months later, and in whom, from neglect and without any mechanical cause existing, a much larger collection had taken place. Her case had not been diagnosed correctly—had received no adequate treatment, and when I saw her any remedy was too late, as she was at the point of death. She had a hard fæcal collection which filled the whole of the centre, lower part, and left side of the abdomen and the rectum. She had not had a sufficient movement for many months, but there was not complete obstruction, a channel of small size evidently remaining through the centre of the mass, and the lady dying exhausted without any signs of the bowels being completely occluded.

It was remarkable in the case of A. F. that the retention must have existed for at least four or five years, and must during that time have formed a mass sufficiently large to displace her womb, and yet her general health was good, and she really suffered but little. I doubt indeed if she would have demanded treatment but for the way in which the "lump," as she called it, spoiled her figure, she being a young person who thought much of such matters. Every one who has had medical experience of the lower classes in this country must have been often surprised at the extent to which disease is allowed to progress unnoticed or uncared for, and yet he would find it difficult to understand how a patient such as this, who was above the ordinary peasant in refinement and intelligence, could allow herself to arrive at such a condition without seeking advice.

Bodenhamer in his work upon Malformation of the Rectum and Anus has classified them into nine species, and this case comes into his sixth class, which he defines thus :—"This species is recognised by the rectum terminating by an abnormal anus, either in the bladder, the urethra, the vagina, the uterus, or in a cloaca in the perinæum with the urethra and vagina. There is generally neither a natural anus, nor the sign of one present."

Of all the varieties of malformation included in this class that which is least rare is the form of which I present an example to the Society, and it is of particular interest, inasmuch as it is the least destructive to life, and is that which affords most hope of relief by operative procedure. Of the others, that which is most unusual is where a cloaca exists into which the rectum and genito-urinary organs open in common, as is found in birds, reptiles, monotremata, and in some fishes. Of commoner occurrence is the opening of the bowel into the bladder or urethra, a condition more generally found in the male than in the female, and when existing in the sterner sex, so unfavourable in its result, and so little amenable to interference, as to have obtained from some surgeons the undeserved character of being rapidly and universally fatal.

When the rectum terminates in the vagina the opening is usually solitary, although one or two cases of a dual aperture are on record, and is—as in my patient—situated low down on the posterior wall, and the opening is sufficiently large to admit one or two fingers, although at times much more contracted. The rectum as it approaches its vaginal orifice is in some instances gradually narrowed, but is oftener of tolerably full size. When the latter state exists it should always be carefully examined to discover if it does, or does not, extend nearer to the surface of the perinæum than its point of opening, for if it does, a sort of cul-de-sac is formed, which was present in my case, and which materially facilitates operative interference.

When the disgusting nature of this deformity is remembered, the state of filth in which the patient is kept, the irritation of the vagina from the presence of fæces, the mental and moral depression which such a condition should induce, and the habitual constipation which generally resists the unassisted efforts of nature (the bowels in the majority of recorded cases only acting on an average every seven or eight days), it is not wonderful that the question of relief by operation has been anxiously considered, and has been carried out, although, as I have said, life is not generally endangered by the malformation, many of the recorded cases being those of adults, some of them having become pregnant and borne children, and one mentioned by Mercurialis and attested by Morgagni having survived to the age of a hundred years.

Putting aside the palliative measure of dilating the opening of the bowel by bougies in cases where it is much contracted, there are, speaking broadly, two plans of operating, the aim of both being to close the orifice in the vagina, and establish one in the normal position in the perinæum. In the older of those proposed by Vicq d'Azyr, and modified by M. Martin, the whole of the posterior wall of the vagina below the opening is incised with a bistoury from before backwards, cutting as far towards the tip of the coccyx as may be necessary to allow room for the introduction of a silver canula, reaching from the surface to the rectum, in front of which the divided tissues are then brought together by points of suture, the instrument being left *in situ* until the edges have united and the new passage is established. This operation has been recommended to be modified by the omission of the sutures, their introduction being extremely tedious and difficult, and union probably taking place in front of the canula as well without them.

The second operation is that of Velpeau, who objects to the division of the posterior vaginal wall, and directs an ordinary blunt hook to be passed backwards through the recto-vaginal orifice and pressed downwards, so as to cause the tissue of the perinæum to project in the situation where it is desired to form the new opening, which is then made by cutting upon the end of the hook, and enlarging the incision with a probe-pointed bistoury, so as allow the introduction of a canula into the intestine. The vaginal anus is then revivified, and its edges brought together.

There can be no question that of the two operations, of both of which there are slight modifications, that of Velpeau is much preferable, as it avoids the division of the recto-vaginal septum. It is obvious, however, that it could only be undertaken in cases such as mine, where the bowel terminated by a cul-de-sac, and that in instances where this is absent, and where the rectum contracts to a funnel shape, with its apex at the vaginal anus and without any cul-de-sac at its termination, the plan proposed by Vicq d'Azyr is that on which we must rely.

I am not as yet without hope that my patient may submit to an operation, but up to the present she has not consented to do so. If she does I shall bring the result under the notice of our members.

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## EPITOMISED ACCOUNT OF A CASE OF LARGE RANULA, ACCOMPANIED BY A TUMOUR WHICH OCCUPIED THE WHOLE FLOOR OF THE MOUTH. (a)

By W. I. WHEELER, M.D., M.Ch. Univ. Dub.,

Fellow and Member of Council Royal College of Surgeons, Surgeon and Lecturer on Clinical and Operative Surgery to the City of Dublin Hospital.

The communication which I bring before the Society will be very brief, and will merely detail the history and treatment of a case most interesting and unusual.

A. G. was admitted under my care into the City of Dublin Hospital on the 19th October, 1879 (recommended by my friend, Dr. Charles Lyster, of Kilkenny), suffering from a large ranula, complicated with a tumour occupying the floor of the mouth. The usual signs of ranula were present, better marked, however, than the generality of cases. A tumour about the size of a Seville (bitter) orange was evident beneath the symphysis menti, the tongue was raised at its extremity, and the entire under surface pushed up by the tumour before alluded to. As far as I could ascertain from the patient, the ranula was of about one year's duration, but she was not aware of the existence of the second growth. Careful manipulation showed the tumour and ranula to be quite distinct, indeed the appearance caused by the latter beneath the chin gave one the idea that a calculus was obstructing "Wharton's duct." On the 28th of October I excised a piece from the cyst of the ranula beneath the tongue ; glairy fluid flowed, and after a time about a teaspoonful of dark thin fluid came ; pressure on the swelling beneath the inferior maxilla caused an increased flow, and all signs of the ranula disappeared. Notwithstanding that a large piece of bone was removed from the ranular cyst, it filled again, its closure being favoured by the pressure of the tumour from behind. My intention now was to cure the ranula, and remove the cyst occupying the floor of the mouth at the same operation.

On Sunday, the 16th November, I saw the girl at 11 o'clock a.m. She was in her usual health ; the swellling beneath the chin was not quite so large as when she was admitted; she ate her breakfast and dinner as usual, and attended her place of worship—in fine, in her usual health. At 8.30 p.m. on this evening I was summoned to see her, and arrived at the hospital about nine o'clock. She was suffering from intense dyspnœa, her eyes starting from her head, countenance anxious and distressed, cold perspiration on her face and body. Sitting up, she grasped the bed clothes like one suffering from asthma; her tongue was enormously enlarged, and pushed upwards and backwards; both tumours had enormously increased in size; her pulse was rapid and weak; and one unaccustomed to such scenes would have said dissolution was near at hand. Dr. Batt, medical resident, in the absence of the house surgeon (Mr. Patten), made an incision in the dorsum of the tongue, on the left side. On my arrival, I made another on the right of the raphe. This did not give much relief. I then rapidly opened up the cyst of the ranula beneath the tongue and made an incision into the enlargement externally. From both fluid escaped. Much benefit was derived from this; and next I ripped open on each side the tumour beneath the tongue, and scooped out some of its contents. This gave great ease to the patient, and being now able to feel the epiglottis, which was œdematous, I scored it with a small curved knife. The patient had poultices and warm fomentations applied, she also inhaled steam; and now, for the first time since she was so urgently attacked, was she able to swallow about half a teaspoonful of milk, the most of the liquid returning when she attempted to do so. Nutritive enemata were given, and she got some sleep during the night. The next day, not being as much benefited as I expected, I opened into the floor of the mouth from without, and evacuated the remainder of the contents of the tumour beneath the tongue, which was of a cheesy consistence. There was some hæmorrhage, which was controlled. Mr. Tufnell was present and assisted, as also Mr. Patten, the late house-surgeon, and Mr. Ashe, his successor.

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(a) Read before the Surgical Society of Ireland.

On the next morning I removed a considerable portion of the cyst through the external opening and through the mouth. Suffice it to say, this case terminated in complete cure. She left the hospital on the 5th December, 1879.

I have epitomised this paper purposely, and not gone into any descriptions of acute ranula, which possibly the case might have been mistaken for had it only been seen for the first time. I have seen two cases of acute ranula, the most urgent symptoms coming on within an hour and a-half, the patient being in perfect health two hours before the most distressing dyspnœa supervened. The only case recorded which seems to me at all to resemble the above is one described by the late Sir Wm. Fergusson in his "Practical Surgery."

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# Clinical Records.

## DIPHTHERIA CONVEYED BY POLLUTED WATER.

By JOHN MOORE, Esq., M.R.C.S.

Communicated by JOHN THOROWGOOD, M.D., F.R.C.P.

IN the village of Bourton-on-the-Water in Gloucestershire, in 1862, the first case of diphtheria was seen by Mr. Moore in one of a number of cottages, the drainage from which was conveyed by a ditch into the watercourse running west through the village.

The inhabitants of the lane obtained their water from a pump in the centre of the lane. In consequence of this pump being temporarily useless, the people were compelled to obtain their water from the watercourse or better termed ditch. About one week after the appearance of diphtheria in the cottages referred to, the disease broke out with much virulence amongst the children in the neighbouring lane. There were thirteen cases, six of which were fatal, in the course of ten days.

The children who were thus affected got the water from the polluted ditch which received the drainage from the cottages, distant a good quarter of a mile.

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# Transactions of Societies.

## HARVEIAN SOCIETY OF LONDON.

MARCH 4TH, 1880.

The President, HENRY POWER, Esq., F.R.C.S., in the chair.

### RECURRENT TUMOUR OF THE EYE.

The PRESIDENT related the case of a woman who came under his notice first with a tiny melanotic speck on the eyeball. He removed it, but it returned. It was removed a second time; it then reappeared as a pink tumour with a malignant appearance. The whole ball of the eye was then removed. In a few weeks it returned as a small button at the bottom of the orbit. This was removed, and the patient remained well for eight or nine months, when it reappeared again, and was once more removed. She remained well for eight months, when she returned with a large melanotic tumour protruding from the orbit. This was thoroughly removed, after which she lived two years, dying of cancer of the abdomen, but without return of the original disease.

Mr. SEWILL spoke.

Dr. PERCY BOULTON on

### TYPICAL DEVELOPMENT OF CHILDREN, OR THE BEARING OF ANTHROPOLOGY TO HYGIENE.

From observations extending over ten years, Dr. Percy Boulton said that anthropology in its non-medical aspect is a most valuable aid to preventive medicine. During the period of growth the scales and measures used systematically render arrested growth at once evident, and this is a certain forerunner of disease. The age standard is most fallacious, and the only trustworthy measure of healthy development is weight for height. The reason for this is that perfectly healthy children grow at different rates per annum, which accounts for different adult heights amongst perfectly healthy people. Two inches a year is the lowest rate between three and five feet that is consistent with typical development; so that any child growing less than two inches a year should be looked upon as suffering from some drawback to healthy development, which, if discovered, is probably removable. The most common causes are unsuitable or insufficient food, over-work, mental or bodily, want of proper rest, &c. Few children grow *more* than three inches a year, and such require careful watching, as it is a rate of growth scarcely consistent with safety. Those growing over three inches a-year would require more food and rest. They are easily fatigued, and should not, therefore, be allowed to take violent exertion of any kind. Two, two and a-half, and three inches a year may be taken as the normal rates of growth of healthy children with suitable surroundings. The first prognosticates short, the second medium, and the third tall adult stature. Growth should be regular, not by fits and starts, and hence the child that grows two inches a year is about five feet at fifteen years, whereas the child that grows three inches a-year is five feet at ten or eleven. Variation in rate of growth explains perfectly differences in height, and at the same time shows the fallacy of an age standard. Weight for height in all cases should be the same. As a standard of weight for height is absolutely necessary, Dr. Boulton, has drawn up a table taken from ten years observation of a large number of the healthy children of well-to-do parents, brought up with suitable food and surroundings, giants and dwarfs being excluded. He will be happy to forward one to any one applying to him by post. The standard is that of typically healthy children. It is found that such may fall seven pounds below the standard before entering what Dr. Boulton called "the land of Cachexia." Children that always weigh seven pounds below the standard have no capital to draw on, and quickly succumb to constitutional diseases. It should be our aim to keep growing children up to the standard, as then there is a seven pound preventive medicine margin. By frequent weighing and measuring, loss of weight, which is such a frequent forerunner of disease, would be detected at once, and become a valuable danger signal. Several suggestions were then thrown out for the physical improvement of the people.

The President, Dr. Day, Messrs. Malcolm Morris, Mason, Alderson, and Osman Vincent spoke, after which Dr. Boulton replied, and the meeting adjourned.

## SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society was held on Friday evening, February 13, in the Albert Hall, Royal College of Surgeons, Dr. McCLINTOCK, Vice-President of the College, in the chair.

Mr. B. WILLS RICHARDSON, hon. sec., read the minutes of the previous meeting, which were signed.

### MORBID SPECIMEN—AMPUTATED ARM.

Mr. HENRY GRAY CROLY exhibited the arm of a woman, æt. 70, he amputated on the previous Tuesday. She was admitted into the City of Dublin Hospital on the 8th of last January. She had a very large and evidently malignant ulcer on the lower part of the forearm. About eight years ago she noticed a small wart on the region where the disease became seated. Consequent on the disease the radius was fractured and the ulna projected, the dislocation of the lower end of it presenting rather a remarkable appearance. No glands were enlarged, except in the vicinity of the elbow-joint. For a woman of advanced age she seemed to be in general good health. There was no visceral disease that he could ascertain. The special form of cancer the one in question belonged to he would not venture at present to determine, pending the result of microscopic examination of some sections made of it by Mr. Abraham, curator of the museum.

Mr. W. THORNLEY STOKER read a communication on a case of

### CONGENITAL MALFORMATION OF THE RECTUM,

which will be found at page 186.

Dr. CRANNY mentioned a case that came under his notice in the Rotunda Hospital. A woman was delivered of a child, and she had the same malformation Mr. Stoker had described. At the time he did not examine to see whether or not there was a *cul-de-sac* rectum; but she seemed unaware of there being anything wrong with her, and did not suffer any inconvenience.

Mr. W. WHEELER said the communication just read reminded him of a paper written by Mr. Curling some ten or eleven years ago, giving an account of one hundred congenital malformations of the rectum, and showing the large proportion of males that suffer from this deformity in comparison with females. In the 100 cases, only 11 were afflicted with the rectum opening into the vagina, although 32 female cases were quoted, proving the deformity brought before the Society to be an unusual one. He had himself seen several cases of congenital malformation of the rectum. On one he operated successfully. There was one case of this deformity which he brought before the Society in 1878. It was a very unusual one and was reported in his paper on "Deformities of the Bladder," in the *Medical Press* of February 6th :—

"I may here mention a curious deformity which lately came under my notice, namely, a case of spina bifida with the intestine opening by its side and fæcal matter discharging. I saw the case with Dr. Byrne, of Baggot Street, and had an opportunity of showing it to Dr. Hawtrey Benson. The child died, but a post-mortem would not be permitted."

The paper then proceeded to relate a case recorded by Bartholin in which there was neither penis nor anus, and all the ingesta returned by the mouth for more than fifty years. By drawing a diagram he could, he thought, be better understood, and show what exactly is the cause of these deformities, and especially the one Mr. Stoker had brought before the Society. Mr. Wheeler then drew a diagram of a fœtus, about 10 days' old, showing the relative position of parts where the allantois was placed, and how the epiblast invaginated to meet the hind portion of the hypoblast and thus form the rectum, and that when this invagination did not take place, the rectum would open into the invaginated portion of epiblast in front, in fact the vagina; of course the deformity might take place from inflammation during intra-uterine life. Independently of colotomy there appears to be two forms of operation suitable to the class of cases Mr. Stoker brought forward—the enlargement of the existing outlet, and the formation and establishment of an anus in the normal position. Now that enlargement at all events was absolutely necessary was evident to all who had read the paper he had alluded to, as it distinctly stated that death had been caused by over-distension, and curiously enough, a case came under his notice that evening of the rectum opening into the vagina in a child, 3½ years old, who had to be placed in a warm bath whenever the bowels were being moved, he presumed to assist in the movement. He could not concur with the opinion that it would be well to close the opening in the vagina directly the formation of an anus in the normal site was accomplished. On the contrary, it was found from experience that this opening somewhat contracted or diminished in size, and thus rendered it easier for future operative interference. Nor was an operation for this kind of deformity one very likely to be followed with success, and especially in adults, for although the retentive powers of the bowel may exist sufficiently, the muscular coats of the rectum were generally hypertrophied and the mucous follicles enlarged, and the expulsive powers of the bowel weakened, so that the afflicted one suffered much the same as if stricture existed. The commonest cause of death after operative procedure appeared to be from wound of the peritoneum causing inflammation of that membrane.

Dr. ATTHILL cited a case which occurred in his practice three months ago. A woman was delivered of a healthy child apparently well-formed, but on the day after its birth the nurse told him it was malformed, having no anus. However, he diagnosed an imperforate anus. At the same time he told the father the child was not likely to survive. Next morning there was a natural motion; and he found the anus opened into the vagina a little way up. He fell into the mistake, and others might do the same, of attempting to make an artificial anus where there was an opening into the bowel; but as he saw no symptom of a termination of the rectum he did not attempt an operation, though he had before now done so. He thought, therefore, having regard to the foregoing case, where there was a deficiency of the anus in the female infant the vagina ought to be carefully examined before performing an operation. It was quite possible he had been misled by the fact that there was no attempt at defæcation. The difficulty would be much more considerable if the rectum terminated in a pouch; and if the case were considered one of total occlusion of the anus a purgative would not be given.

Dr. J. A. BYRNE regarded the description of the anatomical arrangements of the parts and the diagnosis of the tumour as of very great importance. Had the case fallen into less scientific hands, it would probably have been pronounced one of ovarian tumour. Mr. Wheeler having referred to male deficiencies of the rectum, he thought he might mention a curious case in his own practice—that of a child four or five days' old, who having passed nothing by the bowels, was sent up from the country to Vincent's Hospital. Late on a Sunday night he endeavoured to make an opening into the rectum with the assistance of the resident surgeon. There being no indication whatever of an anus, he made a crucial incision, passed in catheters, probes, and directors fully an inch in depth, and could find nothing. This was the second case of the affection he had seen. The other he saw with Surgeon Hutton in the case of a lady who gave birth to a male child. In operating he passed a bistoury into the bladder; a quantity of urine came away, and the child died in a few hours. He also saw a case when the Vice-President (Dr. McClintock) was Master of the Rotunda. In that instance it was a mere septum across the rectum. The anus was perfect. On making a slight incision into this, which was rather of a dense nature, the fæces escaped and the child recovered. In the recent case to which he referred they performed the posterior operation on the following day, assisted by the President of the College (Dr. Mapother), but the result was unsuccessful. There was great difficulty in arriving at the intestine, being very small and undeveloped. They did not reach it. But what was remarkable about the case was this, that they were very near success, because next day, on making a post-mortem examination, they found that had they penetrated a quarter of an inch farther they would have got the end of the rectum. The rectum did not stop at the ileo-cæcal termination, but went half-way down the anterior surface of the sacrum, and stopped within three-quarters of an inch of where the anus usually was. It was not pleasant to record unsuccessful operations; but he did so *pour encourager les autres*, as he would not hesitate again to pass on the bistoury.

The Vice-President mentioned that a few years ago he was asked by Dr. Sibthorpe, of Hume Street, to see a female child two days old. Great anxiety was felt on account of its not having any evacuation from the bowels. There was no sign of an anus whatsoever, and the question of puncture and so forth was considered. However, though he did not know what prompted him, he took a large silver catheter, passed it into the vagina, moved it round freely, and to his surprise and satisfaction a quantity of meconium came away from the vagina at once. There was a small communication high up, and the instrument had opened this, or displaced some thick, intercepting matter in the vagina, and allowed the meconium to come away. He explained the nature of the unfortunate communication to the family, but mentioned that it was not necessarily fatal. He had reason to believe the child survived, or was certainly alive some months afterwards. Under similar circumstances it was worthy to be borne in mind, before coming to the conclusion that there was no natural vent from the rectum, an examination of the kind should be made.

Mr. W. Thornley Stoker, in reply, said the case he recorded was not meant, as some seemed to imagine, to be at all a comprehensive treatise on the subject of deformities of the rectum. He had, of course, seen a good number of cases of malformation of the rectum, chiefly in young children, and he had operated in two or three, and all the cases he had seen, except the adult one now recorded, occurred in male infants. The result of his operations had been uniformly unsuccessful—he never had occasion to interfere with the malformation of the rectum that the patient did not, sooner or later, die. In one instance he failed entirely to discover the bowel. An observation had fallen from Dr. Byrne in reference to the possibility of injuring the bladder. In any case in which he operated, being aware of the propinquity of the rectum and the back of the bladder, he introduced a catheter and avoided as far as possible any danger of opening into the urinary bladder. In reference to Mr. Wheeler's remarks, Mr. Stoker said he did not intend to introduce the question of the cause of those deformities, which was a subject so extensive, that instead of being incidentally introduced as a paragraph in a practical communication, it would require a very lengthy paper to itself.

Mr. William Wheeler read a communication on a

### LARGE RANULA, ACCOMPANIED BY A TUMOUR WHICH OCCUPIED THE WHOLE FLOOR OF THE MOUTH, ONE BEING DISTINCT FROM THE OTHER,

which will be found at page 188.

Mr. Tufnell said he saw the case. The ranula was of a very chronic character, and the contents expressed and removed were quite sebaceous. Inflammatory action supervening on the pre-existing state led to the symptoms which required the active treatment. The *materies morbi* contained in the cyst was such as he never saw in any other case, being perfectly cretaceous, and almost as hard as mortar.

Dr. Henry Kennedy said the case recalled one brought forward by the late Dr. Montgomery, as he quoted the sentence "*Magna pars fui.*" Dr. Montgomery had presented a stone of the size of a filbert nut, which had formed under his own tongue. It grew rapidly within two months to the size of a filbert-nut, and was removed with comparative ease from the duct by means of a small pair of forceps. However, it was remarkable that the tumour should have grown so rapidly and become a regular calculus, the composition of it being of the cretaceous character found in cases of the sort. In reference to the case under discussion, there must have been some nervous or inflammatory irritation going on when the patient was admitted to hospital, and any additional cold would naturally spread to the epiglottis and give rise, in the female particularly, to the very urgent symptoms described. The treatment in such cases was obvious. Leeches had been found exceedingly beneficial applied to the tongue in large numbers. For his own part, an incision would be preferable. He asked whether there were not two tumours—one on one side and the ranula on the opposite side of the tongue?

Mr. Wheeler, in reply, said the ranula had not any communication with the tumour on the floor of the mouth. Referring to Dr. Kennedy's observations, he said he made an incision beneath the symphysis menti under the tongue and each side of the tongue, through the cyst of the tumour occupying the floor of the mouth, and that he afterwards opened into the mouth from without beneath the chin.

The Society then adjourned.

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## ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

Wednesday, February 18th, 1880.

W. A. N. Cattlin, F.R.C.S., President, in the chair.

After the annual address given by the President, on which we commented in our last,

Mr. Hamilton Cartwright opened a discussion

### ON THE MEANS OF DIAGNOSIS AFFORDED BY AN EXAMINATION OF THE TEETH AND MOUTH IN DOUBTFUL CASES OF CONSTITUTIONAL DISEASE.

He desired to show how some knowledge of dental lesions might be of the greatest service to practitioners in medicine and surgery, whilst, at the same time, the qualified surgeon practising dentistry might give valuable aid to his *confrères* in many dubious cases. The first subject he wished to draw the attention of the Fellows to was that of neuralgia, connected more especially with the head and neck, which he divided into supra-orbital, infra-orbital and facial, mental and cervico-facial. His contention was that there is no such disease as idiopathic neuralgia; that a cause for it is invariably to be found, whether it be in connection with the impressions created on the nervous centres by the ovum in the womb, or by the diseased tooth. He then combated the theory that in ordinary cases there is any degeneration of the *posterior* roots of the spinal nerves, proving his hypothesis by many examples of sudden and complete cure on the removal of an exciting cause of pain. Though the teeth were very frequently the originators of a spurious kind of neuralgia, he thought that they were very often unjustly blamed and sacrificed. In speaking of the *loci* of neuralgic pain, he hazarded the theory that the symptoms of neuralgia were in no small number of instances owing to pressure on the main branch of a nerve, caused by exostosis around the edges of the foramina through which they pass. He then gave the means of diagnosing between pain due to dental causes and that caused by lesion of the nervous centres, or by that of special nerves, maintaining that by a process of elimination it was easy to prove whether the teeth were at fault or not. He then alluded to the subject of gout, showing that there was a special condition of the teeth and oral mucous membrane by which the disease might be diagnosed, and even anticipated in hereditary cases. He then entered upon the signs of syphilis seen in the mouth, as those of rickets, phthisis, and dyspepsia, concluding an exhaustive discussion with the signs of scrofula and struma in the glands, laying great stress upon the fact that a lack of knowledge of the elements of dental surgery, such as might be acquired in any general hospital, frequently was the cause of glandular abscess being treated as scrofulous, and which were entirely owing to causes connected with the teeth.

The President thanked Mr. H. Cartwright for the clear and able manner in which he had brought a very interesting subject before the meeting, and quoted several published cases in support of the theory that the local cause of facial neuralgia was often to be found in a remote part, and *vice versa*. He instanced the case published by Sir Charles Bell, in which an ulcer of the stomach had caused facial neuralgia, and others mentioned in Sir Henry Halford's Essays, in which osseous deposit on the crista galli of the ethmoid bone had produced the same effect. Perhaps the most interesting cases he could refer to of pain in remote parts produced by irritation of the pulp or nerve of a tooth, was one published by the late Mr. Sercombe, in which severe spasm of the uterus was clearly traced by experiment to the exposed pulp of a tooth. He thought facial neuralgia was more frequently to be traced to the gouty diathesis, and an anæmic condition of the blood than Mr. H. Cartwright supposed, although cases of neuralgia from constitutional causes were by far the most rare, and Dr. Fothergill had shown that they were common in malarious districts.

Mr. Francis Mason dwelt upon the importance of distinguishing syphilitic from other diseases of the cavity of the mouth, and remarked that the commonest form of secondary eruptions in that cavity was found in a raised whitish patch somewhat indented from contact with the teeth, and situated inside the cheek near the angles of the mouth on both sides.

He believed that in the true syphilitic sore-throat such patches were observed either over the tonsils, or extending as crescentic elevations on the soft palate. If the tongue were affected the patches were chiefly on the sides of the organ, and indented from contact with the teeth. He believed that this peculiar raised condition, due to the effusion of lymph so characteristic of true syphilis, was much more commonly to be observed than the deep excavated ulcer. He further remarked that it was customary at the present day to attribute all cases of exfoliation of the palate and nasal bones to syphilis. His own experience led him to believe that in by far the majority of such cases there was no history whatever of true syphilis.

The **President** assumed that Mr. Mason attributed necrosis of the bones of the nose and other parts more to the abuse of mercury than syphilis, although he had not actually said so.

Mr. **Mason**, in reply to the President, coincided with him that the awful destruction of the bones of the face and soft parts, as occasionally seen in former years, but now, happily, illustrated only in our museums, was due not to syphilis, but most probably to the wholesale administration of mercury for its supposed cure. Lastly, he urged the importance of making a correct diagnosis, and instanced some cases in which the mere eruption of a wisdom tooth had been mistaken for syphilitic sore throat, and had been treated accordingly.

Mr. **Edgelow** considered that neuralgia had always some positive cause, and narrated a case that had come under his notice at St. George's Hospital, in which exostosis of the fangs of a tooth had caused severe pain in the hand, which subsided at once on the extraction of the tooth.

Mr. **Ranger** stated that in two cases which he had recently met with at St. Thomas's Hospital the same result followed. The first case was that of a young man who suffered extreme pain in the right arm and down to the hip-joint. He found a lower bicuspid very much decayed, and on destroying the pulp with arsenic the pain ceased almost immediately. The other case was that of hysteria in a girl, when, on removing a lower bicuspid, much decayed, the same result followed.

Mr. **Hamilton Cartwright** briefly replied.

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# Special.

## FRANCE.

[FROM OUR OWN CORRESPONDENT.]

Paris, March 4.

The death-rate of Paris during the last two months has been exceptionally high. For the first week of the month of January the mortality was 1,294, increasing in every succeeding week to the first week in February, when it stood as high as 1,619 (the average of the corresponding weeks of the three preceding years having varied between 956 and 1,062 as maximum). This abnormal increase may be no doubt attributed to the exceptionally rigorous winter on the one part, and to the slight epidemics of small-pox and typhoid fever which have reigned amongst us for the past six weeks. No new special disease has been observed which could be attributed to the cold, nor any appreciable modification in the character and course of ordinary diseases save a considerable increase in cases of frozen extremities and erythema. In the month of January the number of fatal cases of small-pox was reported as 280, diphtheria showing 164, and typhoid fever 89, but this latter for the first week of February alone increased to 101.

A special commission is being formed by the Minister of Public Instruction for the revision of the French Pharmacopœia published in 1867 by the Government. A new edition is to be prepared.

Professor Paul Bert gives a short *exposé* of his anæsthetic (a mixture of protoxide of azote and oxygen under pressure) in the *Gazette des Hôpitaux.* He claims for it the following advantages :—1st. An immediate return to sensibility and a perfect *bien être.* 2nd. Absolute tranquillity, not only of the patient, but of the operator, as there is no vomiting nor irregular breathing observed as a result of the inhalation of the protoxide of azote ; and the third advantage is that relative to the state of excitement which is often so troublesome and sometimes dangerous with chloroform. With M. Bert's agent nothing of the kind occurs save sometimes a little rigidity, which is always easy to master. The patient passes, so to say, *brusquement* from consciousness to insensibility. If one added to this the considerable number of observations furnished by American dentistsrelative to the employment of *pure* protoxide of azote, one might with all safety affirm that this method was absolutely without danger. However there is, according to the Professor, one inconvenience attending the administration of this anæsthetic agent. A room whose walls are strong enough to bear the pressure is indispensable. Consequently the application of this procedure is rendered impossible on the field of battle.

A doctor at Val de Grâce has just died a victim to his devotion. A patient in the hospital to which the medical man was attached was on the point of death, and transfusion was proposed as a *dernière ressource.* The doctor in question offered his blood, which unfortunately for him was but too readily accepted, for a few days afterwards purulent pleuritis set in and carried him off.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, MARCH 10, 1880.

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## THE PROPOSED METHODS OF "DIRECT REPRESENTATION."

In discussing last week the general proposition of the reconstitution of the General Medical Council, we suggested four methods by which that body might be liberalised and improved : —

1. To reduce the number of representatives of licensing bodies by disfranchising peremptorily those bodies which have no considerable share in medical education or qualification, and no special function as qualifying bodies to

fulfil; *e.g.*, the Apothecaries' Companies of London and Dublin, and the University of Durham, and perhaps the Glasgow Faculty.

2. To cause the Crown nomination to be exercised more frequently in favour of distinguished working practitioners rather than exalted metropolitan doctor-princes.

3. To add to the Council a fair proportion of representatives directly elected by the rank and file of the profession.

4. To transfer the election of the representatives of licensing bodies from the executive councils, lay convocations, and nominated senates, to the medical corporate members of such licensing body.

The two Medical Bills now before Parliament—that of Mr. Mills, representing the British Medical Association, and that of Dr. Lush, representing the Medical Alliance Association—agree in the principle of direct representation, but propose different methods of attaining that object, while the Government Bill does not make any attempt whatever at improving the constitution of the General Medical Council.

Before proceeding to contrast the two methods of reconstitution which are suggested, we may at once clear the ground by declaring on behalf of the profession at large, that reconstruction of the Medical Council is a matter upon which they take their stand, and that no Bill which fails to provide for a thorough reform in this respect can be allowed to pass, or, if carried in spite of their opposition, can be allowed to stand as a final settlement of the matter. Upon this determination there ought to be no misapprehension, nor should there be any compromise, and those who speak on behalf of the profession before the Select Committee ought to make it perfectly clear that any or every Bill which entrusts the medical education and qualification of the future to the Medical Council as at present constituted will be resisted with vigour, and if passed, will be attacked every year until the needed reconstitution is effected.

While asserting this determination on the part of the profession at large, we are not to be taken as implying that medical men are half-hearted about the question of medico-educational reform, which is the other great purpose of the proposed medical legislation. We thoroughly appreciate the extent to which the abuses of medical education and medical licensing have been allowed to run by the Medical Council, and we do not under-estimate the extreme importance to the profession and the public of a reform of these abuses. On the contrary, every medical man has personal knowledge of the ill results which have accrued from the admission to our profession of half-educated persons of low social grade by the uncontrolled selling to them of cheap and easy diplomas by needy and greedy licensing bodies, and it is because the profession is determined to see an end to this traffic that it is equally determined upon a rebuilding of the General Medical Council, for it well knows that any scheme of improvement, however good in principle, perfect in detail, and well intentioned, must fail if its execution be entrusted to a body which—by twenty years of experience—we know to be neither willing nor competent to work such a scheme.

Let the claims of the profession not be misunderstood. We ask for an organisation as will ensure that no person shall legally practise medicine or surgery unless he possesses such competency as is necessary for the public safety, and unless he has an education suitable for a gentleman's profession, and we ask that the organisation necessary to ensure these objects shall be confided to those who are willing to use it. Less than this cannot be accepted, and, if Parliament refuses to us at present an executive willing to carry out this reform, it is far better for us to wait a little, and persevere in our efforts rather than consent to an arrangement which would tie the hands of reformers for the next twenty years.

The proposals for reconstruction contained in the Bill of the British Medical Association, and in that of Dr. Lush are, as we have said, the same in principle, but different in detail. The former Bill—Mr. Mills's—leaves the Medical Council as it is, making no change therein save that it groups the University of Edinburgh with that of St. Andrew's, and Glasgow with Aberdeen, the existing grouping being Edinburgh with Aberdeen, and Glasgow with St. Andrew's. To the present Council Mr. Mills would simply add six direct representatives—four for England, and one each for Scotland and Ireland. Thus the complete Council, under his proposition would number thirty persons, of whom six (or one-fifth) would be direct representatives; another six would be Crown nominees, one other member would be the President, and the remaining seventeen would be the representatives of licensing bodies.

The proposal of the Bill of the Medical Alliance Association, introduced by Dr. Lush, is essentially different from this. That Bill seeks to add *four* direct representatives, but at the same time to reduce the number of the Council. For these representatives it makes room by disfranchising the Apothecaries' Companies of London and Dublin, and the Glasgow Faculty of Physicians; and it reduces the number of councillors by proposing to appoint only four Crown nominees, and to make one of them President instead of electing one additional member to that office. It furthermore proposes to group the University of Durham with those of Oxford and Cambridge, the Dublin University with the Queen's, and the Scotch Universities in one group. Thus the Council proposed by Dr. Lush would consist of nineteen persons—or five less than at present—four of them being Crown nominees, four direct representatives, and eleven representatives of licensing bodies.

Of these two propositions there can be no doubt that that of Dr. Lush is much preferable—we might almost say it is the only practicable suggestion. In the first place it meets boldly and honestly the faults of the present constitution of the Council, which faults Mr. Mills's Bill connives at, though we fully believe that the promoters of that measure are fully conscious of them. We quite believe that if the Medical Reform Committee of the British Medical Association were asked whether they thought that the two Apothecaries' Companies—the Durham University and the Glasgow Faculty—were fairly entitled to a voice in the General Medical Council, it would be admitted that they do not. We think it a doubtful policy on the part of an Association which represents the general practitioners to buy off the insignificant opposition of these bodies by tolerating a serious error in the constitution of the Medical

Council, and we therefore prefer the proposals of Dr. Lush, which, if less diplomatic, are certainly more honest.

But the great objection to Mr. Mills's Bill—and it is one which the Medical Council party have not been slow to use for the purpose of their opposition to any measure of reform —is that it adds one-fourth to an already unwieldy council, and thereby at once increases its cost and diminishes its chance of proving a good working body. It is the opprobrium of the General Medical Council that it is characterised by little else than endless verbosity, and that there exists within it such a diversity of conflicting interests and so little cohesion of any one party, that its meetings show little sign of a definite policy on any point, and result in little else than vague recommendation, or colourless resolutions. It is a reasonable objection to an increase in the talking power of the Council, that the probable effect would be a decrease in administrative power, and for this, if for no other reason, it seems to us that Dr. Lush's proposal is more sensible and more effectual than that of Mr. Mills.

But there is a more practical yet equally forcible objection to the method of reconstruction put forward by the British Medical Association, and that is that there are really no funds for the payment of six additional Councillors.

The following table will illustrate this :—

*Comparative Income and Expenditure of the General and Branch Councils during the last seven years.*

| | 1872. | 1873. | 1874. | 1875. | 1876. | 1877. | 1878. |
|---|---|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ | £ | £ |
| Income ... | 6106 | 5338 | 6004 | 5877 | 6286 | 6035 | 6206 |
| Expenditure | 3446 | 5215 | 6882 | 6698 | 5911 | 6684 | 6322 |
| Excess of Income ... | 2660 | 212 | — | — | 374 | — | — |
| Excess of Expenditure ... | — | — | 878 | 820 | — | 649 | 116 |

Average for seven years of Income, £5979
" " Expenditure, £5867

It will be seen that—with the exception of one year—the Council has for the last five years been drawing steadily upon its capital, and that in that period it has reduced its money balances by £2,089, although during that period there was no decadence, but rather a steady increase in its income. Of the six thousand a year expended by the Council, nearly one-half (£2,893) went during the last recorded year on fees to Councillors. This seems a very large sum, but considering the number of the members and the length of the sitting, it is not so.

The remuneration to a member of the General Medical Council, including his travelling and hotel repayments, and his attendance at Branch Councils—judged from the expenditure of the year 1878—is, on an average, per annum, as follows—

1. For a member resident in London ; about £80.
2. For a member resident at a distance, including all his expenses ; about £160.
3. For a member of the Executive Committee, resident in London ; additional, about £30.
4. For the same, resident at a distance ; from £60 to £130.

We are aware that it has been proposed to reduce the remuneration of Councillors in order to bring the expenditure of the Council within its means ; but while we are anxious for economy of administration, we emphatically demur to such a proposal. For members resident in London, who can pursue their profession and receive their fees during the sittings of the Council, there might be no great hardship in asking them to attend its meetings gratuitously, but for members who have to travel from Scotland, Ireland, or from distant provinces, to pay first class travelling and hotel expenses, and to sacrifice their practice earnings for a fortnight's absence from home, perhaps twice each year, it seems to us that £160 is all too little.

It would, we think, be subject for regret if membership of the Council came to be sought for as an office of emolument, but we think that there is no danger of such contingency at the present rate of payment, while, on the other hand, it seems clear that to curtail the fees would be to make it impossible for practitioners in the full swing of their profession to accept office, and would thus tend to throw the representation into the hands of retired doctor-princes, of whom, we submit, we have already too many, or of needy practitioners whose experience of medical education and practice is narrow.

The six direct representatives proposed by Mr. Mills, would cost the profession about £1,000 a-year, and we know of no feasible way of providing that sum except by removing six other representatives who have no claim to the seats or the emoluments, and this is exactly what Dr. Lush proposes.

As to the means by which the medical profession at large is to choose its direct representatives the two Bills agree.

The proposed machinery is as follows:—When an election is to be held the registrar of each branch council (who is sworn to hold a fair election) will publish in the medical and other journals a notice fixing the time and place of election, and will for a month from date of such notice receive nominations of any person "qualified as a registered medical practitioner, to represent the medical practitioners in that part of the United Kingdom." Within that month any twelve registered medical practitioners may, in proper form, nominate such person. If the nominations do not exceed the vacancies, then the nominee will be declared *ipso facto* elected. If the nominations exceed the vacancies, then the branch registrar shall forward by post to each registered practitioner within his division of the kingdom a voting paper, which the recipient shall, in the presence of a witness, initial opposite the name of the candidate whom he selects, and then return to the registrar, who shall next day count the votes, reject the invalid papers, and report the result to the General Medical Council. Representatives so elected shall hold office for five years.

We may, we think, disregard any objection made to "direct representation" on the ground of the impracticability of this system, for it is perfectly simple and inexpensive, and not seriously open to abuse or fraud. It is our calculation that such an election held every five years, and assuming it to be always a contest, would cost the Council at most £200, and that outlay would be well repaid—if in no other way—by the opportunity which it would afford for a thorough revision, each five years, of the names and addresses in the Medical Register.

Upon the general question of the advisability of admitting to the General Medical Council a class of members who shall be elected by the profession at large, we shall not enter into controversy. We have said enough to prove that—for want of such representatives—the Medical Council has allowed many questions of vital interest, both to the medical profession and to the public, to lapse from its memory. If we are told that "direct representation" would introduce "agitators" to the Council, we reply that the stimulus of a few representatives independent of the interests of Colleges and *en rapport* with the interests of the profession has long been needed, and would be of great advantage to the Council, and if it pleases any one to call them "agitators," the name will be no opprobrium in a conclave in which agitation is the one thing needful.

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## THE LUNACY LAW AMENDMENT ACT.

But one opinion of Mr. Dillwyn's Lunacy Law Amendment will be formed by competent critics, and that will be that it is a very impotent and pernicious measure, which might be more fitly designated the Lunacy Law Confusion Act. It is certainly disappointing to find that after years of cogitation, and an inquiry which must have been very costly to the country, Mr. Dillwyn has nothing better to offer us than this Bill, which, if it became law, would unsettle much that is excellent in our present system, introduce some dangerous novelties, and set up some fictitious safeguards of personal liberty in place of the tolerably substantial ones which we now possess. The Bill does not grapple with the real difficulties of lunacy legislation, it marks no advance in our treatment of the insane, and contains scarcely a single provision that has not been again and again discussed and discarded by practical men. With timid halting step it enters upon some promising tracks merely to start back again, as if frightened at its own temerity, and with stolid effrontery it carries through some eminently silly proposals. It would be flattery to apply Horace's most familiar metaphor to Mr. Dillwyn and his Bill. Were we inclined to adopt a modification of the figure we should speak of a labouring mole and the birth of a preposterous rubbish heap.

Anxious to do full justice to the Bill, and to give prominence to any good things that it contains, we have searched it in the first place for proposals which we could approve and recommend. Unfortunately these are few in number, being limited to the provisions of the 9th and 14th sections. By the first of these it is provided that the Chairman of the Board of Commissioners in Lunacy shall, henceforth, receive such salary as may be fixed by the Lord Chancellor with the consent of the Treasury; that one of the Commissioners shall be appointed as Deputy Chairman, and receive a certain payment in respect of that office beyond his stipend as a Commissioner; and that two additional Commissioners, one a barrister and the other a medical man, shall be appointed, which would bring up the number of paid commissioners to eight. By the latter section referred to, that is to say the 14th, it is provided that public asylums which have hitherto been visited only once a year by the Commissioners shall in future receive two visits annually.

Now it is obvious that the payment of the Chairman of the Commissioners is not only an act of justice but of necessity, for that labourious office must be filled by a man of exalted rank and ability if the authority of the Board is to be maintained and its policy vindicated, and no one possessing the necessary qualifications, would be likely to accept so thankless a post, without the inducement of a large salary. It is not to be expected that we shall again meet with the philanthropic ardour which has sustained Lord Shaftesbury through a life-long drudgery on behalf of the insane, and we must therefore be prepared to purchase at its full market value the official capacity and industry required in the Chairman of the Board of Commissioners, combined of course with that zeal in the public service and those benevolent dispositions which are not to be bought, but which are rarely wanting in English statesmen. The Chairmen of the Local Government Board, of the Committee of Council on Education, of the Prison Commission, the Ecclesiastical Commission, and the Civil Service Commission, are all paid, and no good reason can be adduced why the Chairman of the Lunacy Commission should not be paid also. Lord Shaftesbury certainly has done the work for thirty-five years for no reward but the approval of his own conscience, and the gratitude of his fellow-countrymen; but that creates no ground for hoping that anyone else will exhibit similar disinterestedness, especially when it is borne in mind that the public gratitude, which we have alluded to as part of Lord Shaftesbury's recompense for his services, has been mixed of late with a good deal of public grumbling against the system which he has done so much to elaborate, and the Board which he has formed and moulded. We suspect the public do not really know how large a share of the work of the Commissioners in Lunacy has been borne by Lord Shaftesbury. Had they have been aware that he has not only been the presiding spirit at the Board, but that he has been a working Commissioner attending the office almost daily, visiting asylums from time to time, and keeping up a detailed knowledge of institutions, men, and cases like any of his paid colleagues, they would not, we think, have listened with patience to the aspersions which have been cast upon the work of the Commissioners by social fanatics and prematurely discharged lunatics. For forty years Lord Shaftesbury has assiduously, punctually, and gratuitously performed a round of public duty which in any other department of the State would have been requited by a salary of £3,000 a year, and which will certainly have to be paid for at that rate in future.

The appointment of a Deputy Chairman to preside at meetings in the absence of the chairman, and to undertake other special duties, would open up a vista of promotion before the Commissioners, and offer an occasional opportunity of rewarding such of them as might have distinguished themselves in the discharge of their ordinary functions. The suggestion is good on the whole, but we should have preferred a proposal to appoint a paid Parliamentary Secretary to the Commission, and to raise the salaries of the Commissioners after a certain length of service. A Parliamentary Secretary, holding a position and salary similar to that of the Parliamentary Secretary to the Local Government Board, would connect the Commission with the Government of the day, and bring it into immediate relations with the House of Commons. The isolation of the Commission has been its weakness in the past; it would have been lost sight of altogether, but for Lord Shaftesbury, and it is desirable that it should in future, like other great public departments, have a representative in the House of Commons who could answer questions, relieving the Home Secretary of that duty, take charge of lunacy legislation when it is deemed necessary, and bring the opinion of Parliament to bear directly on the Commission on all questions cognate to its work, while taking part in its deliberations. Then the Commissioners were either over-paid in the first instance, or are under-paid now, and the latter alternative is the one we are inclined to accept. Their salaries remain where they were when the Commission was first formed, whereas those of most civil servants of like rank have been increased in the meantime. No one will maintain that £1,500 a year is now equal in purchasing power to what it was five-and-thirty years ago. The high respect in which the first Commissioners were held, and the weight that attached to their recommendations, ought perhaps to be in some measure attributed to the comparatively high salaries which they then received, which marked them out as valued servants of the State. Unless the salaries of the Commissioners be raised it is to be feared that their authority will dwindle, and that on the occurrence of vacancies amongst them their ranks will have to be recruited from men of very inferior position to that from which Commissioners have hitherto been drawn. Several superintendents of pauper asylums are at present better paid than the Commissioners who have supervision over them, and who are, of course, compelled to keep up appearances suitable to their supposed high status. The salaries of medical superintendents are increasing all over England, and in a short time the position of affairs will be this—that the best of these medical superintendents will decline to accept commissionerships when offered to them, and we shall have second-class men promoted to inspectorial functions, with the result of destroying the repute and usefulness of the Commission. The salaries of the Commissioners ought to be raised to £1,800 at the end of five years' service, and to £2,000 at the end of ten years, if it is wished that they should preserve the dignified position, powerful for the public good, which they have hitherto occupied.

The visitation of public asylums twice instead of once a-year would doubtless be a salutary measure, as under existing arrangements, large numbers of lunatics must pass through these asylums without ever seeing a Commissioner, or having any opportunity of making their complaints in the proper quarter, and it is possible that nearly two years may elapse between the official inspections of a particular asylum. Experience shows that public asylums require to be kept up to the mark as well as private ones, and two yearly visitations are not certainly too much for them. It would be impossible, however, for these visitations to be carried out by the present staff of Commissioners, and if they are to be made statutory two more Commissioners, at least, must be appointed. Mr. Dillwyn may be congratulated on having avoided the tempting but objectionable expedient of appointing Deputy-Commissioners.

Turning from those parts of Mr. Dillwyn's Bill with which we can express some agreement, to the ampler regions where we differ from him, we come first on his proposal to enable justices of counties and boroughs to provide accommodation for private patients by building new public asylums or purchasing existing private ones out of moneys obtained by means of a county rate, or on mortgage of the rates. Now it may or may not be advisable to provide public asylums for patients of the better classes, who are now boarded in private asylums—we waive that question for the present—but it is certainly not advisable nor permissible to provide such asylums at the public expense, and we cannot comprehend how an advanced Liberal, like, Mr. Dillwyn should countenance such a scheme. The rate-payers have quite enough of taxation to support at present without adding to their burdens the cost of erecting luxurious hospitals for nervous invalids of the upper classes. True, it is provided that when a surplus is found to exist in any lunacy district, after payment of all expenses, the said surplus shall be applied to lessening the rates levied for the maintenance of pauper lunatics in the district, which would be an indirect way of compensating the ratepayers for their outlay in the new public asylums, but the existence of a surplus in any district would be exceedingly problematical, for the new asylums could not be conducted in a rigidly economical manner, and would have to receive many patients at unremunerative rates of board. But the principle of applying the rates to the purpose of building or purchasing lunatic hospitals for the well-to-do classes is radically unsound and indefensible. As well might we propose to draw upon the public purse in order to establish infirmaries for them when labouring under infectious diseases, or sanatoria at Ventnor and Bournemouth to which they might resort when suffering from consumption. Insanity is simply a disease involving certain disabilities and limitations of personal liberty, and requiring, therefore to be brought under stringent supervision by the State, but creating of itself no claim upon the public bounty. Lunatics of the better classes should be wholly maintained out of their own funds or those of relatives upon whom they have any legal claim; and not only so, but the expenses of the supervision and protection which the State confers upon them should be defrayed from the same sources. This is so in the case of Chancery lunatics, who not only pay their own maintenance, but are charged a small percentage which covers the whole cost of the offices of the Masters and Visitors in lunacy, and we fail to see why other affluent lunatics who are not in Chancery should be exempt from a similar impost, which would in part defray the expenses of the Commissioners in Lunacy. The rate-payers generally might very properly object to supply skilled inspection to wealthy lunatics who can well afford to pay for the benefits which such inspection confers; and the ratepayers would be themselves demented if they did not object to advance money, with a very shadowy prospect of repayment, in order that the whim of having all lunatics in public asylums, may be at once gratified.

There are really three classes of lunatics to be dealt with in this country, not two, as many writers and talkers on lunacy suppose. There are pauper lunatics who are and must be provided for out of the rates; there are indigent lunatics, who can just afford to pay for a bare subsistence, and who might properly receive charitable aid, in an undemoralising way, by having hospitals built for them by the benevolent; and there are affluent lunatics, who are able to pay all expenses connected with their illness, including asylum buildings, maintenance, medical treatment, and official inspection. The paupers are already well provided for. The indigents are partially provided for in institutions like Bethlem, St. Luke's, St. Andrew's Hospital, Northampton, and the Coppice at Nottingham, but one of the pressing wants of our day is increased accommodation for this class of the insane; and the affluents are fully provided for in private asylums, registered lunatic hospitals, and their own homes. Of the paupers Mr. Dillwyn takes no notice; about the indigents he manifests no solicitude; for the affluent he seeks to build palatial retreats out of the rates. The ratepayers, we suspect, will button up their pockets, and decline to contribute to such an undertaking, even although by doing so they could have the satisfaction of knowing that private asylums are abolished, and that the State has made another encroachment on private enterprise, and become an asylum proprietor. The next step of grandmotherly legislation will be for the State to buy up all druggists' shops at three years' purchase, so that we may have our medicine free from adulteration, and that chemical adventurers may no longer make exorbitant profits out of our diseases.

Should it have been determined after calm and full deliberation that it is expedient for the State, even now, and when public feeling is not wholly prepared for such a step, to take over the care of all the insane of every class, we can conceive a well-digested and equitable scheme by which the necessary lands, buildings, and furniture might be at once obtained, money being advanced by the Public Loan Commissioners at a remunerative rate of interest, to be repaid by instalments in a term of years; but Mr. Dillwyn's scheme is not, we think, equitable or well digested, and its money clauses are simply indefensible. Then not only is the scheme ill-digested and inequitable, but it would be inoperative, for the powers conferred upon the justices of counties and boroughs to provide asylums are purely permissive. Does anyone believe that any bench of justices would take action under Mr. Dillwyn's Bill? Mr. Dillwyn apparently does not believe it himself, for in one instance in the metropolitan district he makes it incumbent on the justices to provide one of his new modern asylums within a period of three years. Is it that, full of misgivings about his own plan, he desires one little preliminary experiment to be made in it? How else are we to account for this unique idea of compelling the metropolis to do what all the rest of the country is left to do or not to do as it pleases?

*(To be continued.)*

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## PUNITIVE TREATMENT AT HIGH SCHOOLS.

A PHYSICIAN who was called upon lately to attend a girl suffering from severe bronchitis, found that a slight catarrh had been converted into the graver disease by the persistent attendance of his patient at a London high school at which she is a pupil during cold foggy weather, in spite of the warnings and solicitations of her parents. Her obstinacy in going out of doors when she ought to have remained in her own room, was caused, it appeared, not by any innate love of school-work, but by an ambitious desire to retain the high position in her class to which she had, with much labour attained, and which would have been sacrificed by any temporary absence. Of an intensely nervous temperament, this delicate girl shrank from the idea of going down in her own little world, and so went on exposing herself to inclement weather and alternations of temperature when she ought to have been snug in bed, and working her brain when her feverish condition demanded complete rest. And not only so, but throughout her illness the knowledge that by the rule of the school—which we venture to think a very bad one—she would on her return have to go to the bottom of her class and struggle upwards once more, handicapped by the loss of all the tuition that had gone on in her absence, distressed and worried her to such an extent as to constitute a complication of her illness and retard her recovery. During her convalescence, too, the same painful anticipations haunted her, and made her impatient under the medical restraints imposed on her, and eager to begin again a course of study to which her strength was not equal.

In Erewhon diseases were punished and criminals submitted to medical treatment, and it would seem that some English high schools for girls have taken a leaf out of the Erewhon code, and provided punitive measures against sickness, for it is, of course, a punishment to a proud and sensitive girl to be sent to the bottom of her class. A temporary absence from school on account of sickness entails inevitable disadvantages, and it strikes us as being unfair that to these should be added gratuiously a deprivation of the "energy of position" in the class. Surely some method might be devised by which a girl might resume on her return from sick leave, and without any injustice to her companions, either the place which she held when she broke down, or her average place for the previous part of the term. The system to which we have referred of degrading girls who have been invalided is certainly objectionable and dangerous from a medical point of view. It is apt to lead, in the case o diligent and aspiring girls, to the concealment of illness, and undue postponement of treatment, and it is not unlikely to add a new element of danger to the ailments of those who are of fine and fragile organisation. We do not know how far the practice extends, or whether, indeed, it exists in more than one London high school, but wherever it has been introduced it ought to be amended without delay.

Competition as an instrument of education must be used with extreme caution in the case of girls. If it becomes a goad to stimulate exhausted, jaded, or overstrained powers, it will work incalculable mischief. Only in moderation, and under strictly equitable arrangements, should its use be permitted in girls' schools.

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AMONG the newly-elected members of the Royal Institution of Great Britain and Ireland occur the names of Drs. Crichton Browne and Mansell MacCullock

# Notes on Current Topics.

## The Dangers of Smoking.

It has on frequent occasions been contended that the enjoyment of a cigar carries with it a certain amount of danger to the smoker, cases being cited to prove the possibility of syphilitic inoculation through such a source. However rare such occurrences may be, it cannot be gainsaid that they do sometimes arise; that occasionally a specific ulcer is contracted on the lip followed by secondary eruptions, and every indication of syphilitic infection, in patients who can only be supposed to have come accidentally by the disease. A case in point is quoted in a recent number of the *Archives of Dermatology*. A physician had charge of a patient in a stage of advanced chancre, and received from him complimentary presents of valuable cigars he being the son of a manufacturer. Smoking the cigars by the physician was followed by ulceration of a persistent fissure which had existed on his lower lip many years. This eventually developed into a true chancre, and the constitutional symptoms only yielded after considerable treatment. The possibility of such a mode of infection is far too little considered. The makers of cigars are notoriously dirty and diseased, and nothing is more likely than that they should transfer the infection to the tobacco they manipulate. Given this virus-charged leaf, and an excoriated lip, and all the elements necessary to complete syphilisation are present. The danger is a common one, and ever present. How to avoid it should be the study of each smoker. Possibly the wisest plan to pursue is to smoke always through a cigar-holder or tube.

## St. John Ambulance Association.

This useful association is making steady progress, and branches are being formed almost weekly. In our last we drew attention to the great success attained by the Blackheath centre; another was very recently formed at Blandford, and now one has just been started at Bournemouth, where a very representative and influential local committee has been formed. The medical profession have everywhere recognised the value of the work done under the auspices of the Association, and at Bournemouth we find that several of the leading medical men of the town are on the committee. Lectures are intended to be given to the volunteers, the police, the railway *employés*, &c. We wish the movement every success, and should be glad to see a centre established in every town of any size in the kingdom.

## Heredity.

Dr. Kempster in his able report on the Wisconsin Northern Hospital for the Insane, gives a remarkable history of the family of one of his patients illustrating the operation of the intense taint which results from tendencies to nervous diseases in both parents. The father was eccentric; the mother died insane; the eldest child, a son, became insane and shot himself; the second child, the eldest daughter, is now in a lunatic hospital, the second daughter is insane and an inmate of another lunatic hospital, another daughter became insane and committed suicide by taking poison, another son was insane and shot himself, another daughter became insane and hanged herself; the eldest child of the eldest daughter above-mentioned has already become insane; thus making a beginning of the evil in a second generation.

## Dr. Farr.

The government recognition of Dr. Farr's invaluable services is to be fittingly followed by a testimonial to be subscribed chiefly by the profession of which Dr. Farr is a member. The committee to carry out the idea is one of the most influential that has ever been brought together, and includes the most prominent heads of the medical profession, as well as several noblemen and gentlemen interested in the question of hygienic reform. Mr. R. B. Martin, of 68 Lombard Street, is the honorary treasurer.

## Friedrichshall Water.

This is one of the most useful saline purgatives that we possess, producing activity in all the digestive functions, and thus eliminating matters otherwise to be thrown off as uric acid by the kidneys. The water itself as bottled at the spring in Germany and exported to this country, is far more efficacious than the salt obtained by evaporation, but few of those who are in the habit of taking the water adopt the proper method of administration. About seven ounces is an ordinary dose, and it should be taken an hour before breakfast, followed by a cup of hot tea or coffee, when a free action of the bowels is usually the result. Sir Henry Thompson in a lecture upon the natural mineral waters says that Friedrichshall water when administered for derangement of digestion with loss of appetite and foul tongue, should be given every morning before breakfast combined with hot water, and diminishing the quantity by a little every day or every few days. He adds that one of the characteristics of this water is, that the longer it is taken the smaller is the quantity necessary to effect the purpose. If, for example, seven ounces of the water be sufficient for the purpose required on the first day of its administration, six ounces will act equally as well on the second day, and five ounces on the following.

## Provident Dispensaries.

A provisional committee of gentlemen interested in a movement for depauperising the dependent classes, is engaged in making arrangements to hold an early public meeting to consider the details of a proposed scheme to this effect. The attempt that is to be made deserves the attention of the profession, and especially of the governing committees of large hospital charities. It is undoubtedly true that the resources of such institutions are unduly strained at present to meet the necessities of an immense number of sick poor who, unable to pay the ordinary fee for professional attendance, would yet gladly avail themselves of any means whereby they might receive advice on terms not entirely gratuitous. The provident dispensary scheme is an admirable method of meeting the wants of this great class. By it the advantages of skilled treatment will be afforded at all times in return for a definite annual contribution per head or per family; and under the direction of a committee with whom no considerations save those of general benefit will have weight the administration of the business of the association will be freed of all the objectionable characteristics that have served to mark private ventures of the kind with opprobrium. The "Metropolitan Provident Medical Association," as the new society will be called, is a much-required step in the direction of reform. We shall return to the question at greater length in an early issue.

## The Coroner's Court.

A CASE illustrating the advisability ot having skilled pathologists attached to the Coroner's Court occurred last week in Clerkenwell. An inquest was held on a child ten weeks old, in consequence of a practitioner's certificate that death occurred from wasting and neglect. The mother of the child was in the habit of going out daily to work, and during her absence it was left at the nursery conducted by the sisterhood attached to St. Alban's, Holborn. The medical man considered that the mother had neglected her child by not suckling it, and he also thought the condensed milk given as food most deleterious. The certificate reflected most seriously upon the mother, and if substantiated might have resulted in a charge of manslaughter, and would of necessity have implicated also the sisterhood of St. Alban's. The mother, however, suggested a countercharge against the medical attendant, implying that the child had not been properly treated. Under these circumstances Dr. Hardwicke issued his order for a post-mortem examination to be made by an independent witness, and adjourned the inquiry for his evidence. The examination was made by an official from the Hospital for Sick Children, who evidenced that the child had died from a very rare but well-recognised disease named sclerema, which invariably proved fatal to infants. On this evidence the jury returned a verdict of death from natural causes, no blame being attached to any one concerned.

## Herpes of the Larynx.

BEREGSZASZY reports in the *Genæskund Cour. der Nederl* three cases of phlyctinular inflammation of the vocal cords. Laryngoscopic examination revealed the presence of small vesicles surrounded by a red zone: these vesicles transformed into pustules and were cured in a few days without any medicine. In one case there was at the same time a herpes of the pharynx: the affection had been considered as diphtheritic in its nature, but laryngoscopic examination (the patient had hoarseness at the same time) clearly revealed the nature of the affection; on the epiglottis and especially at its free border, on the ventricular bands of the larynx and on the ary-epiglottic folds, there were small characteristic vesicles of the nature of which there could be no doubt.

## Local Temperature in Phthisis.

M. LEPINE recently read a note before the Paris Société de Biologie on local temperatures in phthisis. In a number of patients with cavities in the lungs he had ascertained that there was no difference of temperature between the region of the thorax corresponding to the cavity, and the axilla or arm of the same side. Thus in one patient the thermometer showed 39·6 deg. in the thorax, and 39·6 deg. in the inner surface of the arm. To sum up, according to M. Lepine, cutaneous hyperæmia in phthisical patients may exist equally in the brachial and thoracic regions.

## Acuteness of Vision and Perception of Colours in Uncivilised Nations.

DR. COHN, in a contribution to the *Centralblatt fur praktische Ohrenheilkunde* for 1879, states that he examined the visual powers of eleven Nubians, and found the acuteness of vision twice as great in them as in the healthy eyes of Europeans. Only their chief and priest, who had studied Arabic for nine years and had read much, was myopic. The perception of colours in the Nubians was found to be excellent. As Virchow has already observed, they are deficient in verbal expressions for different colours, there being no distinctive words for green and blue. Experiments with coloured wools, however, showed the incorrectness of the opinions of Geiger, Gladstone, and Magnus, that the linguistic deficiency indicates a defect of vision for colours. Virchow also found, on examination of some Lapps who were in Berlin, that their vocabulary does not enable them to express the differences in colour which they perceive, although their sense of colour is well developed. In connection with this a remarkable fact was observed. While all the Lapps used the same word —*aliicht*—for blue, and had no hesitation in selecting the colour, the Nubians had the greatest difficulty with this colour. Even green was distinguished by the Lapps pretty accurately, though with less certainty. The coloured ribbons, also, which the Lapp women wore, indicated the acuteness of their perception of colours. According to Dr. Almqvist, the Tschukschès of the East Cape in Siberia have a well developed perception of colour. Among the Georgians of the Caucasus in the Russian army, Reich found the acuteness of vision to be higher than normal in 83·5 per cent.; in 32·1 per cent. it was double, and in 3·5 per cent. more than double the normal average.

## Alteration of the Maxillary Bones in Ataxy.

AT a recent meeting of the Société Médicale des Hopitaux of Paris M. Vallin stated that he had observed, during the course of locomotor ataxy in several patients, a loss of the teeth which takes place without caries or pain. An osseous atrophy of the alveolar border occurs, on account of which the tooth drops spontaneously out of its socket. There is thus a trophic alteration of the maxillæ, not previously described, which moreover merits attention, since it may be an early phenomenon of the disease. The communication of M. Vallin was confirmed by some cases related by MM. Luys and Tereboullet.

## Doctors in the Society Papers.

THE morbid curiosity for petty details of purely personal and private matters which the so-called "society" journals have carefully fostered and now live by gratifying, is extending its unpleasant inquisitiveness into the ranks of our own profession. Consequently many of our *confrères* find themselves (no doubt much to their annoyance) continually being gratuitously advertised in these weekly depositories of small scandal and trivial tittle-tattle.

The latest instance of this is seen in Saturday's *Whitehall Review*, apropos of the awfully sudden and lamented death of Dr. Fairbank. The *Whitehall* Paul Pry must needs parade before the public a wholly unnecessary account of a dinner party at which Dr. Fairbank was present the evening before his lamented decease, and because thirteen happened to sit at the table must needs, with at least questionable taste, refer to the old woman's superstition respecting the ill-luck of a party consisting of that number of persons. At any rate it seems quite gratuitous to introduce the names of the host and of the guests of the party. The host's name is given as "Dr." Zacharie, but we fail to discover this name in the Medical Directory. There is a gentleman of that name called in the Post Office Directory an Orthopædist, and there was, we believe, a book on corns or something of that kind recently published written by J. Zacharie. But this can scarcely have been the host who entertained such well-known professional gentlemen as Dr. Fairbank, Dr. Morell-Mackenzie, Dr. Alfred Meadows, and Mr. Alfred Cooper. Even if such were the case we fail to see why the fact should be trumpeted forth to the world through the press. We notice, however, that "Dr." Zacharie's address is carefully recorded. Is it possible the eminent "orthopædist" is in want of an advertisement, and secures it cheaply by asking an editor to dine with him?

### Military Sinecures in Cyprus.

A CORRESPONDENT of a Dublin contemporary calls attention to the imposition upon army medical officers at Cyprus of civil duties not within their department at all. It appears that each district in Cyprus is given a medical officer, who, for the munificent sum of 6s. 6d. a day is to attend on the police, take medical charge of the jails and of the dispensaries for the poor, to perform all difficult surgical operations, pay particular attention to ophthalmic cases, serve as medical jurists, act as sanitary advisers and inspectors of nuisances, together with employing their leisure time in watching the progress of epidemics. Of course, under the circumstances civil officers have not presented themselves in sufficient numbers, and military medical officers have been ordered to assume the functions.

### The last Legal Refuge of the Anti-Vaccinators.

In the London Court of Queen's Bench last week a singular objection was raised to the conviction of persons for not having their children vaccinated, viz., that vaccination itself produces small-pox, and is therefore illegal and contrary to the Act. Mr. Tomlinson appeared on behalf of a person who had been convicted under Section 31 of the Vaccination Act, and he objected that the conviction was bad, as being contrary to the next Section (32), which sets forth that any person who shall wilfully communicate small-pox shall be deemed to commit an offence. Mr. Justice Lush inquired if it was really meant to be shown that vaccination is a communication of the disease called small-pox; and on being told that this was what was contended the Judge remarked that the Court really could not listen to such on objection; and the application was rejected accordingly.

### Indian Medical Service.

NOTICE has been given that an examination of candidates for twenty-five appointments as Surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1880. We ask the attention of those who think of competing to the new Indian Medical Warrant, which appears in another part of our issue.

A correspondent of the *Irish Times* writes as follows:—

"Prior to the issue of the late Army Medical Warrant the Indian Medical Service was very popular; but by the recent orders several of the best appointments in each presidency will be abolished after the 31st March next, and the surgeon-generals for the heads of the departments will be selected from the Army Medical Department. The young officers of the Indian Service are thus precluded from the hope of ever rising to be the heads of the department, and not more than 5 per cent. can reasonably hope to rise higher than the grade of surgeon-major.

"The Indian Service is also debarred from the increased pensions granted by the warrant to officers serving at home, and as every member must retire at the age of 55 unless he has attained a higher rank than that of surgeon-major, the prospects are very miserable, more especially as the pensions in the lower grades are wretchedly small. The Indian Medical is not an effete service, for it is well known the best men from the different medical schools have entered it, and it is amazing that Government, in the guise of reform, should ruin the prospects and inflict a grievous insult on a very important branch of its service.

"The day has gone by when India will any longer attract picked men, and the sooner the present state of affairs is made known in every medical school in Great Britain the better."

### A New Method of Acquiring Diplomas.

A SYSTEM of fraud has lately been discovered in the Medical Faculty of the University of Naples. Its registers being open to public inspection, presumably without any supervision, an ingenious scamp hit upon the scheme of making clandestine entries, and obtaining official certificates from the authorities who did not detect the interpolations. For these certificates he obtained sums of money from various persons, some of whom have practised and actually received parochial appointments on the strength of them. One of the latter, who in 1870 underwent twelve months' imprisonment for deserting from the army, has already been arrested as an accomplice. Diplomas have also been forged, and some of these go back two years.

### Help for the Widows of Medical Men in France.

THE *Union Médicale* says that a great number of medical practitioners have petitioned the Legislature to sanction the bestowal of pensions on the widows and orphans of practitioners who have lost their lives while pursuing their calling amidst infectious and epidemic disease. M. Talandier, in the name of the Committee of

Petitions of the Chamber of Deputies, reports highly in its favour, declaring that "Every profession is, for those who pursue it, a field of battle; and every profession is also, for those who bring to it the austere sentiment of duty and the heroic spirit of devotion and sacrifice, a field of honour." He does not think the argument that the members of these professions enter them voluntarily, while the soldier is forced to expose his life to risk, is worth consideration; and terminates his report by recommending that the petition should be immediately brought under the notice of the Ministers of the Interior and of Public Instruction. This was at once agreed to.

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## A Therapeutic Note—Tartrate of Morphia.

The new preparation of neutral tartrate of morphia is a useful adjunct to our therapeutics. Being very soluble it passes quickly out of the system, and gives less of the unpleasant after effects than either the muriate or acetate. Its great solubility makes it particularly advantageous for subcutaneous injection. It gives little smarting or irritation when thus administered, and the solution never clogs the finest needles.

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Dr. Von Schmidt, the notorious cancer-curer, whose doings in London some time since we had the satisfaction of exposing, and who soon after migrated to Paris, is now in the hands of the police authorities of that city for illegal practice.

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The Belgian Royal Society of Public Medicine is organising, in connection with this year's independence *fêtes*, a General Congress of Public Hygiene and Medicine, to be held in Brussels at the Palace of the Academies next August.

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Of the 33 sufferers from the fearful explosion at the Glasgow Ironworks on Friday night, who were conveyed to the Glasgow Royal Infirmary, 26 have died, and it is feared that the chances of saving two or three of the others are very slight.

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A fire broke out in the central block of Netley Hospital, Southampton, on Thursday last. A body of seaman and marines were at once landed from the *Hector* guardship, and, with the hospital staff, got the fire under in about an hour. The museum was considerably damaged, more by water than fire.

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Three medical students were convicted at the Marlborough Street Police Court on Friday last, for committing a breach of the peace at the Criterion Restaurant, and interfering with the police in the discharge of their duty. A cry of "St. Bartholomew's and St. George's to the rescue!" was raised, but fortunately it produced no following, and the three rowdies, unable to drag others into the mire, were housed alone for the night at the public expense, and the next day brought up, reprimanded for their conduct, and fined £5 each. When will medical students look upon this kind of thing as utterly debasing to men who should aspire to be gentlemen?

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Provident Dispensaries and Public Health.—At a meeting of the Glasgow Philosophical Society, held on the 3rd inst., Mr. James Mactear, in the chair, Dr. James Christie, the Medical Officer of Health for Hillhead, read a paper on "Provident Dispensaries and Public Health." Dr. Christie commenced by saying that the establishment of Provident Dispensaries in the metropolis and provinces had, during recent years, excited much attention among social reformers, and the efforts put forth had been at least hopeful. The first combined effort to remedy existing evils was made in March, 1870, exactly ten years ago, and had its origin in the ascertained abuse of metropolitan medical charities, and in facts brought to light through the investigations of the Charity Organisation Society. Provident dispensaries were established for the purpose of getting out of the difficulties of medical charity abuse and of successfully grappling with mendicity. Though having their origin in the rectification of existing evils, the system of having such dispensaries was now being discussed on its own merits, and should be considered as a question of social science in the department of Public Health. Dr. Christie proceeded to consider the question "Is there any necessity for the institution of such dispensaries in the city of Glasgow and in similar large centres of industrial population?" That question he, of course, answered in the affirmative, though the necessity did not in Glasgow arise out of any abuse of our medical charities; nor from any prejudicial interference on the part of our hospital and free dispensary system with the interests of medical practitioners; nor from obstacles from the operations of such medical charities in the suppression of mendicity. He pointed out that of the 38,910 patients treated in connection with the four medical charities in Glasgow, 29,409 were treated in the public dispensaries, and since that time the operations of the Glasgow Medical Mission had been extended and the public dispensary at Anderson's College had been opened. But even although 39,000 patients had been treated, he did not think that the private charities of the city were abused or taken advantage of by the public for the purpose of avoiding payment for which they were able to pay. Indeed, so far as he had been able to observe, there was nothing whatever of a pauperising tendency in the out-door patient department of the hospital dispensaries; and he did not think that there was any ground for complaint, on the part of medical practitioners, as to the free dispensary system, as carried out in Glasgow, interfering with professional interests. In the discussion which followed, Dr. Glaister said that Dr. Christie had given a rosy aspect to the state of medical matters in Glasgow, as his experience went to show that there was a great abuse of medical charity in Glasgow. A provident dispensary was a thing he heartily approved of if they got the co-operation of the classes to whom it was applicable. There were already clubs or societies where the male members of a family could be helped, but the want was for the wives and children. Dr. Lothian, as the result of his experience at the Royal Infirmary, stated that with the exception of a few, there had not been any advantage taken of the dispensary by people able to pay. The Chairman made some remarks as an employer of labour.

Glasgow Science Lectures.—The last of the series of Science Lectures was delivered in the City Hall on the 4th inst., by Mr. George J. Romanes, M.A., F.R.S. Sir William Thomson occupied the chair, and there was a large attendance. The subject of Mr. Romanes' lecture was "Mental Evolution." The subject, he said, was one that was entirely peculiar to the present generation, and was exceedingly comprehensive, running into many more or less abstruse branches. The platform of assumption on which they had to start was that of the truth of the general theory of organic evolution as distinguished from mental evolution, illustrating his views by means of diagrams. Although all competent persons were agreed now as to the truth of the evolution of the species. there was a difference of opinion as to the evolution of mind; that was to say, that while they were willing to allow the process of evolution to all below the human mind, a hard and fast line must there be drawn which science could never get over. There arose, however, an enormous amount of evidence in favour of the view that the human mind, like anything underlying nature, must have been evolved. Therefore the burden of proof lay with those who said it had not been evolved. Professor Mivart allowed that the mind of man and the mind of animals were almost one, with one exception. The power man boasted of was thought, and of thought judgment was the simplest element; so that if the animal could think, man and the brute would be brothers. We knew, the lecturer said, that in the matter of speech vowel sounds were a combination of musical notes, and that there was a species of ape which had a very fine ear for music; and there was nothing easier than to imagine a species of these animals which could utter vowel sounds. Thus we had here the first species of articulation. He thought that Mivart's idea admitted of very easy refutation. If he believed in the evolution of corporal structure, and of the structure of the mind of the lower animals, then the only presumption was that the mind of man was evolved. The lecturer thought that the theory of evolution had nothing to fear. while it had everything to welcome, in the science of Psychology. Some might not like to hear that it was so—to feel that our life was one with the life of the brutes, or that the magnificent structure of the mind had its roots far hidden in the depths of the soul bestial. They might think that the time-honoured distinction was being broken down, and all our most cherished hopes and convictions were being dissipated; but he did not mean to discuss the present tendencies or the future actions of scientific research. In any advance which science had made in the region of traditional belief she had been met with the cry of terror. Yet on looking through the history of science this terror had not been justified, and what had been in the past might also be in the future. Although science had approached nearer than ever to the throne of man's highest hopes, he did not say that she must approach it with a desecrating hand. Professor MacKendrick proposed a vote of thanks, suggesting the judicious compromise between superstition and common sense.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At a meeting of this Society, held in the Faculty Hall on the evening of the 5th March, Dr. Ebenezer Watson read an excellent paper "On the Treatment of Stricture of the Urethra." This is a subject very provocative of warmth of feeling in Glasgow; and the retort courteous is not unfrequently somewhat exceeded. Dr. Watson advocates the old treatment of gradual dilatation; in certain exceptional cases he recommends internal urethrotomy. He entirely disapproves of Holt's method; as Holt's instrument cannot be introduced until a No. 4 catheter can be admitted into the urethra, the cure may then be said to be completed. Professors Macleod and George Buchanan took part in the discussion.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly returns of births, deaths, and marriages, the death-rate in the eight principal towns of Scotland for the week ending with Saturday, the 28th of February, 1880, was 22·1 per 1,000 of estimated population. This rate is 4·5 below that for the corresponding period of last year, and 3·4 below that for the previous week of the present year. The lowest mortality was recorded equally in Glasgow and in Greenock, viz., 21·0 per 1,000; while the highest was in Paisley, viz., 34·0 per 1,000. As formerly stated, there is reason to believe that the population of Paisley is in excess of the estimate, and if such is the case this proportion is too high. The mortality from the seven most familiar zymotic diseases was at the rate of 4·0 per 1,000, or slightly in excess of that for last week. An increase of deaths occurred from whooping-cough, chiefly in Glasgow and Aberdeen. Nine of the deaths which occurred in Dundee were caused by measles. The number of deaths from inflammatory affections of the respiratory organs was 143, or 26 less than the number recorded during the previous week.

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## THE NEW INDIAN MEDICAL WARRANT.

THE following Warrant was published in the official Indian *Gazette* on the 3rd of January:—

Under instructions from the Secretary of State for India, the Right Hon. the Governor-General in Council is pleased to direct the following changes in the organisation of the Medical Administrative Staff for the Army in India.

From March 31, 1880, the British Army Medical Department and the Indian Medical Department will form one department for the medical administration of the Army in the three Presidencies.

The establishment for the Bengal Army will consist of—

1 Surgeon-General, Army Medical Department;
1 Secretary to Surgeon-General, Army Medical Department;
1 Secretary to Surgeon-General, Indian Medical Department;
} at Head Quarters.

The statistical duties for the Army, British and Native, will be performed by the Statistical Officer attached to the Sanitary Commissioner with the Government of India.

The eleven circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon-General:—

| | | Army Med. Dept. | Ind. Med. Dept. | | | Army Med. Dept. | Ind. Med. Dept. |
|---|---|---|---|---|---|---|---|
| 1. | Allahabad Division | 1 | — | 7. | East Frontier Dis. | — | 1 |
| 2. | Lahore Division ... | — | 1 | 8. | Presidency Dist.... | — | 1 |
| 3. | Meerut Division .. | 1 | — | 9. | Gwalior Division<br>Saugor District | — | 1 |
| 4. | Oudh Division ...<br>Rohilcund District | 1 | — | 10. | Peshawar District | 1 | — |
| 5. | Rawal Pindi Division | 1 | — | 11. | Punjab Frontier Force ... ... ... | — | 1 |
| 6. | Sirhind Division ... | 1 | — | | | | |
| | | 5 | 1 | | | 1 | 4 |

For the Madras Army:—

1 Surgeon-General, Army Medical Department;
Secretary to Surgeon-General Indian Medical Department
} At Head Quarters.

The six circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon-General.

| | | Army Med. Dept. | Indian Med. Dept. | | | Army Med. Dept. | Indian Med. Dept. |
|---|---|---|---|---|---|---|---|
| 1. | Centre District...<br>Northern Dist. | 1 | — | 4. | Hy. Subsidiary Force ... ...<br>Hy. Contingent | — | 1 |
| 2. | Southern Dist....<br>M. & C. District | — | 1 | 5. | Nagpore Force<br>Central I. Regts. | — | 1 |
| 3. | Mysore Division<br>Ceded District... | 1 | — | 6. | British B. Division | — | 1 |
| | | 2 | 1 | | | — | 3 |

For the Bombay Army—

1 Surgeon-General, Army Medical Department
1 Secretary to Surgeon-General, Indian Medical Department
} At Head Quarters.

The four circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon-General:—

| | | Army Med. Dept. | Indian Med. Dept. | | | Army Med. Dept. | Indian Med. Dept. |
|---|---|---|---|---|---|---|---|
| 1. | Presidency Dis ..<br>Belgaum ... ...<br>Aden ... ... ... | — | 1 | 3. | Northern Division ... ...<br>Mhow Division | 1 | — |
| 2. | Poona Division... | 1 | — | 4. | Sind District ... | — | 1 |
| | | 1 | 1 | | | 1 | 1 |

With the exceptions which are named below, all those officers will be relieved from any civil administrative duties they may have hitherto performed.

The Deputy Surgeons-General of the Eastern Frontier District and of the British Burmah Division will, in addition to their military duties, exercise the civil medical administration of their respective provinces, and will also perform the duties of Sanitary Commissioner in them.

The Deputy Surgeons-General of the Punjab Frontier Force and of the Sind District will exercise the civil medical administration of those provinces.

After making provision for the civil medical administration of the remaining provinces of British India, the establishment for which will be duly notified in the proper department, there will remain, below the rank of Surgeon-General, in excess of the establishment to be maintained for all duties—

*Army Medical Department.*

2 Deputy Surgeons-General.
3 Superintending Surgeons-Major.
2 Secretaries to Surgeons-General.
1 Statistical Officer to Surgeon-General.

*Indian Medical Service.*

6 Deputy Surgeons-General.

Orders have been already issued by her Majesty's Government for the withdrawal of the surplus administrative officers of the Army Medical Department.

With a view to provide for the retirement, on favourable terms, of the surplus officers of the Indian Medical Service, the Right Honourable the Governor-General in Council is pleased to offer to the Surgeons-General and the Deputy Surgeons-General of the three Armies their retirement on the extra pension of their grade, with an honorary step of rank, notwithstanding that they may not have completed the qualifying service of these pensions.

The number of retirements in each Army will be restricted to two.

The option of retirement will be given in order of seniority; but applications to retire, which must be made to the Military Department of the Government to which the officer belongs, cannot be accepted after March 1, 1880.

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# Obituary.

## DR. THOMAS FAIRBANK.

At the early age of thirty-six, Dr. Thomas Fairbank, Physician to the Queen's household at Windsor, died on Feb. 26, after an apoplectic seizure. At the University of London M.B. Examination, in 1864, Dr. Fairbank was placed in the First Honours division, receiving gold medals in Medicine and Forensic Medicine. He pursued his medical curriculum at St. Bartholomew's Hospital, and was recommended to succeed the Queen's surgeon at Windsor, Mr. Brown, by the late Sir James Clark and Sir James Paget. He held the appointment, also, of Surgeon to the Royal Family and household at Windsor Castle, and to T.R.H. Prince and Princess Christian and their household at Frogmore.

Dr. Fairbank was widely esteemed, and his death has created a feeling of profound grief in the neighbourhood of his practice.

## DR. EDWARD COPEMAN, F.R.C.S.

By the death of Dr. Edward Copeman, of Norwich, the medical profession is deprived of one of its most promising provincial members. As a consulting physician Dr. Copeman had a most extensive practice, and to obstetric specialists his name will be long familiar from association with many operations in midwifery, and particularly from his advocacy of the use of the vectis. The deceased was consulting physician to the Norfolk and Norwich Hospital, having been elected to this post on resigning the duties of physician to the institution, a position he entered on at the age of forty-two, in 1851. Dr. Copeman was made a Fellow of the Royal College of Physicians, London, in 1871, and Member in 1859. He graduated M.D., King's College, Aberdeen, 1847, and took the F.R.C.S. Eng. by examination in 1845, the date of his diploma as Member being 1832. His commencing studies were conducted on the good old plan of pupilage to a practitioner, Mr. Arthur Brown, of Norwich, having been to him *in loco doctoris*. Subsequently he entered at St. George's Hospital.

Dr. Copeman held numerous and responsible appointments, was President of the East Anglian Branch of the British Medical Association in 1863, and presided at the Norwich meeting in 1874. His literary labours were extensive and valuable. His first and last essays dealt with blood-letting. His most important contributions to medical science, however, are a series of papers on dilatation of the os uteri in treatment of vomiting in pregnancy. These have attracted very great attention in this country and America, and also on the Continent.

Dr. Copeman's social qualities were of the brightest; they endeared him to his friends, so that the favoured circle who were his immediate associates will only feel more keenly the loss sustained by the whole profession through his death.

## ROBERT MAUDE MAGINNISS, M.D., &c.

On the 28th ultimo, at his residence, 158 Camden Road, London, after a few hours' illness, in the first blush of his professional career, Dr. Robert Maude Maginniss passed away. He was the youngest son of the Reverend Charles Maginniss, Rector of Dromore, Ireland, and grandson of the late Sir John Maginniss, M.D., of Londonderry. Dr. Maginniss was educated at the Diocesan School, Monaghan, from which he entered T.C.D., and after a highly successful University career he graduated in Art as First Senior Moderator and First Gold Medallist in Natural Sciences. In the following year took the M.B. degree, obtaining a bright place. He took first place in the examination for B.Ch.; last year he took the M.D. of his University. Dr. Maginniss having taken a practice in London, his many social and professional attainments soon brought him to the front. For some six weeks past he suffered from headache, which did not interfere with his professional labours or alarm his friends. However, on the morning of the 28th he had an apoplectic seizure which proved fatal, and he died on that evening at the early age of twenty-five. Aneurism of the basilar artery is now known to have caused the headache, and a rupture of the aneurismal sac to be the cause of death. He leaves a young widow, to whom he was only married ten months, to mourn his loss.

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## DR. DONOVAN.

We greatly regret to announce the death, on Sunday week, at an early age, of one of the most distinguished physicians of the South—Dr. Daniel Donovan, of Skibbereen. Dr. Donovan was the son of the eminent physician of that name who rendered such signal service to the people during the great famine. He himself was a devoted friend of the poor, and his services during the recent outbreak of German measles at Cape Clear came prominently before the public. Estimable and beloved in all the relations of life, Dr. Donovan's death has been heard of with intense sorrow throughout all the west of the county of Cork.

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# Correspondence.

## DELICATE CHILDREN IN WORKHOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The condition of our sickly workhouse children was noticed in a very sympathetic spirit in your paper, and also in the *British Medical Journal*, in connection with a little paper of mine on the subject. Both writers adopted a very similar line of argument—that these children require better treatment—that as preventive and curative it would eventually repay the State, and both say all this can be well given in the workhouse, and they deprecate my idea of special institutions.

Now I am not only a pitiful Christian woman, but a sorely taxed rate-payer, and not at all likely to wish to increase a burthen already more than heavy enough on myself and my tenants. My proposition would, in Ireland, cost less than theirs. Permit me to observe the question has three sides. 1. Medical. 2. Moral. 3. Economic. We have to consider the children and the ratepayer too. The suggestions of the doctors, of course, meet the medical difficulty. My friend, Dr. Laffan, has got his Board of Guardians to behave most justly and liberally to his patients; but even that model board might rebel, if a number of sickly, as distinguished from sick children, were transferred from the house to the hospital side, where they would cost in the proportion of five to three shillings. I believe the actual cost per head is a few pence less than three shillings, but the proportion may be stated as three to five in most Irish workhouses.

The Afflicted Persons Bill, introduced for Ireland by Count Moore, M.P., in 1878, permits any pauper to be sent for health or training to any suitable place selected by guardians, provided he or she does not cost more than in workhouse.

The Industrial Schools Act supplements from other sources the difference in cost of maintenance between poor-house and industrial school expenditure. Mr. Lentaigne has published very telling statistics bearing on the results he obtained from good food among the children transferred from poor-houses and industrial schools.

I think these two facts prove that if the Industrial Schools Act were modified so as to admit sickly children, the said children would get better treatment for the same cost, and the ratepayers would not suffer. No one at all familiar with workhouses could wish to keep children there, where they are of necessity exposed to the contaminating influences of the immoral mothers of many of the children, and to the company of tramp children. Of course you know professed tramps patronise the workhouse in bad weather, and the children are naturally thrown together. Supposing my clients were removed to the hospital side and removed from the tramp children, there is another unpleasant fact—there being hardly any able-bodied virtuous women in a workhouse, the bulk of hospital attendants are women who have lost their virtue, and surely these are very unfit to be about children.

In Ireland I would like to see portions of the industrial schools near Dublin, Cork, and Belfast set aside for sickly children. By sending them to the hospitals in these cities for treatment and inspection periodically there need be no hospital staff at institutions. The religious orders trained to hospital work meet the Catholic side of the question, and surely Protestant philanthropy, wealth, and intelligence can cope with its smaller number of Irish poor. Boarding-out and denominational orphanages and ordinary industrial schools would meet the case of my clients when once a healthy mind and body had been built up by the meat, milk, fresh air, soap and water we give our own children. Will you try and get your profession to speak out on the matter and so reach those in high places who would naturally distrust a woman quite ignorant of medical science?

Faithfully yours,

MARY A. O'CONNELL.

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## CHEMISTS IN PRACTICE.

### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In connection with your protest against the extensive counter practice indulged in by chemists, and the readiness some of them exhibit to undertake the treatment of cases of injury which called for the most skilled attention, let me draw your attention to a recent instance in point. A child was brought to a chemist named Owen, living in the Seven Sisters Road, who told the mother "he had been in practice as a chemist a great number of years, *that he was better than fifty doctors*, and that the child was quite safe in his hands." He next gave practical proof of the absurdity of his pretensions by prescribing a mixture and powders, and continued his treatment for a week, by the end of which time the patient was so alarmingly ill that it was deemed advisable to invoke the aid of a local practitioner. Not unnaturally he refused to accept the responsible task of undoing the evil already effected by the unqualified agent, and advised that the child should be taken to a hospital. This was done, and death occurred the day after its admission. The post-mortem revealed nephritis and advanced jaundice; and in evidence it was insisted on that the life of the little victim had probably been sacrificed to the grasping inefficiency of the chemist. The coroner was emphatic in his condemnation of the extensive practice carried on by these self-appointed practitioners, to whose door he laid the death of many unfortunate children.

Now, Sir, since parents *will* be fools, does it not seem that the only plan to pursue is to curb the fatal consequences of their unwisdom by making it as criminal for a chemist to poison his customers as it is for a grocer to adulterate his sugar? The least that can be done in this matter is to protect the helpless children who are given up to the tender mercies of the unconscientious dispensers of physic. It deserves notice that the jury before whom the case I have cited was heard, expressed their conviction that "censure would be useless, since the mischief was done." Must it follow that the freedom to slay irresponsibly shall be left in the hands of those who are deaf to the calls of mercy?

I am, Sir, yours, &c.,

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# Medico-Parliamentary.

## HOUSE OF COMMONS.—MONDAY, MARCH 1ST.

### THE ARMY MEDICAL SERVICE.

COLONEL STANLEY, in moving the Army Estimates for the ensuing year, said:—There is a great concurrence of opinion in favour of the medical warrant as it now stands. I think the liberality with which, by the consent of the Chancellor of the Exchequer, the Government has been enabled to deal with the subject has been distinctly a benefit. I am glad to hear that it has been successful in attracting candidates of a better class than those who have been brought into the army for many years past. There seems to be a consensus of opinion that the warrant is so far liberal that, if it do not attract candidates, nothing will. There have been two examinations of candidates since December last, when the warrant was issued. At the first, seventy-two candidates passed out of seventy-six who offered themselves for examination; and on the second occasion forty-two candidates presented themselves, of whom thirty-five came up to the required standard and were accepted. Thus within the space of little more than two months there were one hundred and eighteen competitors, of whom one hundred and seven were successful. Both in South Africa and in Afghanistan the generals in command have spoken in the highest terms of the efficiency, zeal, and self-devotion of all ranks of officers; and I am afraid that in this respect there is even melancholy evidence in the large numbers who have succumbed to hard work, especially among the Indian forces. I must refer to the loss which the medical service and the medical world in general have sustained by the death, at Sherpur, of Deputy Surgeon-General Porter, an officer whose arrangements for all the medical duties of the campaign left nothing to be desired. He leaves, both among the medical world and those who are his countrymen, a reputation to which his friends may look back with satisfaction, and a memory which will be dear to all those who knew him. There is another point in connection with the medical service to which I should like to draw attention. In the recent attack on Secocoeni's camp, the ambulances were for the first time fully organised; and it is satisfactory to know that this was attended by the best results, under the direction of Surgeon-Major Hector. It is important that I should draw attention to this, because it is a marked feature in field medical organisation. The official report of the principal medical officer states that so efficiently and rapidly did the corps perform its duty, that no wounded man was left two minutes on the ground before he was taken to the dressing station. Subject to certain conditions, exchanges are now as absolutely free as in the combatant branch. The only exception is that when a medical officer becomes invalided from such a climate as India, he is prevented from going into a similar climate.

The concession of forage to surgeons has been treated by almost all of them as a genuine and welcome concession. We have also introduced a system, when there is not work enough to employ an army medical officer, to engage the services of others at a lower rate of pay. Twenty-one medical officers on half-pay and six militia medical officers have been appointed to these stationary posts. The admissions into the hospitals were at the rate of 827 per 1,000, and the rate of deaths was 7·37, which, compared with the rates of previous years, shows that the admissions into the hospitals have slightly increased. The increase of the rate at Bengal was due to cholera, and the increased sickness at Gibraltar is stated to have arisen partly from the prevalence of paroxysmal fever among the troops sent thither from Cyprus. With regard to Cyprus, there is a marked improvement in the health of the troops in that island, both the rates of sickness and of death having decreased during the past year.

### CORONERS' FEES.

Mr. O'Clery asked the Attorney-General for Ireland whether the Grand Jury of Carlow had a discretionary power to disallow the coroners' fees for the holding of inquests in cases where death resulted from drunkenness; in case the Grand Jury have not that power, whether the coroner can include such disallowed fees in his next presentment; and if such powers are invested in Grand Juries, will he explain how is it that in the forms for returns to Government by coroners there is a separate column for such cases?

The Attorney General for Ireland.—Under the 9 and 10 Vic., cap. 37, the Grand Jury have the duty cast on them of examining and approving of the coroner's abstract and account of the inquisitions held by him; and they are empowered to examine the former by oath as to their correctness; and it followed that in taking their steps they are clothed with a discretionary power. If the former is dissatisfied with the action of the Grand Jury on any point, it is to him to apply to the judge of assize on the subject. In reference to the last paragraph of the question, I may draw the attention of the hon. member to the fact that in the Government returns the column containing those cases, in which the verdict was "death from excessive drinking" is ranged under the more general heading of "death from natural causes."

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## THE MEDICAL REFORM BILLS.

The Select Committee held its first meeting on Monday last to re-open its deliberations on the four Bills which were submitted to it last session, and again in the present year; but owing to the untimely dissolution of Parliament another session will probably pass without anything being done to further the Medical Acts Amendment Bill. The *personnel* of the Committee is exactly the same as last year, with two notable exceptions—*i.e.*, Mr. Forster ceases to be its chairman, and Mr. Lowe replaces Dr. O'Leary. Mr. Forster is felt by all parties to be a loss to the cause of medical reform, and the more so because by his secession the Committee loses much of the advantage derivable from his study of the subject last year. Lord George Hamilton, who takes Mr. Forster's place, possesses everyone's confidence; but being a minister engrossed with all the detail of an important department, and with a responsible Parliamentary position, it is feared that he will not be able to give a fair share of attention to his Chairmanship of this Committee. Moreover, it is apprehended that he, representing as he does the Government Bill, must be unfavourable to the principle of direct representation, and may, as Chairman, incline the balance of opinion against that inevitable and indispensable concession. However, we are satisfied to know that Lord George Hamilton is thoroughly in earnest to pass a Bill, and will do his best to meet the reasonable demands of all parties, so long as those demands are consistent with effectual medical reform. In Mr. Lowe the Committee receives a special representative of the London University, and of high-class medical education. We may assume that his proclivities are favourable to a short curriculum, a cheap license, and a strict examination, and, we fear, against a full arts qualification for the University M.D.

We understand that it is intended to hasten the completion of the evidence, and to report to the House as soon as may be.

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## THE ELECTIVE RIGHTS OF THE FELLOWS OF THE IRISH COLLEGE OF SURGEONS.

The Council of the College had under consideration at its meeting last Thursday the recommendation adopted by the College at large at its recent special meeting, to the effect that legal advice should be taken as to whether the right to elect the representative of the College in the General Medical Council rests with the College at large or with its Council. It has been decided to comply with that recommendation, and the drawing of a case for the opinion of legal advisers has been remitted to a committee and to the solicitor of the College. The case will be submitted to the Council for approval before it is laid before its adviser.

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The death-rate from the seven principal zymotic diseases in the large towns ranged from 1·1 in Leeds and Birmingham, to 7·6 and 9·7 in Nottingham, and Plymouth. Measles showed the largest proportional fatality in Nottingham, Plymouth, and Hull; scarlet fever in Sunderland, Nottingham, Brighton, Norwich, and Newcastle-upon-Tyne; and whooping-cough in Plymouth and Newcastle-upon-Tyne. Small-pox caused 13 more deaths in London, 3 in Dublin, but not one in any of the other large towns.

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## Medical News.

**Indian Medical Service.**—The following is a list of candidates who were successful at the February competitive examination held at Burlington House. Fifty-two candidates competed for twenty-three appointments; forty-eight were reported qualified:—

| | Marks. |
|---|---|
| Simpson, J. | 2,470 |
| Whitwell, R. R. H. | 2,395 |
| Lakis, C. P. | 2,385 |
| Waddell, L. A. | 2,250 |
| Dimmock, H. P. | 2,173 |
| Shewan, G. | 2,060 |
| Maitland, C. B. | 2,040 |
| Vaid, C. C. | 2,040 |
| Macdonald, T. R. | 1,981 |
| Clarke, J. | 1,980 |
| Spencer, D. B. | 1,975 |
| Park, P. D. | 1,965 |
| Mulroney, T. R. | 1,950 |
| Browning, W. B. | 1,945 |
| Divecla, F. R. | 1,920 |
| Canna, R. H. | 1,907 |
| Henderson, C. | 1,965 |
| Dymott, D. F. | 1,909 |
| Thompson, C. M. | 1,900 |
| Adams, A. P. | 1,865 |
| Evans, J. W. | 1,815 |
| Leonard, J. | 1,810 |
| Rundle, C. S. | 1,765 |

**Tit for Tat.**—A medical practitioner, urgently wanting patients, and not understanding the difference between attracting and disgusting, circulates post-cards through the city addressed to any gentleman of sufficient eminence to draw his attention, on which he offers his services to cure them of fits, falling sickness, epilepsy, and all the ills, too disagreeable to mention, that flesh is heir to; closing with the agreeable assurance that he will treat them in perfect confidence. Imagine his disgust on receiving from a witty lawyer this response, also spread on a post-card:—"Dear Sir,—I offer you my services to defend you on your trial for murder, arson, robbery, larceny, malpractice, criminal abortion, indecent assault, body snatching, and obscene communications. I can secure, if not your acquittal, at least the mitigation of punishment, every time. N.B.—This post-card is strictly confidential."—*Albany Law Journal.*

# NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

## THE COPLAND FUND.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In closing the above Fund, I beg to state that the whole sum collected amounted to £101 5s., which I have handed over to Mrs. Copland, and I am desired, on the part of the Committee, to thank the subscribers and the Editor of the *Medical Press and Circular* for their kind assistance.

I remain, Sir, yours truly,
R. H. SEMPLE, M.D.,
Torrington Square, March 1, 1880. Treasurer of the Fund.

**A MEMBER.**—The election took place on Monday week, and was unanimous.

**HARVEIAN SOCIETY OF LONDON.**—Thursday, March 18, at 8.30 p.m. Mr. A. J. Pepper, "A Case (and prepared specimen) of Malignant Disease of the Hip."—Mr. Knowsley Thornton, "The various Methods of dealing with the Pedicle in Ovariotomy."

**MR. H. G SIMPSON.**—The only remedy is by a process at law. Every registered practitioner is entitled to recover through the county court, but we do not consider with you that this is the only advantage conferred on the profession by the General Medical Council. You are quite right, even though it does *not* effect any material benefits, it is a great boon to possess a counsel. Whether as much, and as good work could be done without the parade and expense attendant on the meetings at present, we cannot undertake to say in this place. Consult the recent numbers of the *Medical Press and Circular*. To your last inquiry, emphatically *no*.

**CURIOSITAS.**—It was published by the Sydenham Society in 1849. The translator, Dr. Francis Adams, was selected on account of his intimate acquaintance with the history of primitive medicine. You have been rightly informed on the principal fact, but it is not true that the doubt expressed by some of Hippocrates' existence has ever been established beyond dispute. The "genuine" works mean those of whose authorship there is no reasonable doubt. You cannot do better than read the Sydenham edition. 2. The New Sydenham is the existing Society. 3. "Billroth's Surgery," 2 vols., is the outside title. The translation by Hackley is from a later German edition.

**DR. MARTIN.**—The "Students' Number" is out of print, but we have instructed our publisher to send you an office copy.

**A COLONIAL.**—You will find little difficulty if proposed and seconded by two Fellows of the Society.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—To-day (Wednesday), at 5 p.m., the Croonian Lectures: Dr. Cayley, "On some Points in the Pathology and Treatment of Typhoid Fever."

**MR. W. D. H.**—They have been sent as requested.

**HUNTERIAN SOCIETY.**—This evening, at 7½ p.m., Council Meeting.—8 p.m. Dr. F. Warner, "On a Case of Athetosis, associated with Epilepsy.—Mr. J. Startin, "On a Case of Elephantiasis."—Dr. Carrington, "On Cancer of the Bile-duct; Fatal by Suppuration of the Liver."

## KNOT IN THE UMBILICAL CORD.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—About three months ago I met with the following case—the only one out of about 900 labours which I have attended:—

I was called in by a midwife and found a shoulder presentation with a long loop of the cord prolapsed, which had been down for about two hours, and was cold and pulseless, and on the middle of which was a single knot, firmly drawn. I turned and delivered a dead, well-developed child. Cord about 2 feet long and very smooth.

Faithfully yours,
March 1, 1880. W. J. WELDON.

**DR CHARTERIS** will please receive our best thanks.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Friday, March 12, at 5 p.m., the Lumleian Lectures: Dr. W. Roberts: "Researches on the Digestive Ferments and the Preparation and Use of Artificially Digested Food."

**CLINICAL SOCIETY OF LONDON.**—Friday, March 12, at 8½ p.m., Mr. Eve, "On a Case of Impacted Fish-bone in the Œsophagus, penetrating the Diaphragm and Pericardium, and Wounding the Heart."—Dr. Greenhow, "On a Case of Typhoid Fever, associated with Acute Nephritis and profuse Hæmaturia, without Dropsy."—Dr. Buzzard, "On a Case of rapid and almost universal Paralysis, involving 'the four Extremities, both sides of the Face, Respiration, and Deglutition; Recovery."—Mr. Eve, "On a Case of Fracture extending through the Temporal Bone."—Mr. Clutton, "On a Case of Femoral Aneurism; Ligature of the External Iliac Artery; Recovery."—Dr. Crocker will exhibit a Case of "Herpes Iris."

## SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

THE following has been sent us for publication by the Hon. Sec. of the Poor-law Medical Officers' Association:—

SIR,—I am directed by the Local Government Board to advert to their letter of the 12th inst., and further to acquaint you, for the information of the Council of the Poor-law Medical Officers' Association, that inquiry having been made of the Guardians of the Tenterden Union respecting the case of M. Terry, formerly Medical Officer of that Union, the Guardians have explained that they entertain objection to the system of superannuation, especially in cases where the whole time of the officer is not devoted to the duties of the office. As the Council are probably aware, the initiative in these cases rests with the Guardians, and the Board have no power to insist upon a superannuation allowance, even where it might seem to them that a proper case for superannuation had been made out.

Yours, &c.,
Local Government Board, Whitehall, S.W., V. F. ROTTON,
February 27, 1880. Assistant Secretary.

**MR. CRIPPS LAWRENCE.**—Thanks; received, and marked for early insertion.

**A HATER OF SHAMS**, the *Standard* has opened its columns to a discussion of the charges against St. John's Hospital for Diseases of the Skin. See letter of Dr. Hoggan on Wednesday last in that paper.

**L.K.Q.C.P.**—A slight affection of the kind named would not disqualify. Very strict medical examination. Get Parke's Hygiene, Aitken's Medicine, and Gant's, Bryant's, or Holmes's Surgery; but surgery not so important as there will be lectures at Netley on military surgery. Must read some of the class-books for entrance.

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## VACANCIES.

Carmarthen County Infirmary.—House Surgeon. Salary, £125. Applications to the Secretary, King Street, Carmarthen, before March 31.

Chatham.—Assistant House Surgeon for the St. Bartholomew's Hospital. Salary, £80, with board. Applications to the Clerk of the Trustees before April 14.

North Staffordshire Infirmary.—House Physician. Salary commencing at £100, with board. Applications to the Secretary, at Hartshill, before March 24.

Queen's University in Ireland.—Examinership in Medicine; Salary, £100. Examinership in Surgery; Salary, £100. Examinership in Midwifery; Salary, £75. Examinership in Materia Medica; Salary, £75. Examinership in Medical Jurisprudence; Salary, £75. Candidates must address the Secretary on or before March 16. (See Advt.)

Stockport Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Hon Sec. by March 13.

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## APPOINTMENTS.

**BATTAMS, J. S.**, M.R.C.S.E., House Surgeon and Dispenser to the Tiverton Infirmary and Dispensary.

**BATTY, E. L.**, M.R.C.S.E., House Surgeon to the Northern Hospital, Liverpool.

**CLIBBORN, W.**, M.D., L.R.C.S.I., L.M., one of the Medical Officers of the Birmingham Lying-in Charity.

**CONNOLLY, W. R.**, B.A., M.B., L.R.C.S.I., Medical Officer to the Lying-in Hospital, Waterford.

**CRONIN, R.**, L.R.C.P.Ed., Medical Officer to the Slane Dispensary, Navan Union.

**DUNLOP, A.**, M.D, L.R.C.P.Ed., L.R.C.S.Ed., Consulting Physician to the Jersey General Dispensary.

**DUSTAN, H.**, M.R.C.S.E., Honorary Medical Officer to the Jersey General Dispensary.

**EDWARDS, F. S.**, F.R.C.S., Assistant to the West London Hospital.

**FORBES, D.**, M.B., L.R.C.S.Ed., Assistant Medical Officer at the Brownlow Hill Workhouse, Liverpool.

**HARDY, H. L. P.**, M.R.C.S., House Physician to the London Hospital.

**ARMY MEDICAL DEPARTMENT.**—The following changes have been gazetted: Surgeon-Major J. P. Street, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon; Surgeon-Majors J. H. Finnemore is granted retired pay, with the honorary rank of Brigade Surgeon; J. Wood is granted retired pay, with the honorary rank of Brigade Surgeon; J. Adcock, M.D., retires on half-pay, with the honorary rank of Brigade Surgeon; F. S. Young, M.B., retires on temporary half-pay.

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## Births.

**CAUSTON.**—Feb. 29, at 1 Pomona Place, Hammersmith, W., the wife of Wm. H. Causton, M.R.C.S., of a son.

**FAIRBANK.**—Feb. 29, at Moulsey House, Windsor, the widow of Dr. Fairbank, prematurely, of a daughter.

**O'FARRELL.**—Feb. 27, at 23 Lower Dominick Street, Dublin, the wife of E. P. O'Farrell, L.R.C.S.Ed., of a son.

**WILKINSON.**—March 3, at Ashford, Kent, the wife of J. Cooper Wilkinson, M.R.C.S., of a son.

## Deaths.

**COHEN.**—Feb. 28, at South Bank, Bideford, D. Whitaker Cohen, M.D., in his 68th year.

**DONOVAN.**—Feb. 29, at Skibbereen, co. Cork, Daniel Donovan, M.D.

**DUKE.**—March 8, at 321 Clapham Road, Herbert Duke, M.B., aged 26.

**DUNLOP.**—Feb. 27, at Aberdeen, Andrew Vans Dunlop, M.D.

**GORDON.**—March 2, at Clifton, Bristol, Anna, widow of Wm. Gordon, M.D., Staff Surgeon, Army Med. Staff, aged 82.

**MACALDIN.**—March 2, at 15 Tavistock Square, London, W.C., James Jasper Macaldin, M.D., in his 69th year.

**MAGINNISS.**—Feb. 28, at 158 Camden Road, London, R. M. Maginniss, M.D., aged 26.

**WALKER.**—March 8, at 9 Palace Road, Upper Norwood, Alfred Walker, M.D., late of Hertford.

**WATSON.**—March 3, at 168 Rathgar Road, co. Dublin, Albert J. Watson, L.R.C.S.I.

**WILSON.**—Feb. 17, suddenly, in Edinburgh, John Wilson, M.D., of Woodcliffe, Inverness, aged 60

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 17, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Ovariotomy and Antiseptics. By William Stokes, F.R.C.S., Surgeon to Richmond Surgical Hospital, &c., &c. .......... 207
The Pathology of Starvation. By Surgeon Major Wm. Curran, Army Medical Department .......... 210
Portion of the Vagina of a Sheep dilated into a Cyst-like Form; the Dilated Portion containing Numerous Bones and some Wool. By Benjamin W. Richardson, L.R.C.S.I., Surgeon to Adelaide Hospital, Dublin .......... 211

### CLINICAL RECORDS.

Hotel Dieu, Paris—Case of Calcaneo-cuboid Dislocation. Under the Care of Professor Richet .......... 211

### TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Impacted Fish-bone in the Œsophagus 212
Rapid and almost Universal Paralysis .. 212
Fracture extending through the Temporal Bone .......... 213
Case of Femoral Aneurism .......... 213

SURGICAL SOCIETY OF IRELAND—

Partially Aborted Fœtal Sheep .......... 214
Ovariotomy treated Antiseptically—Discussion .......... 214

### SPECIAL.

The Digestive Ferments and Artificial Digestion—I. .......... 215

### LEADING ARTICLES.

A FEW FACTS RESPECTING THE GENERAL MEDICAL COUNCIL AND ITS ADMINISTRATION .......... 216
THE LUNACY LAW AMENDMENT ACT—II. 218
THE MEDICAL REGISTER FOR 1880 .......... 219

### NOTES ON CURRENT TOPICS.

The Vacant Irish Poor-law Commissionship 220
The Next Meeting of the General Medical Council .......... 220
The Profession at the Levée .......... 220
Society of Metropolitan Medical Officers of Health of Dublin .......... 221
The Successor to Dr. O'Leary, M.P., in the Surgeoncy to St. Vincent's Hospital .... 221
Traumatic Achromatopsia .......... 221
Medico-Parliamentary Candidates .......... 221
Treatment of Nasal Polypi by Acetic Acid 221
Milk Adulteration by Country Farmers .. 222
Poisoning by Godfrey's Cordial .......... 222
Scotch Diffidence .......... 222
Reform of the Navy Medical Service ...... 222
The Metropolitan Hospital Sunday Fund 222
A Museum Conference .......... 222
The Case of Mr. Whiteford .......... 223
Ambulance Lectures .......... 223
Payment of Medical Officers of Health by Fee .......... 223
Poisoning by Oleum Phosphoratum ...... 223
Eruptions caused by Quinine .......... 223

### SCOTLAND.

Aberdeen University—Glasgow Ophthalmic Institution—Edinburgh University Court—Registrar-General's Returns, &c. 225

### LITERATURE.

Agnew's Principles and Practice of Surgery .......... 225
The O'Leary Fund .......... 226
CORRESPONDENCE .......... 226
OBITUARY .......... 227
NOVELTIES .......... 227
MEDICAL NEWS .......... 228
Notices to Correspondents .......... 228

# Original Communications.

## OVARIOTOMY AND ANTISEPTICS.

By WILLIAM STOKES, F.R.C.S.,
Surgeon to Richmond Surgical Hospital, &c., &c.

I DESIRE to draw the attention of this Society to the two last cases in which I performed ovariotomy. I do so, not so much on account of the result in both having been successful, or because there was any special feature of pathological interest in either of them; but mainly because, though the result was the same, the antiseptic measures adopted in both cases widely differed. They thus furnish an opportunity for the discussion, one which has not yet been raised in this Society, of what we must admit is still an unsettled question, namely, the therapeutic value of the employment in the operation of ovariotomy, as well as in other operative measures, of antiseptics, in the manner first suggested and practised by Prof. Lister.

I have considered ovariotomy to be the most fitting operation to bring forward in connection with this subject, as being in every sense a procedure that has tested most crucially, if I might so express it, the merits of antiseptic surgery.

CASE I.—*Bilocular Ovarian Cyst—Ovariotomy—Recovery.*—Winifred B., æt. 19, a dark-haired, florid complexioned, well-nourished, unmarried girl, was admitted into the Richmond Surgical Hospital under my care on Jan. 22nd, 1879. She had been suffering from an abdominal enlargement for two years previously. She first consulted me in December, 1877. For two or three months previous to this she had suffered from amenorrhœa. On examination I found a distinct enlargement, chiefly on the right side. On closer investigation I satisfied myself that the case was ovarian, an opinion in which Dr. Kidd and my other colleagues coincided. The tumour was of such comparatively small size, and the patient's health so unaffected by it, that it was considered undesirable to undertake any operative interference until I had an opportunity of watching the progress of the case for some time longer. I may mention that I wrote to Mr. Spencer Wells at this time in reference to the case, with the object of obtaining his opinion as to the desirability or otherwise of operating on ovarian tumours at a very early stage of their development. In an interesting reply, which, with his usual courtesy he promptly sent, Mr. Wells quite concurred with me and my colleagues as to the desirability of postponing operative interference until the tumour got larger. I regret extremely that I have mislaid the letter in which his reasons for postponement were so clearly and forcibly given. The patient accordingly returned to the country, but I had an opportunity of seeing her from time to time, and watching the progress of the case. This consisted in a steady gradual increase in its dimensions up to the time when she was admitted into hospital in January, 1879. The circumferential measurement at the umbilicus was then 41¾ in., and from the xiphoid cartilage to the pubis 16 inches. Three days after the patient's admission into hospital I performed ovariotomy; and as there were few adhesions, and the cyst bilocular, little difficulty was experienced. The pedicle was very short and thick, and was secured by an antisepticised silk ligature. The contents of the cyst were very remarkable; the fluid being as clear as spring water. The cyst was an unusually thin one. The strictest antiseptic precautions were used previous, during, and subsequent to the operation. The antiseptic employed in this case was thymol; one which I have not found inefficient, and which, in my opinion, ill deserves the wholesale condemnation it has received at the hands of some operating surgeons. However, since phenol, a purer form of carbolic acid, was recommended to me last June by Prof. Lister, when he was in Dublin, thymol has been entirely discarded by me and my colleagues at the Richmond Hospital.

After the operation the patient rallied well. For the first three days her chief, indeed only nutriment, was iced milk. On the fourth day there was a considerable hæmorrhage from the vagina; a circumstance which I had not had occasion to observe in any of my previous ovariotomies, and which I confess at the time I was not prepared for. This form of hæmorrhage, termed "uterine epistaxis," is

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(a) Read before the Surgical Society of Ireland.

not looked upon by any means as an unfavourable circumstance after ovariotomy. At the same time that this hæmorrhage occurred there was a marked rise in temperature, rising to 102·8 F. This also naturally caused me some anxiety; however, the following morning the temperature and pulse both fell, and from that date the convalescence of the patient proceeded without interruption.

Case II.—*Multilocular Ovarian Tumour—Ovariotomy—Recovery.*—Jane T., æt. 33, a tall fair-complexioned, well-nourished, brown-haired, blue-eyed, married female, who had borne nine children, was admitted into the Richmond Surgical Hospital under my care in the early part of last June, having been recommended to my care by Dr. O'Kelly Nolan, of Gort. In June, 1876, she first observed an abdominal enlargement, which during the following seven months remained apparently stationary. In January, 1877, the tumour commenced to increase perceptibly in size, and went on increasing during the following eighteen months, until it reached the dimensions it had on her admission into hospital; the circumferential measurement at umbilicus then being 38½ inches, and from ensiform cartilage to symphysis pubis 17 inches. The menstruation during the time the tumour was developing remained quite regular. Early in February she had an attack of peritonitis, which yielded to suitable treatment. The tumour was globular, irregular on the surface, nodular in fact, more prominent on the right than on the left side, and from the facility with which it could be pushed from one side of the abdomen to the other, I considered it probable that the pedicle was a long one. The existence of ascitic fluid was also recognised. There was no œdema of the lower extremities. On June 28 I performed ovariotomy. The operation was done with rigid antiseptic precautions, phenol being on this occasion used, owing to the large amount of adhesions, and also from the fact of the tumour being practically a solid one, for it consisted of a congeries of small cysts about the size of grapes, with walls so thin that they broke down almost immediately on being touched by the finger. The cysts were so numerous that it was impossible to remove the fluid contents with the ovariotomy trochar. I then made an incision into the tumour. In doing this it was unfortunately impossible to prevent a small quantity of fluid entering the peritoneal cavity. Finally, I had to enlarge the original incision, both upwards, to a point fully an inch and a quarter above the umbilicus and downwards, almost to the pubes. After much difficulty I eventually succeeded in dislodging the enormous semi-solid mass, and found it as I had anticipated, attached by a long thin slender pedicle. This was then secured by strong carbolised silk cord, and returned into the abdomen. The "toilet of the peritoneum" was, owing to some of the cystic fluid having escaped into the peritoneal cavity, conducted with minute care. A glass drainage tube was then inserted at the lower angle of the wound. Of the other details of the operation there is nothing, I think, specially noteworthy, and the same may be said as regards the subsequent daily progress of the case. The wound healed immediately, not a single drop of pus having ever soiled the dressings. On the seventh and eighth days after operation, the patient complained of much abdominal pain, and both pulse and temperature curves rose accordingly. I believe this to have been due altogether to flatulence. The day following the pain ceased, pulse and temperature fell, and nothing further occurred to interrupt the progress of the case towards complete recovery. On August 4th the patient returned to her family. In none of the ovariotomies I have performed or witnessed, have I seen a case surrounded with greater difficulties, one requiring so large an incision, or a longer time before the operation could be completed. Having regard to these circumstances, as well as to the almost universal adhesions, the tearing of them, the hæmorrhage, the escape of fluid into the cavity of the peritoneum, the necessarily protracted sponging of the intestines, and the "valleys of the pelvis," and then the primary union of the wound, and almost uninterrupted recovery of the patient, we may put to ourselves the question, Did not antiseptics, or I should rather say "Listerism," play a chief rôle in bringing about the result? He would be, I think, a hardened and hopeless sceptic who would answer the query in the negative.

Before, however, entering on the antiseptic question, there is a circumstance connected with the cases I have just detailed, which suggests the consideration of another unsettled point, namely, the relative value of pulse and temperature curves in forming an estimate of the probable results of ovariotomy, as well as other serious operative measures.

The pulse and temperature curves were, it will be observed, in accord throughout the convalescence of both patients. Most ovariotomists attach more value to temperature curves, than to pulse curves. Mr. Lawson Tait, however, is an exception to this rule, and is of opinion that as regards prognosis the pulse curves are of greater importance, as a rise in them more certainly indicates "something wrong." From my observations of the progress of ovarian cases after operation, as well as other surgical cases requiring operative interference of a serious nature, I am disposed to think this latter view is the one, in the majority of cases, likely to be correct. In a case in which I had recently occasion to remove an enormously enlarged uterus, together with both the ovaries, the pulse curve rose to an extreme height, whereas the temperature curve hardly rose above the normal standard. Immediately previous to the patient's demise it, on the contrary, fell below that point. There was then no accord between the phenomena of pulse and temperature. It is of interest, therefore, to note, that as in essential fevers, functional from organic lesions can, as a rule, be differentiated by observing the want of accordance of phenomena, so in surgical fever the observance of the existence, or the absence, of accordance, may materially aid the surgeon in reference to prognosis. We must not rely, therefore, too much on any one branch of phenomena in estimating the probable result of cases of surgical fever following such procedures as ovariotomy, hysterectomy, resection of the larger articulations, or amputations of the limbs.

I stated at the commencement of this communication, that the question of antiseptics, which these cases suggest, is still unsettled. This, I think, must be admitted when we recall the fact that at the comparatively recent International Medical Congress at Philadelphia, the verdict given there was "Not proven," and that in Great Britain, Germany, and France, so many surgeons of acknowledged ability are found who are not only passively but actively hostile as much to the theory as to the practice of what, to prevent any misconception we may term "Listerism." Some of these, strange to say, while antagonistic to the practice, oddly enough admit and adopt the views of the germ theorists. I need only recall Mr. Savory's denunciation of "Listerism" last year at Cork as a proof of this. In that lecture he distinctly admitted that atmospheric organisms were a cause of putrefactive changes in wounds.

Speaking of septic atmospheric particles, he observed, "that they are organic, and possessed, at least, of the fundamental attributes of living matter seems proven by their behaviour, and by some of the tests that we can apply to them. It is enough for us that they are septic; that they can produce and promote putrefaction; and further, that fluids so changed by them may provoke those terrible effects which are only too well known as blood poisoning." In admitting the existence of atmospheric agents of putrefaction, commonly called germs, it appears to me Mr. Savory admitted everything that Prof. Lister wishes us to accept in reference to the theory on which his practice is based, but notwithstanding this full admission, he oddly enough condemned in terms of withering sarcasm and scorn, the adoption of measures which undoubtedly have at all events a neutralising effect on these deleterious agencies.

Though the germ theory is comparatively of recent origin, the injurious effects of the admission of air to wounds were recognised by surgeons of remote antiquity.

In the aphorisms of Hippocrates will be found the following remarkable statement:—"Air," he observes, "is an enemy to the brain, the bones, the nerves, and to our nature in general."—Lib. 5, Ahor. 17. In connection with ovariotomy, Mr. Savory's condemnation of Listerism was all the more remarkable to me, on learning of the signal success that has been obtained in ovariotomy at St. Bartholomew's Hospital, of which he is one of the surgeons, a success which I am informed on trustworthy authority, dates from the time that Listerism was introduced there by the surgeons who practise the operation under discussion in that institution.

It is not my intention to even attempt to discuss in any exhaustive way on the present occasion, at all events, the arguments that have been adduced by the surgeons who are hostile to "Listerism." A few statements and objections made by them, however, deserve a passing notice, as they are frequently adduced by the opponents to rigid antiseptic practice. Mr. Lawson Tait, in a recent very important communication at the Medico-Chirurgical Society, observed:—"If the views of the germ theorists be correct, no surgical operation could be successful without rigid antiseptic precautions." Such statements as that may, I think, be replied to by observing that neither Prof. Lister nor any other germ theorist has ever, as far as I am aware, put forward the doctrine that atmospheric organisms are the *sole* causes of putrefactive changes in wounds; and assuming that they were, has it ever been put forward or even suggested that all wounded persons must necessarily be equally, or at all, affected by them? When such an alleged difficulty as that I have just mentioned is put forward, it is not too much, I think, to say that it possesses many of the attributes of a "man of straw," and when a structure of that sort is erected, it is easy enough to knock it down, and it is curious to observe how many persons there are of ability and experience who apparently delight in the amusement. But when it is not recognised as such, these difficulties and objections will at once arise in the minds of many, and surgical progress may in consequence be retarded, or for a time completely arrested.

Prof. Wood's difficulties in this matter are as follows:—"How is it," he observes, "that if bacteria have a power so terrible in their effects, in 999 cases of wound out of 1,000 they are unable to exercise it?"

In answer to this I would say that in the first place the proportion of cases mentioned of wounds that, according to him, are observed to be unaffected by these organisms that are "so terrible in their effects," is, in my opinion, considerably over-stated. The proportion of cases unaffected is doubtless very large, but is there in this fact anything to make us question the germ theory? It appears to me one might just as well doubt the existence of the poison of typhus, small-pox, or scarlatina, because we observe hundreds of physicians, students, and nurses are daily brought into contact with such cases, and that only a very small proportion of them are injuriously affected by such contact. Again he says, "How is it that a patient may die of pyæmia or septicæmia, self-poisoned without an external wound at all, the source of infection being a deep-seated abscess far secluded from contact with the air, and that bacteria may exist in abscesses originating inwardly, and yet no blood-poisoning ensue?

It may be stated in reply to this that it has never been affirmed by any germ theorist that atmospheric agencies alone bring about putrefactive changes in the animal economy. That there are other causes not yet demonstrated, not within our ken, which act, however, far less frequently is probable, nay, almost certain; but why should we refuse acceptance to what has been demonstrated and is known, because we can as yet only partly see through the mist?

The last difficulty Prof. Wood raises is, "How is it that wounds of the face cavities heal so quickly and well, and yet bacteria are found in number in the fur of the tongue, and the mucus on the surfaces of these cavities?" It is unnecessary, I think, to reply to this last objection. Had Prof. Wood read the lecture on antiseptics delivered in the Richmond Hospital last June by Mr. Lister, or the answer to Mr. Savory's strictures on antiseptic surgery by Mr. Thomson, published in the *British Medical Journal* for September 20, 1879, he would have found his difficulties on this point fully cleared up.

Mr. Tait has, alluding to Dr. Roberts's researches, which have gone so far to endorse Prof. Lister's views, in the communication already referred to, observed, "In rotting and decaying fruit the minute forms of life were confined to the decaying parts. How then can it be assumed that their invasion was the cause of the decadence of vital phenomena, while it appeared that such decadence, due to some unknown cause, excited the germs to do what during full vital action they could not effect?" It may perhaps be considered somewhat far-fetched to attempt the establishment of an analogy in the phenomena observed in a rotting apple and a wounded man, but there is a strong analogy, and Prof. Lister has alluded to it. He observes, "Healthy living tissue has the power of counteracting the development of these minute organisms, on the same sort of principle probably as the healthy plant can resist parasitic fungi. If a plant becomes enfeebled by cold, you see fungi developed on it, but if it becomes vigorous again the fungi leave it. The healthy tissue of the plant resists the growth of the fungi. Well, then the healthy living tissue of a wound—that is to say, if the tissues are perfectly free from irritation and disturbance, and have recovered from the damage done by the wounds, these tissues resist the development of the organisms." If the tissues near a wound cannot be kept healthy and free from irritation and disturbance, there will be observed a decadence to a greater or less extent of what, for want of a better term, has been designated "Vital Phenomena."

There is one more point—one out of many I should like to draw attention to now, did time permit—which I wish to mention, and that is the cases where, notwithstanding the most careful antiseptic precautions on the part of the surgeon, he fails to keep the wounds after operation aseptic. These cases may be divided into those where the skin was broken before operation, as in cases where sinuses existed, and the others where it was unbroken. As regards the latter, we must remember that the condition of receptivity to noxious influences producing septic poisoning is an ever varying one, being great in some and apparently *nil* in others, and that at present it may, and probably will, be different in the future. We have no means of estimating the powers of resistance possessed by those we operate on to the influences, intrinsic as well as extrinsic, which latter, at all events, exercise happily far less frequently now than formerly, so baneful an influence in producing septicism. In the former class of cases I believe it to be most difficult, in truth almost impossible, to keep the wound aseptic throughout. This difficulty has been fully recognised by Mr. Lister. But undoubtedly it is possible, by spoon scraping and applying phenol or chloride of zinc, to get for a time, at all events, a perfectly aseptic course. This was well exemplified in a case I operated on at the commencement of this session, where I had to amputate through the hip-joint for necrosis. In that case I succeeded in keeping the wound perfectly aseptic for eight days. I need hardly say what an undoubted advantage it is to avoid putrefaction during a period of some days following so serious an operation; in Prof. Lister's words, "tiding the patient over the critical period of greatest irritability of the wound, and greatest proneness to septic absorption."—*British Medical Journal*, Feb. 21. If this be true of amputations and resections, how much more likely is it to be applicable to hysterectomy, laparotomy, herniotomy, and ovariotomy operations, in which the peritoneum is so largely involved.

Who can doubt on witnessing the grand results that are obtained every day now, I may say, in abdominal surgery, if I might so call it, that the grim peritoneal spectre, the inability to cope with, and natural dread of which, paralysed the efforts of our surgical predecessors, and consigned so many to the grave, is in a fair way of being banished by the magic wand Antisepticism? Instead of the dreaded apparition, we have presented to us to view with awe and admiration the possibility of such a splendid surgical achievement as that of Keith, namely, an unbroken succession of seventy successful ovariotomies, than which there is not in the annals of surgery a triumph so signal and complete.

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## THE PATHOLOGY OF STARVATION.

By Surgeon-Major WM. CURRAN,
Army Medical Department.

"I MYSELF saw strong men and young women die of starvation; one young girl especially, of nineteen, the eldest of a poor family of nine, struggle in the jaws of hunger for six months and then perish, literally reduced to a heap of bones. I did my best at the time to help that family. I was then only eighteen years of age. I saw two men dead with grass in their mouths, having striven in vain to obtain sufficient nutriment to sustain life from the grass of the field. Scenes likes these were then common. Many would not believe that such things occurred, but I saw them. *I saw hundreds of children, from the age of two to twelve, with hair on their skinny arms and cheeks fully one inch long—a false growth caused by decay and hunger.* I saw over one thousand men, women and children of all sizes and ages outside the poorhouse of Castlebar, assembled for inspection by order of the Poor-law guardians, lest any name should be on the relieving officer's list except those who were actually at the time alive. I cannot say in the flesh, for flesh they had none. Their presence at the time, young as I was, reminded me of the vision of bones beheld by the prophet."

Having seen this paragraph in an American paper which was sent me by a friend in that country, and not having noticed anything like the development referred to in italics therein in any of the books or papers bearing on famine that have come under my notice, I am induced to advert to the point here, and ask for such information respecting it as may be at the command of your readers. I will incidentally allude, as I advance, to other incidents of the question, in the hope of thereby eliciting more attention to, or of throwing more light on the subject of starvation generally, than it appears to have hitherto received. Nor is the time or season unsuited for such an inquiry, for famine is again stalking with all its grim and ghastly accessories through extensive portions of our unhappy country, and we may naturally expect, as a consequence, a recurrence of the diseases it usually produces. What these are it behoves us to ascertain, and that, too, in advance, for knowledge is power, and to be warned in time is to be forearmed against the danger, and prepared for the assault. Let it not be said of us, after the event, that

Macies et nova febrium,
Terris incubuit cohors,

the nature of which we did not adequately recognise or understand; and that we were thus taken at a disadvantage, if not actually surprised before the fight. Whether the condition or conditions developed by famine be remediable or not, is for us to determine, and the question has not, so far as I know, been ever raised from this standpoint, up to date, on your side of the Channel. Anyhow, I am not aware of any such *exposé* or analysis, and I am accordingly more a seeker after truth than a diffuser of knowledge or novelty in this, to me, *terra Australis incognita.*

Anxious to ascertain how far the particulars given above, but especially so those underlined, were reliable, I wrote to their learned author, the very Rev. Canon Bourke, of Claremorris, the eminent Keltic scholar, and was assured by him in reply that there were hundreds of such cases among the famine-stricken children of the disastrous period referred to therein. He added that a lad of twelve, whose cheeks were wan as those of a corpse, invested with the cerements of the grave, and who presented all the other usual features of chronic starvation, exhibited this peculiarity in a very striking manner. He compares it to the kind of growth or efflorescence that one finds on fungi or other decaying matter, and he adds that this lad's arms were throughout covered with hair of this downy character. It was equally prominent, though for obvious reasons not so observable in their seniors, and he seems to ascribe it to the exudation or moisture that is produced by dirt and decay. In the letter I did myself the honour of addressing to him on the point, I mentioned that, as far as my experience of such events went, starvation was usually, if not invariably, associated with diarrhœa or dysentery, and I added that their presence was readily accounted for by the fact—recently established by a medical officer (Dr. Cunningham) in connection with the famine in Madras—that the lining membrane of the bowels had undergone a process of fatty change or degeneration. I added that dropsy was also an occasional consequence of this condition, and it is always necessary to bear in mind, in this connection, that to use the painful words of Mr. Mitchell Henry, "in considering the state of Ireland, one must start with the hypothesis that the normal condition of a very large proportion of the people was one of semi-starvation." But whether these are all the disorders that accompany or follow from famine, or whether fever, and if so, what type of fever is necessarily associated with it, I am unable to determine, and this is the reason why I venture to bring the subject under the notice of such of my brethren as, being readers of your journal, may be able to enlighten us anent it.

What, then, are the diseases that generally accompany, or invariably follow, in the wake of famine. To answer this question satisfactorily would require access to books or reports of a special character which are quite beyond my reach. Men in my position can rarely expect to meet such papers: we are necessarily restricted to a few manuals or practical treatises, and the few publications by laymen that do offer are so vague in their terminology as to be all but useless for purposes of classification. They use indiscriminately such (technically speaking) unmeaning phrases as fever, pestilence, plague, disease, the angel of death, &c., &c., and if we try to isolate these, or ascertain their precise meaning, we find ourselves arrested on the very threshold of the inquiry by the fact that the term fever is a generic one, which admits of numerous qualifications or sub-divisions. Thus, to go no farther for the present, fever may be roughly divided into typhus or typhoid, relapsing or remittent, simple continued or cerebro-spinal, inflammatory, traumatic, puerperal, &c., each of which has its own special life-history and initiative, and again, into jail, ship, hulk-fever, the typhus of armies, and the like. So also with the word pestilence, which is even more abused than the other; and it is hard to say what import these writers attach to it, if indeed, they ascribe any at all. Many of them speak promiscuously or synonymously of it—plague, the black death, or the sweating sickness of our forefathers; and this being so, it behoves us to undertake the investigation with the aid of the appliances that modern science has provided, and divest it of the accretions of an incurious or uncritical age. An Irish medical journal is clearly the fitting medium for such a technical search, and I will be only too glad to act as secretary in the case, and prepare for publication in your columns any or such notes as may be sent to me with that view.

We know so little, medically speaking, of the circumstances that underlie the terrible mortality that depopulated Munster, and led some, if we are to believe Spenser, to cannibalism, after the so-called Desmond-rebellion in the reign of Elizabeth, as to be unable to turn them to any account in this connection. A very similar remark will apply to the war of 1641-2, which ended in 1852 with a loss, according to Sir Wm. Petty, as quoted by Mr. Leeky, in his able "History of the Eighteenth Century," vol. ii., pp. 172-3, of 616,000 souls out of a population of 1,466,000 "by the sword, by plague, or by famine artificially produced ;" and as to the famine of 1740-1, during which "the roads were (to use the same great writer's words, ibid., vol. ii., pp. 218-19) spread with dead and dying bodies, mankind the colour of the docks and nettles they fed on" he adds that "the universal scarcity was followed *by fluxes and malignant fevers*, which swept off multitudes of all sorts, so that whole villages were laid waste." The writer quoted by him in this instance maintained that "400,000 persons probably perished at this time through famine or its attendant diseases ;" and another authority of the period asserted that "whole thousands in a barony have perished, some of hunger, and others of disorders occasioned by unnatural, unwholesome, and putrid diet." Coming to a later and more tangible crisis, one that is within the recollection of many of the readers of this Journal, we find a very similar state of things. Mr. Trench estimates "Realities of Irish Life," p. 110, the loss caused by the famine of '47-8 at 500,000—an estimate which is, I believe, rather under than over the mark—and the population was much denser at this time than it was on either of the former occasions. After premising that "the people were not found dead on the roads or in the fields from sudden deprivation of food," he says that "they sank gradually from impure and insufficient diet," and adds that "fever, dysentery, the crowding in the workhouse, or hardship on the relief works, carried thousands to a premature grave." From this short, but suggestive *résumé* two conclusions may, I think, be reasonably drawn—first, that our hapless land affords peculiar opportunities for the prosecution of an inquiry of this kind ; and secondly, that the objects of that inquiry should, to insure accuracy, be defined and agreed upon in advance. For though we may indulge the hope that no such horrible cataclasm as is described above will occur again in our day, yet is this quite possible, and it is always better to prepare for the worst than wait with folded arms for events to develope themselves. *Principiis obsta sero medicina paratur* should be our guide in such a contingency ; and we should never forget that there is a soul of goodness in things evil, or refuse to take counsel from the history, however chequered it may be, of the past.

(*To be continued.*)

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# PORTION OF THE VAGINA OF A SHEEP DILATED INTO A CYST-LIKE FORM ; THE DILATED PORTION CONTAINING NUMEROUS BONES AND SOME WOOL. (a)

BY BENJAMIN W. RICHARDSON, L.R.C.S.I.
Surgeon to Adelaide Hospital, Dublin.

THE author said, the specimen, I have the honour to present to the Society, is one of extreme interest, and probably of rarity also ; but not being familiar with the pathology of the sheep I cannot speak with any confidence on this point.

Several days ago on going into my butcher's shop he handed me what at the time appeared to be a cyst he removed from a ewe while dressing it for sale. He showed me the part of the carcase where its upper surface was adherent. This part was situated a little anterior to and above the vaginal orifice at the left side of the spine, assuming the animal to be alive and on its legs. Being inquisitive as to the nature of this bag, as he called it, he made a couple of cuts into it, but on seeing that it was filled with little bones he desisted from further examination, thus enabling me to add a very interesting preparation to the museum of this college.

Mr. Abraham, our curator, very kindly made a most careful examination of the preparation, including its walls and contents, with the following results :—The portion of vagina enlarged is sub-elliptiform in shape, the enlargement being 3¼ inches in length, and the transverse diameter rather more than 1½ inches. The cuts that had been made through the wall exposed a number of bones closely packed together. The general appearance was that of a cyst containing bones, and at one part a small amount of hair.

By a little dissection the vaginal nature of the enlargement became evident ; and on passing a probe it was clear that it was not shut off from the anterior and the posterior parts of the passage.

After removal of the contents the wall presented the following appearances :—The mucous membrane was greatly thickened, and internally showed numerous rugosities, pits, plicæ, and outgrowths, some extending half an inch into the cavity ; and among these some of the bones were jammed and hidden. In the recent state the mucous membrane was soft, and in parts almost gelatinous. At the anterior end of the sac the inward growths are largely developed. The orifice which leads into it at this end (and through which the glass rod is passed) opens into the cavity in the middle of a bi-lipped nipple-like protuberance. Posteriorly the outgrowths pass gradually into the normal plicæ of the vagina, which here shows no particular contraction or occlusion.

The contents consist almost entirely of bones and fragments of bones. At one point a small mass of hair or fine wool is collected together, and principally entangled around one of the bones (a rudimental ilium). One hair when pulled out measured over two inches in length. There is no vestige of any fœtal membranes nor of any surrounding covering other than the vaginal wall.

The number of pieces of bone which can be counted is about 170. The shapes of many of them can be well made out ; and the number of the recognisable ones shows that they appertain to one fœtal sheep. There are thus evident two scapulæ, two ilia, two humeri, two femora, the long metacarpals and metatarsals of the third and fourth digits not yet united together, and several of the cranial elements. The vertebræ are distinct, but the union in each of the three principal ossifications, viz., the "central" and the two "neural" has not yet taken place. A soft white substance more or less connects these vertebræ together, and this is the only evidence of any of the soft parts remaining, not even a trace of cartilage being visible.

Although there was considerable irregularity and confusion in the arrangement and position of the bones, yet as the bulk of the anterior skeletal elements were impacted in front, the probability is that the presentation would have been a "breech."

Such, Mr. President, is the very excellent report of Mr. Abraham on this specimen, a specimen which is interesting not only from its novelty—here at all events—but also from its resemblance in some particulars to a dermoid cyst. I think, sir, we may safely assume that the bones and hair are the remains of a partially aborted fœtal sheep, which, having been impacted in the vagina, disintegration of the soft parts took place, leaving the bones and hair, the only vestiges of its previous existence.

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# Clinical Records.

## HOTEL DIEU, PARIS.

### *Case of Calcaneo-cuboid Dislocation.*

Under the care of Professor RICHET.

THE patient from whom the specimens shown were taken was admitted two days before. She had been knocked down by a tram car, and when brought in was unconscious and suffering from many contusions, and two very serious lesions. One was a fracture of the surgical neck of the humerus, with which we are not now concerned. The second, much more rare, was in the right foot. The front of the foot was drawn inwards, and on the dorsal surface was an oblique projection corresponding to the upper extremity of the first metatarsal. This bone was clearly broken, and the projection which we felt was formed by the cuboid dislocated on to the os calcis. The skin at this part was much contused.

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(a) Read before the Surgical Society of Ireland.

Reduction in these cases as in those of sub-astragaloid dislocation is by no means easy. What prevents reduction is not muscular action, but the locking together of the bones, so that chloroform is of little use in these cases. In this woman, however, we attempted reduction: whilst assistants made strong traction on the foot, I endeavoured to replace the bone. Nothing stirred, although the force I employed was such that I feared to break the skin if I pressed any harder.

The day after this fruitless attempt the woman wanted to rise from bed, but died suddenly. At the autopsy nothing was found to explain such sudden death, but we suspected that she had succumbed to fatty embolism of the lungs, such embolism having been often pointed out as causes of death in cases of serious or multiple fractures. To prove this satisfactorily we shall have to make microscopic examination of the lung tissue, and for this purpose it will have to be treated for some time with osmic acid.

With regard to the specimen itself, we have still some difficulty in deciding on the mechanism of the dislocation. We easily recognise, however, that the cuboid has passed in front of and over the os calcis, and that it is caught by the external apophysis of that bone. It was impossible to replace it on account of the small hook with which it is furnished, and which catches in the apophysis of the os calcis. It would be necessary to obtain detachment to draw the parts asunder at least half a centimetre and this is absolutely impossible in the actual state of torsion of the ligaments. After some days these ligaments lengthen and reduction becomes possible : this happened in a case of Nélaton's, and we might have hoped for it here had not death suddenly supervened.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

### Friday, March 12.

Dr. E. Headlam Greenhow, President, in the chair.

Mr. Frederic S. Eve on

### A CASE OF IMPACTED FISH-BONE IN THE ŒSOPHAGUS, PENETRATING THE DIAPHRAGM AND PERICARDIUM, AND WOUNDING THE HEART.

A man, æt. 59, while partially intoxicated, eat some fish for supper. The next day he went to the nearest hospital on account of pain in the throat and chest. The house-surgeon passed a dilating horse-hair probang. On leaving the hospital he was extremely faint and ill, and complained of severe pain in his chest. He then took to his bed; the pain in the chest was severe, and he vomited all food. On the third day the pain had slightly diminished. In the evening he got out of bed, stretched himself, and immediately fell back dead. Post-mortem examination.—A lance-shaped fish-bone about two inches long penetrated the anterior surface of the œsophagus about a quarter of an inch above the cardiac orifice, transfixed the diaphragm, and the sharp extremity projected through the posterior portion of the pericardium. The opposed surface of the left ventricle was wounded, but not penetrated. The fish-bone was directed obliquely upwards and forwards. The pericardium was distended with blood-stained serum, and contained some blood clot.

The President communicated notes of a

### CASE OF TYPHOID FEVER WITH ACUTE NEPHRITIS AND PROFUSE HÆMATURIA WITHOUT DROPSY.

A porter, æt. 21, was admitted into the Middlesex Hospital under Dr. Greenhow's care on Nov. 25th, 1879, the fifth day of a fever which set in with considerable severity, the second day of the attack being marked by vomiting, cough, and slight sore throat, and in the night he began to have painful micturition, and noticed that his urine was almost black in colour. On admission, pulse 108; temp. 103·2; urine sp. gr. 1012, of a deep red colour from admixture with blood, containing albumen half, numerous blood globules, blood and epithelial casts. He was very prostrate, and suffered from muscular pains; there was impaired resonance with bronchial breathing, and scanty crepitation at the region of the right lung, but no râles elsewhere. The cardiac second sound was reduplicate, abdomen was tympanitic, and there was tenderness and gurgling in the right iliac fossa. The liver and spleen were not enlarged. There was no diarrhœa nor rose spots. Cold sponging was ordered, and a fluid diet. At 9 p.m. pulse 126, temp. 104·8. The illness ran a rapid course, prostration increased; the pulse-rate ranged between 100 and 130; the temperature 97·0° to 104·8°. Restlessness and delirium, passing towards the close into somnolence, and occasional subsultus in arms and legs were observed. The tongue became dry and fissured. The urine continued to be blood-stained, but the amount of blood and albumen diminished. The abdominal distension persisted, and characteristic diarrhœa appeared on the 27th, continuing till death, which took place on December 8, the 13th day of his illness. The autopsy revealed mitral thickening and enlargement of the heart; marked pulmonary hypostasis. Two or three sloughing ulcers occurred at the lower end of ileum, and are in the healing stage, Peyer's glands and solitary follicles being elsewhere swollen. Liver and spleen greatly swollen and softened. Kidneys weighed 12 and 14 ounces respectively, were intensely engorged; their secreting tubules were filled with swollen granular epithelium, and between the tubules there was small-celled infiltration. Dr. Greenhow remarked that he had not met with a similar instance. Albuminuria, when it occurs, is usually a late event in typhoid fever, according to Liebermeister not until the fever had reached its height, and Murchison says it rarely appears sooner than the third week, and is due either to congestion or to parenchymatous degeneration, not as here to acute nephritis. Dr. Murchison also says that when copious hæmaturia occurs it is generally associated with other hæmorrhages. The only parallel instance to the present case Dr. Greenhow had found on record was a reference by Liebermeister to two cases of uræmia from acute parenchymatous nephritis in the Basle Hospital in 1872, soon after admission, and during the height of an attack of typhoid fever. The most careful inquiry failed to elicit any history of previous disease in the present case; so that it seemed as if the trivial cardiac hypertrophy and mitral thickening were due to the very intense nephritis. The points then of chief interest were—the concurrence of typhoid fever with such intense nephritis; the entire absence of dropsy and the severe and rapid course of the disease.

Dr. Cayley said that during his experience at the London Fever Hospital he had seen only one case in anything similar to that recorded by Dr. Greenhow. In one case of hæmaturia, in which death took place at an early period, post-mortem examination revealed intestinal ulcers, one of which was in a partially healed condition, such as might be found after a relapse following typhoid fever.

The President hoped some future advances in the knowledge of such cases might be made; and commented on the significance of Dr. Cayley's admission that his wide experience had not familiarised him with the conditions described.

Dr. Buzzard brought forward

### A CASE OF RAPID AND ALMOST UNIVERSAL PARALYSIS,

which had terminated in a complete recovery under treatment. The patient was a man, æt. 44, whose illness had commenced with some drawing of the face to the right, followed shortly afterwards by loss of power and sensation in both upper and lower extremities. On admission into the National Hospital for the Paralysed, Queen Square, he was found to be paralysed on both sides of the face, both external recti muscles, and also to a great extent in all four extremities, in the movements of respiration and deglutition, and in the sphincters. There was anæsthesia to touch and pain in the face (especially on the right side), with apparently increased sensibility to heat and cold. Below the middle of each forearm there was almost entire loss of sensibility to touch and pain, whilst heat and cold were distinctly recognised. The sensibility of the trunk was preserved. There was loss of smell and taste on the left side. Electric excitability (by induced currents) was almost absent in the muscles of the face, hands, and lower extremities, and much reduced in the forearms. There was atrophy of the interosseous muscles. Respiration was mainly upper thoracic, the lower part of the chest not expanding, and the movements of the diaphragm being scarcely perceptible. No lesion of the spinal column could be found. The patellar tendon reflex was entirely absent in both knees. Under iodide of potassium at first, and later mercurial inunction, patient began to improve so rapidly that on the next day but one after admission he had regained some power over the external recti muscles, and the sensibility of the face to touch and pain was increased. There was gradual and steady amelioration in all his symptoms, and four months after his admission he returned to his work (tailor's cutting) quite well. The patellar tendon reflex returned about this time in both legs. Twenty years previously to his attack patient had suffered from a chancre, the scar of which remained visible. With the exception of this he declared that he had never had a day's illness. In his remarks Dr. Buzzard compared the case with those first described by Landry, to which the title "acute ascending paralysis" had been given, which were usually fatal, and in which there were no marked post-mortem changes. The present case differed from this type in the extensive affection of sensibility, in the greatly reduced electrical excitability of the muscular system, and in the implication of ocular muscles. It resembled, however, most strikingly a case brought to this Society by the author in 1874, which presented almost precisely similar symptoms, in which, as in this, there was an old history of syphilis, and which recovered under similar treatment in about the same time. A diffuse myelitis involving the cord, the medulla oblongata, and the pons, might give rise to the symptoms. So also perhaps would a lesion of the intra-cranial and spinal membranes with effusion compressing the nerves. Was it possible that there might be some thickening of vessels of the pia mater, an endarteritis of syphilitic origin giving rise to disordered circulation? All the cases that Dr. Buzzard had seen recovered, and he could add nothing positive in reference to the pathology of the disease, which was confessedly obscure.

Dr. Althaus inquired whether an examination had been made of the degree of sensibility retained in the mucous membrane supplied by the fifth cranial nerve?—whether, for instance, it responded to the stimulus of ammonia, or if the tongue, though insensible to sapid substances, would show evidence of pain on irritation? He thought information derived from such tests might assist the localisation of the disease.

Dr. Stephen Mackenzie was of opinion that the muscular atrophy described in Dr. Buzzard's paper might be taken to indicate the existence of a lesion in the spinal cord, and possibly also of the membranes enclosing it. He instanced the case of a young girl who, after severe cephalalgia, fell suddenly, and was conveyed insensible to the London Hospital, where she was discovered to be partially paralysed. She was examined by Drs. Sutton, Hughlings Jackson, and Ramskill. Her sensibility (response to stimuli) was imperfect, and she was so intensely livid as to suggest the probability of mischief being done to the pons. She was bled to 30 ounces, but died 40 hours after admission. No structural change in the nerve centres was discovered post mortem. In a second case, noticed ten years ago, a man was suddenly overcome in a somewhat similar manner, and was attacked with rigid tetanus. He died three days subsequently, and in him likewise no change in the nerve centres could be made out. The cases, Dr. Mackenzie considered, proved that there is an obscure class of diseases about the pathology of which really nothing definite is known. There is the greatest difficulty in diagnosing the lesions producing such extensive changes.

Dr. Mahomed was reminded by Dr. Buzzard's paper of a case he had seen some time ago. It was that of a young man who became suddenly ill, and the subject of intense vertigo. He could not stand, was very sick, suffered severely for a week from headache, and became rapidly paralysed in the lower extremities. His pulse was irregular, and he was much troubled with hiccough. He at first denied any previous syphilitic history, but Dr. Broadbent made out that he had been treated formerly for sore throat, and had been prescribed iodide of potassium and mercury. He could not distinguish heat and cold, and even several weeks after recovery, when in a cold bath, one side of the body was distinctly hotter. His urine was offensive, and evidently passed in a decomposed state. This was probably due to unknown chemical changes of the urea and kreatin. This patient recovered; his disease was of syphilitic origin. Dr. Mahomed wished to know whether the urine passed by Dr. Buzzard's patient was abnormal.

Dr. Buzzard said nothing noticeable had been seen in the conjunctiva in the case he reported. The ammoniacal test was not applied to the Schneiderian membrane; the whole of the fifth pair of nerves were, however, undoubtedly involved in the disease. Dr. Mackenzie had not indicated whether any history of syphilis was recorded in connection with the cases cited by him.

Dr. Mackenzie said no such accounts had been given. The cases occurred ten years ago, and he could not remember all the details of them.

In his own case, Dr. Buzzard continued, no peculiarity had been noticed in the condition of the urine when voided.

The President remarked that four years ago he saw a lady who had lost all power in her four limbs, and whose tongue was also paralysed. These changes succeeded to diphtheria, and were of the most complete character he had witnessed. He was of opinion that Dr. Buzzard's case was a very similar one in the nature of its symptoms, though it was of syphilitic origin.

Mr. Frederic S. Eve communicated

### A CASE OF FRACTURE EXTENDING THROUGH THE TEMPORAL BONE.

A boy, æt. 13 months, fell off a bed and struck his head against a mangle. On admission to St. Bartholomew's Hospital he was insensible, vomited, and there was bleeding from the right ear. The next morning there was a profuse discharge of clear watery fluid from the ear, which continued until he died, on the third day after the accident. Post-mortem examination: Lymph was effused in the subarachnoid space over the whole surface of the brain, but most abundantly over the right hemisphere. A fracture passed vertically through the squamous portion of the temporal bone and the petrous bone, cutting across the external and internal auditory meatuses, and terminated at the foramen lacerum posterius. A coloured injection thrown into the external auditory meatus passed out through the internal meatus, issuing from within the sheath of the nerves, thus demonstrating that the watery discharge in this case was the cerebro-spinal fluid.

Mr. H. Clutton, F.R.C.S., on

### A CASE OF FEMORAL ANEURISM—LIGATURE OF THE EXTERNAL ILIAC ARTERY—CURE.

A patient, æt. 46, was admitted into St. Thomas's Hospital on December 9, 1878, with an aneurism of the right femoral artery, of about the size of a walnut, immediately below Poupart's ligament. It had been noticed three or four months. There was no history of syphilis or injury. There was slight arterial degeneration, but no marked affection of the heart. He was placed under the influence of iodide of potassium, and a restricted diet. Every variety of pressure was tried with the exception of the compression of the abdominal aorta, but they all failed. Under these circumstances the external iliac artery was ligatured antiseptically by Mr. Clutton, on January 11, 1879, with a thoroughly carbolised silk ligature, of which the two ends were cut short. A catgut drain was then inserted, and the wound closed with silver sutures. Pulsation in the tibial arteries returned in three days. As the temperature never rose above normal, and there was no oozing, the dressing was not changed for a week; the wound was then found completely closed; pulsation, however, could be felt in the sac. At the end of another week the dressing was removed for the second time, and the wound found soundly and firmly healed. Pulsation in the aneurism, however, continued till February 15 (five weeks after the operation), when he was suddenly seized with pain in the right groin. Shortly afterwards the aneurism was found quite solid, and never again pulsated. But on February 23, exactly six weeks after the operation, there was slight pain and swelling in the wound, and a few days afterwards a thimbleful of sero-purulent fluid was evacuated from the centre of the cicatrix. This little opening continued to discharge only sufficient fluid to keep a scab of about the size of a split pea adherent to the centre of the scar. In this condition he left the hospital on March 15, with the caution carefully to watch for the little loop of silk. On May 22, four and a-half months after the operation, he came to the Hospital with the silk loop in his hand, and the wound again soundly healed without any scab. Mr. Clutton remarked that, considering the number of silk ligatures which are now often used in a case of ovariotomy in this manner, and the few, if any, that have subsequently appeared by suppuration or otherwise, it did not seem at first sight too much to expect from antiseptics, that the silk might become encapsuled in the tissues around the artery as efficiently as has been the case in the peritoneal cavity. In the case before us, too, the ligature was not placed amongst the muscles of a limb where a certain amount of movement must take place, but in the abdominal cavity; thus differing only from the ligature of the ovarian pedicle in its position with regard to the peritoneum: in the case of the artery the ligature is the subserous tissue, in the case of the ovarian pedicle the ligature is lying on the endothelial surface of the peritoneum. He thought that in this fact was to be found the explanation of this apparent discrepancy.

Mr. Eve said he had examined the pedicle in a case of ovariotomy one year after operation, and found the frayed end of the silk ligature employed ½ inch long. When examined with the microscope, leucocytes were found in numbers, so situate as to encourage the belief that they had been gradually absorbed, the substance of the silk, as it were, feeding on it.

Dr. Barclay referred to the early treatment of aneurism, and urged that experience taught the necessity of plenteous nutriment and rest combined if a good result is to be obtained.

The President said Dr. Barclay had opened up a most important subject. The teachings of Tufnell inculcated the necessity of a restricted diet in the treatment of aneurism. His own experience did not confirm this view, however. He had submitted a patient to it for six months, continuously, in vain. Only the day previously he had seen a case in Middlesex Hospital which had been treated so; it was, and had remained since last November, *in statu quo.*

Dr. Greenhow suggested that on some future occasion Dr. Barclay should bring cases in support of his views before the Society, and open a discussion on the subject.

Mr. Clutton supported the evidence that when examined by the microscope the silk ligatures left in the peritoneum were found fewer in number, and in process of being absorbed. In Prof. Lister's case, however, no absorption occurred, but the silk was disintegrated and distributed in the surrounding tissue. Had the patient lived suppuration must have taken place. In his own case, he added, the silk left *in situ* became the centre of a bad inflammatory action.

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## SURGICAL SOCIETY OF IRELAND.

A meeting of the Surgical Society was held on Friday evening, February 27, in the Albert Hall, Royal College of Surgeons, Mr. E. Hamilton, Senior member of the Council of the Society present, in the chair.

Mr. B. Wills Richardson, hon. sec., read the minutes of the previous meeting, which were signed.

### MORBID SPECIMEN—A PARTIALLY ABORTED FŒTAL SHEEP.

Mr. B. Wills Richardson exhibited a dilated vagina of a ewe which contained a partially aborted fœtal sheep, a description of which will be found on page 211.

Mr. Stokes read a communication on

### CASES OF OVARIOTOMY TREATED ANTISEPTICALLY,

which will be found at page 207.

The Chairman said this was the first opportunity the society had had of discussing the subject of antiseptics. He had no objection whatever, and he thought all ought to be of the same mind who had had experience in antisepticism, to express his opinion, which was based simply on his own observation. Many years ago when antisepticism was introduced by Prof. Lister with his putty and tinfoil he was permitted to witness its use through the kindness of Mr. Fleming; and at that time, as occasion arose, he carried out antiseptic surgery in Steevens' Hospital to the best of his ability, and with a good deal of enthusiasm that did not receive the sanction of his colleagues. However, having carried it on for a considerable time his faith began to waver, and he laid it aside as not fulfilling the high character he had heard of it. But, after lapsing into disregard or disbelief of it, his faith was again revived by what he saw in cases of ovariotomy, and he became a perfect convert to antisepticism. To one who had seen surgery in its previous phase, nothing, to his mind, was so marvellous as the utter impunity with which the peritoneum was mopped or sponged and treated in the most extraordinary way, as Prof. Stokes had described. However, it was right to say that his experience in the present session had again shaken his faith in antisepticism; for although he had never carried it out more carefully, and he had been fortunate in having most enthusiastic dressers, he never saw such quantities of matter, in fact, quarts of it. This might have resulted from something in the atmosphere or his application of the method; but he should honestly say that his faith had thereby received another check. In a discussion like the present, he felt it would be a failure of duty if he did not express what had been the bias of his own mind in the matter.

Professor E. H. Bennett said he had brought one branch of the matter before the society three or four years ago—namely, the use of salicylic acid as an antiseptic. It was unfortunate that a second paper which was to follow Mr. Stokes' was not read before the discussion in order to have the set views of another surgeon on the subject.

Mr. Richardson—Mr. Croly has had to leave town.

Mr. Bennett continued that he was under the impression that Mr. Croly's paper would have been read; and so a larger field would be open for discussion. While he entirely approved of Mr. Stokes' paper, he did not think it was a fair view of antiseptic surgery to take it only as relating to ovariotomy; for ovariotomy was very limited, and not within the range of antiseptic surgeons of general practice. However, unquestionably the most important of the whole of antiseptic surgery in reference to ovariotomy was what Mr. Spencer Wells in his last communication on the subject had indicated—an allowance of the antiseptic treatment of the pedicle, so that it may be returned into the abdomen. Mr. Wells had remarked that the success of ovariotomy depended on attention to details; and undoubtedly the same remark might be made in reference to antiseptic surgery in general. In fact, he did not hesitate to say that the failures of antiseptic surgery he had seen in Dublin with his colleagues and elsewhere, were simply due to neglect of that very essential point—attention to details. He had seen it conducted with all the *posse comitatus* of steam engine, carbolic lotion, &c., while the arteries were tied with silk from a roll which the resident pupil took out of his pocket. Again, it was extremely difficult to keep the dirty hands of surgeons—he meant dirty in the sense of not being antiseptically treated—out of the wound, they believing their knowledge something far too fine to enter into such details. He had seen a surgeon dip one finger into a basin of carbolic lotion to save his conscience. In this way details were neglected; and many hospital surgeons would bear him out that what he had stated constantly occurred. Hence, with such treatment they could not expect to have antiseptic operations successfully conducted. With the essential points of Mr. Stokes' paper he entirely agreed. In reference to operations of the general kind apart from ovariotomy—cases of open wound where pre-existing suppuration had occurred—two instances of failure had been mentioned in cases of broken skin and unbroken skin. The unbroken skin cases were due to the cause he had specified, namely, the surgeon's fault in neglecting details. Take that recently brought before the society by Mr. Thornley Stoker—he tied the vagina, but not expecting to deal with this, had adopted no precaution with reference to the vagina itself. In three or four days the wound, although it did not lead to a fatal result, became putrid, the putridity starting from the very pedicle itself; and instantly the ligature was cut through he opened up the source of putrefaction against which he had not guarded. Therefore they must, he submitted, if they had failure, face the question that failure was due to their own fault. He had never himself failed in a fair case whilst the skin was only damaged by a recent wound and no suppuration existed, except where he was able to put his hand down on the actual cause of failure being his own negligence. The view was not to be at all accepted that, although in that respect of immense importance, antiseptic surgery was to be restricted to abdominal section; or to say that it was specially applicable to abdominal section would be to understate its advantages. Any surgeon who would take the trouble to superadd to his breaking of the skin antiseptic measures would be repaid. Even if they wanted to operate against time with reference to abscesses or sinuses, antiseptic treatment would expedite recovery, putting aside all question of risk to life.

Dr. **Doyle** said that in this country they had no data to go on of what was called pure air. As far as theory went, he considered that where there was a concentration of germs the greater the likelihood that putrefaction would supervene in wounds. It would be of great service if any member who had major operations in a mountainous locality away from the city and in a climate free from great variations of temperature, would state his experience, as by that means they would be able to judge whether or not cases under favourable conditions of pure air got on as well as where there was concentration of germs.

Mr. **Wharton** believed operations had been tried in elevated situations, and the air found more or less to cause putrefaction. He understood Mr. Stokes to say the question of antiseptic surgery was by no means settled; and that being so he concurred with Mr. Bennett that the paper was too limited as applying chiefly, at all events, to ovariotomy. There could be no question that the great improvement which had taken place in ovariotomy was entirely due to the principle of Listerism. He thought a great change for the better had taken place in the treatment of wounds consequent on the adoption of Listerism. At the same time, he was not prepared to believe in all that had been said in reference to it. On that, as on other subjects, it appeared to him that something like a medium course would be the one most adapted to bring about favourable results. About six weeks ago he amputated a thigh by the double-flap method, carrying out Listerism as rigidly and fairly as he possibly could. Nothing could do better with regard to the stump for the first fortnight. At the expiration of that time he found that suppuration had become established. Of course at this he was disappointed. However, the quantity of pus manifested by the dressings was very small. Still he was disappointed at seeing pus at all, judging from what he had heard with regard to the treatment of wounds by Listerism. Reflecting on the change it occurred to him that in that particular case Listerism should be abandoned: and he was led to that conclusion by considering that the dressing which had been moistened by means of the carbolic spray would, in fact, act as a poultice and encourage suppuration rather than otherwise. Consequently, he abandoned it altogether and dressed the stump simply with straps of lint, using the ordinary bandage and cold lotion, and nothing could exceed the good results which followed. The patient was enabled to leave the hospital exactly one month after the operation. But he believed had he continued Listerism after suppuration had been established, he would have encouraged suppuration rather than diminished it. Therefore, while Listerism might be carried on with great benefit, a time might come in the management of any case when it ought to be abandoned, at least where such signs of suppuration as those he had described occurred.

Mr. I. K. **Barton** took the liberty of discussing the general question, considering that Mr. Stokes had sufficiently brought it before the society to enable him to do so, and especially as his experience of ovariotomy and the antiseptic treatment was not sufficient to enable him to add much to what had been already said. Having tried it in a great number of cases, his experience in amputation had completely converted him to its inestimable advantages, almost in the exact case just described by Mr. Wharton. In amputations of the thigh the results had been so exceedingly favourable, and very much superior to anything he had achieved before thoroughly antisepticising the wound, he had been converted to accepting the treatment. There had been partial failures—suppuration occurring when he thought he had used every possible means against it; but he was bound to say that, having carefully examined every case that came under his own observation, he was compelled to agree with Prof. Bennett that it was chiefly their own fault. As long as he took the trouble of attending to the details himself the thing went on admirably; but when he left it to his dressers, no matter how earnestly they worked, suppuration became established. The student could not enter into the thorough attention to detail in the same way as the surgeon. He did not think that truth could lie in the golden mean, inasmuch as thorough attention to every detail was absolutely necessary to gain success. The antiseptic method was even in wounds that were freely suppurating or sinuses that had long been suppurating, capable of to a great extent mitigating and in some instances totally checking or stopping suppuration. Within a recent period two cases in point occurred. One was a case of abscess of the breast in a young woman, one abscess forming after another until the whole breast was riddled with sinuses. He slit them open, syringed them, and pursued the usual treatment. At length he resolved to thoroughly antisepticise the tortuous wound and see the effect. He did so, and to his gratification he succeeded in at once changing the whole character of the tortuous, suppurating wound—healthy action set in, the whole thing healed up, and she got perfectly well. Another case was an excision of the shoulder, in which a large abscess extended across the scapula, and another extended down the arm. These had been opened before the operation. There were extensive sinuses across the other scapula, and down to the loins. The operation was done antiseptically, and was but partially successful on account of the wandering sinuses through the back. But the point he wished to notice was that the patient came into hospital on a subsequent occasion with a number of sinuses still remaining, and having put the same practice in operation he succeeded in improving this condition of the sinuses, in which the former treatment had failed. It did not prevent an abscess opening subsequently in front, but it was a small one, and under antiseptic precautions it proved of little consequence, the matter secreted in it having quickly dried up. The salicylic acid recommended by Prof. Bennett was exceedingly useful, and in combination with carbolic acid spray appeared to be the best method of carrying out Listerism.

Mr. **Stokes** disclaimed any intention of wishing to limit the discussion to the subject of ovariotomy, which he looked upon as being, of all surgical procedures, the one that tested antiseptic practice more than any other.

On the motion of Mr. **Thornley Stoker**, seconded by Mr. A. H. **Corley**, the further discussion of the subject was adjourned.

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# Special.

## THE DIGESTIVE FERMENTS AND ARTIFICIAL DIGESTION.—I.

The subject of the digestive ferments and how to use them in artificial digestion has recently been taken up by Dr. Wm. Roberts, F.R.S., of Manchester, in several contributions to contemporary journals. These articles have attracted much attention, and many practitioners are making practical use of the power to artificially digest food. Further, the Lumleian Lectures before the Royal College of Physicians are now being delivered by Dr. Roberts, consequently it may be well to place before our readers the gist of the subject.

The first digestive ferment, ptyalin, is found in the saliva, and converts starch into sugar, until the action is arrested by the acid contents of the stomach. This portion of the digestive action is confined to the conversion of starch into sugar by adding a molecule of water to the starch—a process of hydration, indeed. In the young child, probably, as in the calf, the parotid glands are comparatively undeveloped, while the dietary consists of milk, and the pancreas is the chief agent in digestion. But as the teeth are developed, and starch becomes a large portion of the dietary, then ptyalin is furnished in larger quantities. In many children this salivary ferment is deficient, and consequently they are ill-nourished, and it becomes necessary to artificially aid their starch-digestion. A perfect substitute for the salivary ptyalin is found in the diastase of malted barley. A ferment is chemically a body very much like albuminous bodies, except that it contains no sulphur; consequently a ferment is nutritive itself as well as digestive. Malt, or maltine, is now to be procured in any quantity from a variety of makers, but many of the malt extracts are prepared at too high a temperature to be active. A temperature of 158° F. is fatal to the ferment diastase, and 157° must on no account be exceeded. When added to the material to be digested, diastase is the more active the higher the temperature; but care is to be exercised to see that the temperature does not get beyond 157°. Then, again, diastase, or ptyalin, is destroyed by the acid of the gastric juice; and not a particle in an active state has ever been found beyond the pyloric ring. Consequently, as this is the case, it becomes necessary to add the diastase to starch before it is taken into the mouth. Malt extracts resemble treacle in appearance and in taste; they can thus be added to starch messes before being consumed. Milk containing biscuit powder, or other farinaceous matter, can be warmed, and then the malt extract added, and the whole be put under a "cosey" for a few minutes. There is one practical consideration of importance in this artificial digestion, and that is the temperature. As said before, diastase is killed as regards its digestive power by a temperature of 158° F. To apply a thermometer to ascertain the proper heat is troublesome, and scarcely likely to be properly used by most nursemaids. Consequently some other ruder, but more practically applicable test must be adopted. It is found that when a temperature of 150° F. is reached a fluid becomes too hot to be sipped even. So as long as the fluid can be sipped the temperature for diastase activity is not exceeded. This rough and ready test can always be applied, and as long as the fluid can be sipped the hotter the better, and the more active the ferment. The time during which the farinaceous matter and the diastase should be in contact before the food is given to the infant need not be more than two or three minutes. By such artificial digestion of starch many infants can be well nourished who, without it, waste often to a point incompatible with life.

Then comes the subject of the digestion of the albuminoids of our food in the stomach. The special ferment of the stomach is pepsin, which is active only in the presence of an acid, especially hydrochloric acid. It is active in the presence of other acids, as citric, lactic, or phosphoric, but not to the same extent. The action of pepsin upon albuminoids is to convert them from proteids into peptones by a process of hydration. The albuminoid and gelatigenous portions of our food are digested by a process of hydration, just as starch is changed into sugar by a process of hydration—the addition of a molecule of water. As soon, however, as these peptones reach the blood-current they are de-hydrated back into a proteid (serum-albumen), and this, too, so swiftly that no peptones have been detected in the lacteals or the portal vein. This digestion of albuminoids by pepsin in the presence of an acid can be carried on outside the body as well as in the stomach; the movements of the stomach, however, aiding in the digestion. Pepsin preparations can thus be advantageously given some time after a meal where the digestive powers are impaired. Many practitioners have lost their faith in pepsin preparations in consequence of the preparations being impotent and useless from being badly prepared. But a really active *liquor pepsinæ* will dissolve chopped white of egg rapidly. A teaspoonful in six ounces of water dissolved an ounce of such white of egg completely in three hours. Not only then can pepsin be artificially supplied when the stomach cannot produce it in sufficient quantities, but preparations of meat artificially digested can be procured by those who require them.

So far there is nothing which has not been before the profession for some time, but the researches of Dr. Roberts into the practical use of the pancreatic ferments are very interesting and instructive. Up to a recent period the functions of the pancreas, beyond the emulsionising of fat, were unknown, or but very imperfectly understood; recent investigation, however, has demonstrated that the pancreas plays a most important part in digestion. The pancreatic fluid contains several ferments—(1) a diastase which converts starch into sugar; (2) a ferment which digests albuminoids in an alkaline medium; while it emulsionises fat and has the property of curdling milk, as has the gastric juice. When the contents of the stomach pass the pyloric ring they cease to be acid, and become alkaline. The action of the gastric juice requires the presence of an acid, and consequently is arrested as the food leaves the stomach. We saw before that the salivary diastase is inoperative in the acid stomach, and no diastase in an active state has been found beyond the pyloric ring. When, then, the food becomes alkaline in the duodenum the pancreatic fluid comes into action, and starch digestion recommences, and is completed by the pancreatic diastase. When, too, the albuminoids are passed into the duodenum, then pepsin becomes inert in the presence of an alkali, and the pancreatic ferment, called trypsin, comes into play, and completes the conversion of proteids into peptones. Further, fat is emulsionised, and in this condition is readily taken up by the lacteals. It may be well to follow normal digestion and assimilation a little further, as the reader may not care to look up the subject—perhaps may not have a recent work on physiology at hand. The peptones are absorbed by the capillaries of the gastro-intes[illegible]l mucous membrane, first in the stomach itself, then in the small intestine, and lastly in the cæcal pouch of the large intestine. Sugar is taken up by the venules of the portal circulation, together with some salts. The fat, when emulsionised, is chiefly taken up by the lacteals, but fat is frequently found in the blood-vessels; these lacteals also take up some salts. Such, then, is the process of digestion of our various articles of food in normal digestion.

*(To be continued.)*

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WEDNESDAY, MARCH 17, 1880.

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## A FEW FACTS RESPECTING THE GENERAL MEDICAL COUNCIL AND ITS ADMINISTRATION.

THE Medical Act, introduced in the year 1858 by Mr. Cowper-Temple, which now regulates the registration, examination, and education of the medical profession, sought to effect its purpose by the agency of an elective Council composed of persons elected by the nineteen Licensing bodies of the United Kingdom, together with Crown delegates to represent the State and the public. As this Council is the most important conclave with which professional interests are associated, and as it is likely under, we hope, a reformed constitution, to rule over the medical profession for years to come, it becomes necessary to scrutinise its administration during the past twenty years.

The Medical Act sets forth that the Council shall consist of twenty-four persons—a President elected by the Council—six Crown representatives, four for England, one for Scotland, and one for Ireland, nominated by Her Majesty with advice of the Privy Council, and holding office usually for five years—and one member elected by each of the Licensing bodies throughout the kingdom, save that the Universities of Glasgow and St. Andrews, and those of Edinburgh and Aberdeen are combined for the return of one member for each group.

The meetings of the General Medical Council take place at their Central Offices, 315 Oxford Street, London. They are summoned by the President as often, or as seldom as he pleases. Usually, the Council meets but once in each year, and the time generally selected is within the months of May, June, or July—*i.e.*, after all legislative business of interest to the medical profession has been already disposed of by Parliament. When there has been special business, as in the years 1859, '62, '64, '70, and '78, an additional winter meeting has been held.

During the twenty-one years of its life, we find that the Council has met twenty-nine times, and has occupied 214 days in its deliberations, representing an average of 8·25 days for each meeting; almost the whole of the administrative business of the Council devolves upon the Executive Committee, which meets more frequently and consists of the President, *ex officio*, and four elected members.

The Council comprises three subordinate local branches for the three divisions of the Kingdom, consisting of the representatives for that division, who are in control of the branch office, in which all local registrations are made.

The income of the Council is derived from the fees for registration, payable by duly licensed persons under the 15th section; £2 for each person who held a diploma at the passing of the Act; £5 for each person obtaining one subsequently, and 5s. for each additional diploma subsequently obtained and registered.

Each Branch Council receives the fees from its own division of the kingdom, pays it own expenses, and also a share of the house expenses of the Central Department, and hands over the balance to the General Funds.

In the year 1859 the registration of the medical men in practice at the passing of the Act put the Council in possession of £34,511, as capital upon which to work. The total income which was received from all sources during the twenty years of its existence is set forth in the following table:—

| Date. | Fees. £ | s. | d. | Dividends, &c. £ | s. | d. | Total. £ | s. | d. |
|---|---|---|---|---|---|---|---|---|---|
| 1859 | 34,511 | 10 | 0 | — | | | 34,511 | 10 | 0 |
| 1860 | 3,204 | 10 | 0 | 749 | 11 | 0 | 3,954 | 1 | 0 |
| 1861 | 4,017 | 15 | 0 | 755 | 3 | 7 | 4,772 | 18 | 7 |
| 1862 | 3,787 | 15 | 0 | 768 | 17 | 1 | 4,556 | 12 | 1 |
| 1863 | 4,386 | 15 | 0 | 752 | 19 | 2 | 5,139 | 14 | 2 |
| 1864 | 4,520 | 10 | 0 | 761 | 3 | 9 | 5,281 | 13 | 9 |
| 1865 | 3,614 | 5 | 0 | 787 | 17 | 9 | 4,402 | 2 | 9 |
| 1866 | 3,653 | 5 | 0 | 784 | 6 | 9 | 4,437 | 11 | 9 |
| 1867 | 3,815 | 5 | 0 | 773 | 9 | 5 | 4,588 | 14 | 5 |
| 1868 | 4,087 | 10 | 0 | 747 | 5 | 0 | 4,834 | 15 | 0 |
| 1869 | 3,631 | 5 | 0 | 773 | 11 | 7 | 4,404 | 16 | 7 |
| 1870 | 4,130 | 15 | 0 | 811 | 2 | 10 | 4,941 | 17 | 10 |
| 1871 | 3,620 | 15 | 0 | 801 | 4 | 6 | 4,421 | 19 | 6 |
| 1872 | 5,033 | 5 | 0 | 800 | 19 | 0 | 5,834 | 4 | 0 |
| 1873 | 4,249 | 0 | 0 | 852 | 10 | 7 | 5,101 | 10 | 7 |
| 1874 | 4,532 | 0 | 0 | 885 | 14 | 3 | 5,417 | 14 | 3 |
| 1875 | 4,718 | 10 | 0 | 882 | 8 | 2 | 5,600 | 18 | 2 |
| 1876 | 5,143 | 0 | 0 | 874 | 13 | 9 | 6,017 | 13 | 9 |
| 1877 | 4,814 | 0 | 0 | 876 | 13 | 8 | 5,690 | 13 | 8 |
| 1878 | 5,058 | 0 | 0 | 863 | 13 | 0 | 6,206 | 13 | 8 |
| 1879 | 5,136 | 0 | 0 | 847 | 5 | 7 | 6,780 | 9 | 11 |
| | 119,665 | 10 | 0 | 16,150 | 10 | 5 | 136,898 | 5 | 4 |

Thus it would appear that the medical profession has been taxed for the maintenance of the Council to the extent of £137,000, or at a rate of over £6,500 a year. In addition to this amount the Council has received for dental registration within the last six months of 1878 and the year 1879 a sum of £12,000, and will be in receipt of a steady future income from this source also. Nevertheless, with this very large aggregate income, the Council is living beyond its means, as the following table will show:—

*Comparative Income and Expenditure of the General and Branch Councils during the last eight years.*

| | 1872. £ | 1873. £ | 1874. £ | 1875. £ | 1876. £ | 1877. £ | 1878. £ | 1879. £ |
|---|---|---|---|---|---|---|---|---|
| Income .. | 6106 | 5338 | 6004 | 5877 | 6286 | 6035 | 6203 | 6780 |
| Expenditure | 3446 | 5125 | 6882 | 6698 | 5911 | 6684 | 6322 | 5420 |
| Excess of Income .. | 2660 | 212 | — | — | 374 | — | — | 1360 |
| Excess of Expenditure .. | — | — | 878 | 820 | — | 649 | 116 | — |

It will be seen that—with the exception of the last one and other year—the Council has for the last six years been drawing steadily upon its capital, although during that period there was no decadence, but rather a steady increase in its income. Its outlay is made up, speaking generally, of—

*a.* Fees to members.

*b.* Printing of Pharmacopœia and Registers.

*c.* Miscellaneous printing.

*d.* Salaries and establishment charges.

The relative expenditure of the last three years, of which accounts have been published, is set forth in abstract in the following table—

*Expenditure of the Council for the years* 1876, 1877, 1878, *and* 1879.

| Expenditure. | 1876. £ | s. | d. | 1877. £ | s. | d. | 1878. £ | s. | d. | 1879. £ | s. | d. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fees to Members of— | | | | | | | | | | | | |
| General Council ... | 1880 | 11 | 0 | 2139 | 18 | 0 | 2476 | 8 | 0 | 1816 | 2 | 0 |
| Ex. Committee ... | 283 | 10 | 0 | 261 | 9 | 0 | 416 | 17 | 0 | 271 | 19 | 0 |
| Pharmacopœia ... | — | | | 488 | 14 | 0 | — | | | — | | |
| Do. Editor of | — | | | 25 | 0 | 0 | — | | | — | | |
| Medical Register ... | 152 | 17 | 2 | 146 | 1 | 3 | 260 | 17 | 6 | 321 | 13 | 6 |
| Half-yearly List ... | 20 | 0 | 6 | 13 | 10 | 0 | — | | | — | | |
| Students' Register .. | 32 | 10 | 6 | 42 | 16 | 6 | — | | | — | | |
| Printing, exclusive of Pharmacopœia and Medical Register ... | 1161 | 4 | 8 | 690 | 7 | 3 | 518 | 15 | 9 | 343 | 2 | 8 |
| Salaries ... ... | 550 | 0 | 0 | 550 | 0 | 0 | 550 | 0 | 0 | 1130 | 2 | 11 |
| Honorarium to late Registrar ... ... | — | | | 210 | 0 | 0 | — | | | | | |
| House Expenses ... | 178 | 14 | 10 | 190 | 5 | 1 | 182 | 9 | 8 | | | |
| Law Expenses ... | 31 | 15 | 10 | 49 | 16 | 2 | 161 | 19 | 9 | 105 | 12 | 9 |
| Extra clerical assist'nce | 25 | 0 | 0 | 15 | 15 | 0 | 25 | 4 | 0 | — | | |
| Contributions from Penalties ... ... | 23 | 16 | 8 | 60 | 8 | 9 | 5 | 0 | 0 | 24 | 3 | 0 |
| Advertisements ... | 58 | 16 | 6 | 50 | 15 | 6 | 53 | 4 | 6 | 110 | 11 | 0 |
| Stationery, Postages, &c. | 196 | 12 | 10 | 220 | 5 | 8 | 202 | 17 | 16 | | | |
| Total | 4390 | 2 | 4 | 5205 | 2 | 2 | 4853 | 14 | 6 | 4123 | 7 | 2 |

The remuneration to a member of the General Medical Council, including his travelling and hotel repayments, and his attendance at Branch Councils—judged from the expenditure of the year 1878—is, on an average, per annum, as follows—

1. For a member resident in London—about £80.
2. For a member resident at a distance, including all his expenses—about £160.
3. For a member of the Executive Committee, resident in London—additional, about £30.
4. For the same, resident at a distance—from £60 to £130.

The functions imposed upon the General Medical Council by the Act of 1858, are—

*a.* The registration of qualified practitioners and the publication of the Medical Register—secs. 14 to 17, and 25 to 28.

*b.* The revision of courses of study and examinations necessary to qualification, and the representation of deficiencies to the Privy Council—secs. 18 to 24.

*c.* The purgation of the profession from persons of infamous character—sec. 29.

*d.* The prosecution of unqualified persons who represent themselves as licensed—secs. 40 to 42.

*e.* The publication of a National Pharmacopœia—sec. 5.

How has the Council discharged its duties? Be it remembered that it was endowed with a cash capital of nearly £35,000—a yearly income of about £6,500—official authority—and ample powers to arrive at information upon the matters conversant with its duties and to enforce its behests. It cannot be denied that the result of its twenty years of existence has been sadly disappointing, and that there is but one feeling in the profession as to its proceedings—one of complete dissatisfaction and angry resentment. Two of its five duties—the construction of a Medical Register and the publication of a Pharmacopœia—it has fulfilled with fair success. The Medical Register, in consequence of the omission by practitioners to notify their changes of residence, and want of vigilance on the part of the Registrars, had come to be so choked with errors as to be perfectly useless as evidence either of the existence of the persons whose names appeared therein, of the non-existence of practitioners whose names were omitted, of the qualifications held by those whose names did appear, or of the residences of the registered practitioners, of which it professed to be a reliable record. It is only within the last two years that the voluntary zeal of Mr. Millar, the General Registrar, has removed this opprobrium, and given to the Register a character for reliability which it never previously possessed. The Pharmacopœia has been accepted by the profession as a work of some merit, and sufficient for its purpose, but not markedly superior to former efforts of the same sort or to the works of well-known writers upon materia medica and pharmacy.

The remaining duties of the Council—those for which it was specially constituted and upon which the well-being of the profession and the public depended, it has either neglected altogether or performed in so perfunctory and weak a manner, as to render its discharge of these functions comparatively useless. Charged to enforce the law against unqualified and incompetent practitioners which was confided to it for that purpose, it has persistently and positively refused to do so—has, by that tolerance, taken the quackery under its protection and, in that way, discouraged the efforts of individuals to enforce the law against unlicensed practitioners, thus indirectly encouraging the encroachments of pretenders to medical skill and withholding one of the inducements which lead people to study medicine and seek a legitimate qualification. Its duty of expurgating the Register from the names of convicts and other persons of infamous character, it has fulfilled occasionally. When the existence of the names of such persons upon the Register was brought within its official cognisance the Council took notice of the fact, and in the case of gross offenders, removed the names. But it has never shown its jealousy for the honour and credit of the profession by initiating such proceedings; and at this moment it displays its anxiety to shirk the responsibility of disfranchising medical criminals by seeking, in the Bill now before Parliament, power to retain on the Register the names of convicts or of persons "guilty of infamous conduct in a professional respect," whenever it may seem to the Council that the offence for which a jury convicted and a judge sentenced the culprit is "of a trivial nature," or that it may, at the discretion of the Council, be condoned.

In matters of medical education and examination to which its deliberations have, in the past twenty years, been almost exclusively devoted, the Medical Council has evinced as great a lack of administrative ability and executive force as in its other business, and has achieved as little practical success. Its heritage in the year 1859 was a semi-chaos of pernicious competition amongst licensing bodies, open victimisation of the public by quacks, and a total absence of any sufficient guarantee of the educational competency of the average medical practitioner, and that heritage it leaves to its successor in 1880, but slightly altered in any essential feature. It has "recommended" changes for the better, but, lacking the courage to battle with the vested money interests of individual institutions, has permitted its "recommendations" to be habitually set at nought, and in this, its twenty-second year of life, it continues to permit the sending forth into the legal practice of medicine and surgery persons who have never possessed, even nominally, the social or professional education requisite for such practice. We look back for an abuse which it has remedied, a public or professional grievance which it has redressed, or a tangible benefit which it has given to our profession, and, finding no such outcome of its twenty-two years' work, we marvel that a voice can be raised, even by the Council itself, for its unreformed continuance.

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## THE LUNACY LAW AMENDMENT ACT.—II.

To examine the details of a scheme that is vicious as a whole, that totters into ruin at a glance, would be to waste time, so we shall not at present pause to test the value of Mr. Dillwyn's contrivances for the government of the new public asylums, which he proposes to create, but pass to that part of his project on which he doubtless particularly prides himself, and which provides a new authority for the reception of private lunatics into asylums and their detention there. For the order or request of some person which, when supported by a statement of facts and two medical certificates granted under prescribed conditions, now warrants the reception of a lunatic who is not a pauper into a hospital or licensed house, Mr. Dillwyn desires to substitute the order of a justice of the peace, founded on a petition subscribed by a blood relation within two degrees of relationship or a clergyman or relieving officer, with a statement and medical certificates similar to those at present in use. Now the existing form of order or request is confessedly unsatisfactory; there ought certainly to be some definition of the persons who may and who may not sign it; but it may well be questioned whether it is judicious to superimpose upon it a magistrate's order which will convert the removal of an insane person into a quasi-criminal proceeding. The disinclination of the relations of lunatics to resort to asylum treatment, even when that is clearly indicated as necessary, is already well known, and that disinclination will become insurmountable, when an asylum can only be approached through a magisterial inquiry. No doubt this is unreasonable prejudice, but in legislating, we have to keep in view the weaknesses of humanity, as well as its rational strength, and we cannot therefore ignore the fact that fathers will recoil from dragging their insane daughters, husbands their insane wives, before officials who are principally associated in the public mind with petty larcenies, assaults, and drunk and disorderly cases. When a dire disease, involving civil disability, of an hereditary nature, and still regarded as entailing a species of disgrace, visits a household, privacy is intensely desired, and the strongest antipathy felt to any measures savouring of publicity. A magisterial inquiry has this savour, as well as certain criminal associations, and to insist on it therefore as a preliminary to asylum treatment, will simply be to prohibit that treatment in a large number of cases. Should Mr. Dillwyn's plan be accepted by the country in a moment of artificially produced panic about personal liberty, insanity will be concealed to an extent that has not yet been attempted, and many curable cases will be made incurable by being deprived of timely medical aid, while at the same time there will be an enormous multiplication of single cases, that is to say, of patients boarded out in private houses, into which they can be received without any magisterial authority, and where they can be detained, forcibly if need be, without any inconvenient inquiries. The home-treatment of the insane is admirable in several aspects, and many harmless lunatics are excellently accommodated, and enjoy great liberty and comfort as single cases. It is not to be lost sight of, however, that homes for single lunatics are really private asylums on a small scale after all. They are unlicensed houses into which one lunatic is received, whereas private asylums are licensed houses into which any number of lunatics from 2 to 500 are received. But in the unlicensed houses the interference with personal liberty practised and the coercion exercised are often quite as great as in any asylum, and it is to be feared that in them the use of restraint which has been practically abandoned in asylums still lingers. Public officials have pointed out that the liability to abuses in the homes of single cases is much greater than it is in asylums, because they are not subjected to anything like the same amount of inspection, because no records of restraint or seclusion or punishments are kept in them, and because the persons who preside over them, if cruel or capricious, are not kept in check, as asylum proprietors are by their paid officials. What Mr. Dillwyn proposes to do, then, or rather what his Bill will do, whatever his proposals may be, is to abolish a number of large asylums in favour of small ones, and to disperse over the country, in hidden corners, evils which, whatever they may be, are at present concentrated in well-defined places. The magistrate's order will, we believe, like many other specious devices, defeat the ends with which it has been designed, and aggravate the abuses it is intended to cure.

The provision in clause 11 for the annual recertification of lunatics in asylums has, like the magistrate's order, a specious appearance, but a hollow ring when sounded by those who understand the working of all such provisions. Its effect would be to limit to one day in the year, that on which the form in Schedule F is signed, a responsibility which ought to weigh on every medical superintendent perpetually. Each medical man in charge of the insane ought to be able to certify at any moment that the detention of every lunatic under his care is then necessary and proper. To require him to do this once a year is to absolve him from the obligation of doing it oftener, and the result of the clause becoming law would be to destroy the sense of daily answerability. A grand audit would be held once per annum, a holocaust of patients would be recertified without any nice discrimination, and a number of poor wretches would be detained in asylums for an unwarrantable length of time.

The sanction given by Section 12 to the reception of voluntary patients into asylums must be of dubious advantage and limited operation, for voluntary boarders, who are entitled to leave on giving three days' notice, are apt to arrogate to themselves privileges which are inconsistent with good discipline and order, while their presence in an asylum must be a standing irritation to the certified lunatics who have sense enough to understand that they are less fortunately situated, and cannot withdraw from durance when they are tired of it. Such a nuisance, too, many voluntary patients prove themselves, and the directors of one large chartered asylum in Scotland have, we understand, resolved to avail themselves no longer of their power to receive them, and to refuse to admit them on any terms. The voluntary clause would be taken advantage of chiefly by dipsomaniacs, in moments of contrition, and they are not desirable inmates of an asylum, and ought to be provided for elsewhere. Mild cases of insanity, and those in which the disease is in an incipient stage, should not be encouraged to place themselves in the midst of lunatic environment, and facilities need not, therefore, be offered to them to enter asylums when their morbid tendencies are likely to be strengthened. Only in relapsing cases, or in the case of convalescents without homes, is the voluntary clause calculated to be really useful.

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## THE MEDICAL REGISTER FOR 1880.

The annual official list of our profession has just appeared, the period of its issue being commendably early in the year, and it bears even on its exterior the signs of progressive improvement and care in its production which make it evident that there exists, at least in the executive department of the Council, an earnest desire for improvement and the necessary energy to carry that desire into effect. The Register has come to be a somewhat corpulent volume, for it contains this year 812 pages as against 675 which it contained in 1879. This increase of its dimensions is due not to an influx of new names, for, in fact, the entries are somewhat fewer than those of last year, but to the rearrangement of the lists so as to make them more readable. Previous editions of the Register were printed, as we have before observed, in a very unworkmanlike style, being almost devoid of margin, and so crushed in, for want of room, in the stitching as to make it difficult to read the first letters of the names and the first words of the lines of the prefixed Acts of Parliament. To remedy this difficulty it became necessary to narrow the page of print a little, which involved in many instances the running of addresses into two or more lines and thus extend the list over a greater number of pages. For the extra expense thus incurred the Council is repaid by having a respectable and creditably printed official list, which it has never had before.

As to the accuracy of the Register, the improvement upon the editions of a few years since is still better marked. Up to 1878, it seems to us that no attempt was made to keep the Register correct. Those medical men whose deaths happened to be notified to the Branch Councils or to come in some way under their notice were struck out, but as these were a very small percentage of those who died, the list became gradually filled with names of persons who had gone over to the majority years before, and thus the roll of the profession appeared much greater than it really was. The errors in addresses accumulated still more rapidly because the profession was constantly in motion and few persons ever gave themselves the trouble of notifying to the branch Registrar their change of residence, and for these causes the Register became so untrustworthy as to be of no value whatever as evidence that a practitioner whose name, address, and qualifications were contained therein, resided at the address given, or was in existence at all, or that he held no other qualifications than those set down against his name. The statistics of Registries given at page 69 in the issue of the Register for 1880 illustrate at once the complete neglect of this part of the Registrar's duty in past years, and the efforts which have been made since Mr. Miller came into office to amend the multitudinous inaccuracies of the book. For instance, we find that in 1877 only 517 names of deceased practitioners were erased, of which only 37 were removed under the section of the Act which imposes upon the registrars the duty of keeping the Register correct. In the year 1878 and '79, as a contrast, we find that 1,310 and 1,109 names respectively were struck out. In other words, in these two years under Mr. Miller's energetic supervision 2,419 names of dead men were elided, of which at least a thousand would still be there if the work of correction had gone on as it did in previous years. But the removal of these 1,000 names of dead men, which of itself must have involved much labour, because of the circumlocutory method which must necessarily be adopted, does not represent a tithe of the work which had to be performed with the object of correcting the addresses of practitioners. From our own experience of the extreme difficulty of inducing medical men to answer a letter, or persuading the postal authorities to return a dead letter, we can fully appreciate the nature of the task undertaken by Mr. Miller, and can give his department full credit for the success achieved. It is a satisfaction seldom allowed to us to speak with unqualified approval of the work done by the Medical Council. We can do so on this occasion, and we hope that the correction of the Register will be followed up with perseverance, so that that volume may yet come to be at least as reliable as either of the Medical Directories.

# Notes on Current Topics.

## The Vacant Irish Poor-law Commissionership.

THE office formerly occupied by Mr. Bellew still remains unfilled, and, we are gratified to report, Mr. George Morris, M.P., has *not* been provided for in the Local Government Board. We hear that the Government has been looking about for a warming-pan to keep the office ready for a supporter. Mr. Sharman Crawford was spoken of for that ephemeral office, and Mr. Andrew Doyle, who acted with Major French as one of the Irish Poor-law and Lunacy Inquiry Commission of last year, has been also named as being likely to hold office in the Department, either permanently or *pro tem.* We believe that he possesses the necessary qualities for a smart, industrious, executive commissioner, but we do not know that he has any claim on this score superior to those of Mr. O'Brien, who served many years as inspector in the Department, and is now Secretary to the Irish General Prisons Board.

We would hope that the danger of a political job at the expense of the Irish pauper is becoming more remote.

## The Next Meeting of the General Medical Council.

THE Executive Committee of the Council meets to-morrow at two o'clock, and no doubt discussion will arise as to the probable date of the meeting of the full Council.

We take the occasion again to protest against the system of dog-day meetings of the Council, at a season which is convenient to none save London consultation practitioners, and which seems to be specially selected by the President in order that the Council may have as little to do as possible, and that it may leave that little to be done by the outside public. It would be interesting to the profession if we could tell them when it is likely that the Council will deal with the question of expurgation of the Dental Register, with the Irish certificate system, with the replies of the licensing bodies to the "recommendations" submitted for their criticism, with preliminary examination and with other subjects which were crushed out of consideration last year by the question of medical reform.

There is good work for a fortnight's sitting ready this moment, and pressing upon the attention of the Council; but we suppose its President will, like a gentleman of our acquaintance who always left his letters to be answered by circumstances, leave these matters to be settled by the ordinary course of events. It seems to be a formally adopted policy of the General Medical Council to "let things slide," as our American cousins would say, and the Council undoubtedly enjoys the services of a President who is thoroughly in accord with such a system.

## The Profession at the Levee.

ON Wednesday last Her Majesty held a Levée in person at Buckingham Palace, when the following members of the profession had the honour of presentation :—Dr. Samuel Wilks, on appointment as Physician-in-Ordinary to their Royal Highnesses the Duke and Duchess of Connaught, by his Royal Highness the Duke of Connaught; Dr. John Watt Reid, on appointment as Director-General of the Medical Department of the Navy, by the Secretary of State; Brigade-Surgeon Kidd, on promotion, by the Adjutant-General; Dr. Wykeham Hawthorn Lydell, Surgeon Central London Rangers, by Major Mark B. F. Miller; Surgeon Saville, North Somerset Yeomanry Cavalry, by Lieutenant-Colonel the Earl of Cork and Orrery.

### Society of Metropolitan Medical Officers of Health of Dublin.

A MEETING of the above society was held at the Royal College of Surgeons in Ireland, on March 10, at 4.30, Surgeon H. G. Croly, and afterwards Dr. Darby of Bray, in the chair. The meeting was numerously attended. The minutes of the previous meeting having been read and signed, Dr. Pollock read his paper on "Compulsory Removal to Hospital of Persons suffering from Infectious Diseases," which was followed by a prolonged discussion in which many members took part, and eventually adjourned for further discussion to the next meeting of the society on April 14.

### The Successor to Dr. O'Leary, M.P., in the Surgeoncy to St. Vincent's Hospital, Dublin.

DR. MATHEW JOSEPH KEHOE has been elected to occupy the hospital surgeoncy vacated by the lamented death of Dr. O'Leary, M.P. Dr. Kehoe is a Licentiate of the Irish Colleges of Physicians and Surgeons, and a Demonstrator in the Catholic University School, and may on some indefinitely future occasion prove himself to be worthy of the responsible charge of an hospital. But as we have recently protested warmly against the appointment of a gentleman of one year's qualification to the care of the medical wards in Dr. Stevens's Hospital, Dublin, we also protest against the transfer of the lives and health of the St. Vincent's patients to a young man of such unproved, but possibly great qualities as Dr. Kehoe. The managers of the hospitals in Dublin may be well assured that the outside public and the executives of charitable organisations in that city will not long continue to submit to the perpetration of jobs of this sort, be they medical jobs, political jobs, religious jobs, or personal jobs, and that if the system be long pursued of placing perfectly untried men in control of the health of the sick poor, to the exclusion of men who are known to be capable and experienced, the public, and we hope the profession, will take the matter up in a way which may not be satisfactory to those who have charge of such institutions.

### Traumatic Achromatopsia.

AT a recent meeting of the Paris Société de Chirurgie a case of traumatic achromatopsia was related. A colonel, æt. 25, was wounded by a ball in the temporal region; he had all the symptoms of a fracture of the cranium, almost complete loss of memory and achromatopsia, which lasted for two years. During this time he could distinguish only white, black, and grey. The faculty of distinguishing colours returned successively after the discharge of small splinters of bone by the primary wound.

### Arterio-venous Aneurism of the Subclavian.

A CASE was recently narrated before the Surgical Society of Paris of a man who was stabbed between the scapula and clavicle. The hæmorrhage which followed was arrested by tamponing the wound, but a large thrombus formed embracing the upper part of the arm, which became cold and incapable of motion; the radial pulse could not be felt at the wrist. After eight days there appeared in the supra-clavicular fossa a humming or buzzing noise, which could be heard easily, and which coincided with the movements of the heart. Compression of the arm was made by wadding and an elastic band, and the swelling of the arm diminished as well as the thrombus, and the pulse at the wrist returned. After some months the aneurismal bruit had almost entirely disappeared, and the circulation in the limb was re-established.

### Medico-Parliamentary Candidates.

AGAIN, at the forthcoming as at past elections, there is a deplorable lack of candidates to represent medical interests in Parliament, a circumstance which we suppose will be taken as confirmatory of "our poor profession." Yet it is doubtful whether this is the actual reason. True, the very great majority in the medical as in other professions are too poor to aspire to Parliamentary honours, and those who have the means are too much engrossed with a lucrative practice to give up money-making for questionable advantages in the political world. We are rather disposed to attribute this reticence to the everywhere observable fact that medical men take an astonishingly little interest in politics, not even caring to come forward as candidates for the colleges at which they were educated and would stand an excellent chance of return. The only exception on the present occasion is that of Mr. Bickersteth, F.R.C.S., of Liverpool, who intends contesting the Universities of Edinburgh and St. Andrew's, and whom we sincerely hope may succeed. He has a strong committee almost entirely composed of medical men, whose influence with their fellow graduates will probably be sufficient for the purpose. England runs but two medical candidates, Sir Trevor Lawrence for mid-Surrey and Dr. Lush for Salisbury. Ireland also runs but two, Dr. Brady for co. Antrim and Dr. Ward for Galway. These four are tried and valuable members, and will no doubt again head the poll in their respective constituencies. Scotland has four candidates, three new ones, in the person of Mr. Bickersteth, before mentioned, Dr. Farquharson, of London, for Aberdeenshire, and Dr. Theodore Byrne for Dumfries, with Dr. Cameron, the present energetic and useful representative for Glasgow. We can only trust that in every instance our brethren will sink party feeling for the good of our common cause, and do their utmost to return the few medical candidates before them at the head of their respective polls.

### Treatment of Nasal Polypi by Acetic Acid.

SOME years ago acetic acid was much employed in abnormal epithelial growths and some cancroid affections. After being almost abandoned in these cases its use has been recently revived by Drs. Caro and Ciccarini, in mucous polypi of the nose (*Le Praticien*). The acetic acid is injected in 4 or 5 drop doses into the substance of the polypus by means of a hypodermic syringe. The injection is made once, rarely twice. The polypus is generally detached in 4 or 5 days, and some disinfectant injected to get rid of the unpleasant smell.

In accordance with this method, Dr. Caro, on August 12th, injected 6 drops of pure acetic acid into a mucous polypus in the left nostril of a man, æt. 60. Four days afterwards the polyp tumbled off. On September 2, a small mass remained on the middle turbinated bone. Four drops were then injected. No disagreeable effect was produced. The smell of the putrefying polyp was corrected by injection of carbolic acid.

### Milk Adulteration by Country Farmers.

THE adulteration prosecutors in England have determined to follow these frauds to their source. A dairy farmer at Glastonbury was recently charged with supplying milk deprived of three-quarters of the cream. This was the first case of the kind. Many dealers who have been fined for selling adulterated milk having declared that they sold it as it was received from the country, the sanitary inspectors of Lambeth recently went to the South-Western Railway at Vauxhall, and took a portion of milk sent by the defendant to a dealer, and it was found to be deprived of nearly three parts of the cream. The defendant admitted that he had taken off a little of the cream; the dealer had not complained. The latter deposed that he had no notice from defendant that the milk had been skimmed; he had expected it to be genuine. The defendant was fined £10, and £1 17s. 6d. costs.

We do not for a moment suppose that the dealer was innocent in this case. Probably he paid only the price of skim milk, and took good care not to ask questions as to its purity.

### Poisoning by Godfrey's Cordial.

TWIN children of six weeks old were last week poisoned at Atherton, in England, by a dose of a teaspoonful each of Godfrey's Cordial, made up by a woman in the neighbourhood, and administered by her direction. This woman pleaded that she and her mother had made and sold this drug for forty years, obtaining the opium openly and regularly from the neighbouring chemists. The coroner "did not think the woman had been guilty of that carelessness which would be called reckless, and advised the jury not to find a verdict of manslaughter."

### Scotch Diffidence.

THE subjoined manifesto has been issued to the profession by Dr. Dougall, one of the candidates for the Chair of *Materia Medica* in the University of Glasgow:—

> "We, the undersigned medical practitioners, have much pleasure in testifying to the high abilities of Dr. John Dougall, presently candidate for the Chair of Materia Medica in Glasgow University. We know him to be a thoroughly scientific physician, an accurate thinker, and a zealous investigator in the domains of Materia Medica and Therapeutics. His numerous published papers, detailing the results of his original inquiries and experimental researches, have already gained him a favourable reputation in the scientific world. Having now lectured during four sessions on Materia Medica in the Glasgow Royal Infirmary School of Medicine, he has already had considerable experience in teaching this important branch of medical education, and has proved himself a thorough, exact, and very successful teacher. We believe that he is eminently fitted to adorn the Chair of Materia Medica in Glasgow University, and that as a writer of widely acknowledged merit, as an able teacher and lecturer, and as a skilled therapeutist, his appointment would not fail to give universal satisfaction."

### Reform of the Navy Medical Service.

FROM time to time we have drawn attention to the inequalities existing in the medical as compared with other departments of Her Majesty's Navy and the causes which have led to the dearth of medical candidates now existing. To remedy these grievances the Government have just appointed a Royal Commission, which may be characterised as fairly representative of this branch of our profession. The names are: Rear-Admiral Hoskins (President), Dr. Reid, Medical Director-General of the Navy, Fleet Surgeon Fegan, M.D., C.B., Royal Marines, Portsmouth; Mr. W. B. Gurdon, C.B., Treasury; Mr. Willis, Deputy Accountant General of the Navy; Staff-Surgeon Woods, M.D., H.M.S. *Osborne;* Surgeon Tyndall, Royal Marine Artillery; with Mr. J. Garnell, senior clerk in the Naval Medical Department, as secretary.

### The Metropolitan Hospital Sunday Fund.

A SPECIAL meeting of the Council of the Hospital Sunday Fund was held at the Mansion House, Thursday week, for the purpose of receiving a deputation from the Royal Hospital for Incurables. The Bishop of London occupied the chair, and the deputation was headed by the treasurer of the Incurables, Mr. Allcroft, M.P., who urged the claims of the institution to participate in the benefits of the Hospital Sunday Fund. He thought it differed materially from the very many similar charities, as those for idiots, the blind, cripples, &c., inasmuch as it relieved general hospitals of some of their incurable and chronic cases. Dr. Stewart denied this altogether, and said that the Incurables had departed from the original intention of the founders, inasmuch as it had become a voting charity; it had therefore to a very great degree forfeited the sympathy of the medical profession. After a full discussion the Council resolved unanimously, that while wishing well to the objects of the Hospital for Incurables, they could not recognise its claims to share in the benefits of the Hospital Sunday Fund, and they considered it most expedient to adhere to the principle that no institution to which admission could only be gained by the labour and expense of canvassing the general body of subscribers, be eligible for grants from the Fund.

### A Museum Conference.

MR. JAMES PATON, of the Kelvingrove Museum, Glasgow suggests, in *Nature*, that it is desirable to hold a conference of curators and other officials engaged in conserving and organising museums and art galleries. The idea is certainly a good one, and worthy of extended support. Not only will it apply to the general collections and curiosity shops that are the wonder and delight of the simple villagers, but equally to the extensive storehouses of scientific objects, many of which are in their present condition mere chaotic aggregations of valuable material. With very few exceptions the collections that are available to the scientific student are badly arranged, ill-assorted, and almost worthless for purposes of research and observation. The greatest benefit may be expected to follow from a conference such as is proposed by Mr. Paton. The exchange and free discussion of ideas relating to arrangement and management, the productive suggestiveness of such friendly exchanges, and the ventilation the meeting would secure for original methods of increasing the usefulness of the many museums scattered throughout the country, will tend in a great degree to increase their productiveness in the future. In most hospitals there exist special museums, all of which would be vastly improved if more real attention were paid to them and to the means they offer for consolidating the information gained from lectures and books. We doubt not the attractiveness of these collections is capable of an almost unlimited extension, and improvement, in this direction may be anticipated to follow if the curators will accept the proposal made by Mr. Paton.

### The Case of Mr. Whiteford.

Mr. Caleb Whiteford, a surgeon, was charged on Thursday last with the forgery of a letter purporting to be from the Under-Secretary of State, and having for its object the staying of the execution of a man condemned for murder. Mr. Whiteford took a peculiar interest in the fate of the convict, and was energetic in his attempts to secure the remission of his sentence, but without avail. The extreme measure to which he is said to have resorted was the result of his excessive anxiety in the matter. The accused was liberated on bail of two sureties.

### Ambulance Lectures.

In connection with the lectures delivered under the direction of the St. John Association, Dr. Lionel A. Weatherly, Surgeon to the 1st Gloucester Artillery Volunteer Corps, has issued a small volume containing the substance of the instruction given by him in his official capacity to the men of his regiment. The little work consists of six lectures, dealing with the structure and elementary physiology of the human body, the course to be pursued in sudden emergencies of accident, &c., and concludes with a valuable epitome of the rules to be observed in applying bandages and in the transport of wounded sick. The information is clearly expressed, and the work will be serviceable as a text book for use in the numerous classes formed under the order of St. John.

### Payment of Medical Officers of Health by Fee.

We find it stated in a medical contemporary that the proposal of the Okehampton Rural Sanitary Authority to remunerate their medical officer of health by fees for being called in "when the authority sees fit," is *receiving no countenance from the Local Government Board for England*, though it is doubtful whether the central office can, in the present state of the law, do anything but protest. We wish we could say as much as this for Ireland, in which paradise of insanitation the Local Government Board encourages the payment of fees for each occasion on which the consulting sanitary officer is called on for his advice. The Irish Local Government Board is only too glad of this or any other expedient for throwing difficulty in the way of sanitation, and, in fact, it took upon itself, with this object, to transform the office of "medical superintendent officer of health," which was created by the Act into that of "consulting sanitary officer," which was a creature of its own invention. One of the grievances of Ireland certainly is, that while the influence of the English Local Government Board is generally exerted to encourage and enforce sanitation, that of its Irish analogue is in the direction of obstruction and discouragement.

### Poisoning by Oleum Phosphoratum.—A Coroner's Summing-up.

An inquest was held last week at Sparkbrook, near Birmingham, on the body of Catherine Forrest, thirty-two years of age, a single woman. The deceased had been suffering from heart disease, and was attended by a surgeon, who prescribed phosphorised cod liver oil, which she obtained from the local chemist. When a second supply was sent for, the chemist's assistant went to Messrs. Southall, Son, and Barclay, but he received from one of their assistants phosphorised oil instead of phosphorised cod liver oil. The bottle was labelled correctly "oleum phosphoratum," but subsequently a capsule label "pure cod liver oil" was attached by the chemist's assistant. Deceased died after taking three doses from the poisonous mixture.

The coroner, in summing up, remarked that there had been gross carelessness, but he reminded the jury that any verdict of a criminal character arrived at by a coroner's jury *would encounter elsewhere violent hostility, and he would not be a party to induce a jury to find such a verdict when he could by any means satisfy himself that justice would be met by a verdict of death from misadventure.*

The jury returned a verdict to this effect; the coroner also, at the request of the jury, censured the two assistants for carelessness.

### Eruptions Caused by Quinine.

In the *Berlin Klin. Wochenschrift*, Professor Kobner has published some remarks on these eruptions, which have often been described by other observers. A man suffering from bronchitis took sulphate of quinine; two hours after he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting; two hours later another short rigor, followed by a burning sensation, at first in the head and then over the whole body. These phenomena commenced about 8 o'clock in the evening. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected, nasal mucous membrane dry. On the thighs, on the extensor surface, a large number of papules the size of a pea; around these papules the skin was healthy. Pulse 108; temperature of the skin elevated; respiration calm; tongue slightly tremulous, moist; posterior wall of pharynx very red and injected; rest of the mouth apparently normal. Urine showed no important alterations. The author first asked himself whether this was not a migratory erysipelas; then rejected this idea for that of scarlatina, which however was inadmissible for reasons which he gives; he therefore concluded he had to deal with an *erythema exsudationum universale ex usu quiniæ*. In a few days the rash became pale and disappeared, and there followed slight desquamation, especially on the head. Previously to this time the patient had had two similar attacks as the result of taking quinine—1·275 grammes during several days in the first case; 150 milligrammes in two doses in the second. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation. Professor Kobner mentions the case of a physician at Breslau, who, having taken several doses of quinine, had an eruption on the face and scrotum, which he thought was erysipelas. Repeated attack convinced him that it was due to quinine.

The author then studies the differential diagnosis between scarlatina and quinine rash. He draws particular attention to the thermometer, and the analysis of the urine, solely with a view of determining the presence of quinine in that secretion. Amongst other remedies capable of causing cutaneous eruptions he mentions strychnia, chloral hydrate, digitalis perhaps (Traube), belladonna, &c. The author explains the quinine rash by saying that it results from the irritant action of the quinine exercised through the medium of the blood, and not by nervous influence. It is impossible to admit the latter, indeed, for agents like quinine, strychnia, chloral, and digitalis, whose effects on the nervous system are so different, could scarcely influence the vaso-motor nervous system in one and the same fashion. We must evidently reckon quinine among those remedies which have the power of producing artificial dermatoses whether employed topically or internally.

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The 7th inst. was the eighty-eighth anniversary of the birth of Sir Thomas Watson, Bart., M.D., F.R.S.

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Mr. F. J. Gant, F.R.C.S., author of "The Science and Practice of Surgery," has been elected President of the Medical Society of London.

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Dr. Wm. Kirkwood and Dr. William Malcolm Grey Maclure, have been gazetted members of the Legislative Council of the Bahama Islands.

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His Grace the Duke of Marlborough has appointed James F. Duncan, Esq., M.D., a governor of the Royal Hibernian Military School, in the room of the late James Gibson, Esq., Q.C.

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Dr. W. Donovan, Public Vaccinator of the No. 4 District of the Ashby-de-la-Zouch Union, has been awarded a Government grant of £19 4s. for proficiency in vaccination.

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The twentieth festival dinner of the Royal Medical Benevolent College will take place at the Langham Hotel, on Wednesday, the 28th of April, when Sir William Jenner will take the chair.

The University Court of the University of Edinburgh will, on the 12th of April, appoint an Examiner on Clinical Surgery, in succession to Mr. Thomas Keith, F.R.C.S. Edin., who has declined re-appointment.

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Dr. J. T. Banks, late President of the King and Queen's College of Physicians, has been gazetted Physician in Ordinary to Her Majesty in Ireland, in the room of Sir D. Corrigan, Bart., M.D., deceased.

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Surgeon G. Kirker, M.D., R.N., has just obtained the first prize at the sessional examination at Netley. This is the first occasion of a naval surgeon gaining this honour. Dr. Kirker was attached to the Surgical Aid Society during the Russo-Turkish war.

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Mr. Bellamy, F.R.C.S., Surgeon to Charing Cross Hospital, has been elected Examiner in Anatomy at the Royal College of Surgeons of England. Mr. McCarthy, F.R.C.S., of the London Hospital, has been elected Examiner in Physiology at the same institution.

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Dr. Pettenkofer, well known in this country for his researches in contagious diseases, has received the Bavarian Order of the Royal Crown. Dr. Pettenkofer's last work, "On Cholera," was translated by Dr. Whiteside Hime, of Sheffield, and is the latest reliable work on the subject.

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At a meeting of the London Central Arctic Committee on Saturday, Dr. W. B. Richardson, F.R.S., in the chair, a resolution was passed appointing the month of May, 1881, as the time of sailing of the New British Arctic Expedition for the discovery of the North Pole, and general Arctic exploration.

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The scheme to bring sea-water to London has been nipped in the bud by the Parliamentary Committee. The Board of Works objected to the interference with the streets, the subsoil in many of them being already crowded with pipes. So the Committee announced that it was not desirable to proceed with the Bill.

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At the dinner of University College Hospital, London, held on Thursday last, Sir Julian Goldsmid, M.P., presiding, the chairman, in proposing the toast of the evening, spoke especially of the sanitary improvements which had been effected in the institution, and made an earnest appeal for assistance in carrying on its work, the result being an aggregate contribution of upwards of £1,500 in the room.

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In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Bradford 17, Bristol 19, Birmingham 19, Portsmouth 19, Sunderland 20, Brighton 20, Wolverhampton 20, Hull 20, Leeds 21, Norwich 21, Sheffield 21, Salford 22, Leicester 22, Newcastle-upon-Tyne 22, Oldham 22, Manchester 23, London 23, Edinburgh 23, Glasgow 23, Liverpool 25, Nottingham 26, Plymouth 29, and the highest rate 36 in Dublin.

The death-rate last week from the seven principal zymotic diseases in the principal large towns ranged from 0·4 and 0·7 in Portsmouth and Wolverhampton, to 4·9, 5·6, and 9·7 in Hull, Dublin, and Plymouth. Measles showed the largest proportional fatality in Plymouth, Hull, and Nottingham; scarlet fever in Sheffield; and whooping cough in Salford and Plymouth. Small pox caused 8 deaths in London, 4 in Dublin, one in Bristol, but not one in any of the other large towns.

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In the principal foreign cities the rates of mortality according to the most recent weekly official returns were—in Calcutta 26, Bombay 32, Madras 42; Geneva 34; Brussels 30; Amsterdam 40, Rotterdam 29, The Hague 25; Copenhagen 28; Stockholm 29; Christiania 21; St. Petersburgh 55; Berlin 29, Hamburg 32, Dresden 26, Breslau 31, Munich 33; Vienna 31, Buda-Pesth 35; Rome 57, Naples 56, Turin 38; Alexandria 35; New York 25, Brooklyn 21, Philadelphia 19, and Baltimore 20 per 1,000 of the population. Typhus and typhoid fever caused 99 deaths in St. Petersburgh.

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In the current number of the *Irish Monthly* is to be found a most interesting memoir of the late Sir Dominic Corrigan, contributed to its pages by Dr. Mapother, the President of the College of Surgeons in Ireland. It is written with reverence and discrimination, and does fitting honour to one so truthfully described by the writer as "the greatest Irishman who ever practised physic." Dr. Mapother had great and constant opportunities of intimately studying the professional character of our illustrious fellow-citizen, and had equally abundant opportunities of knowing what he was in that private, domestic life, where he was simply the idol of all who had the privilege and happiness of being admitted within the range of its charm and its genial influences.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**Aberdeen University.**—At a meeting of the Senatus of this University, held on the 6th inst., the arrangements made by the subscribers to the fund in memory of the late Surgeon-Major Shepherd, killed at Isandula, by which a medal is to be awarded to the student who shall make the best appearance in the principles and practice of surgery, were approved of, and the medal will be awarded this session for the first time, the date to be afterwards fixed by the Medical Faculty.

**Glasgow Ophthalmic Institution.**—The 11th annual general meeting of the donors and subscribers to the Glasgow Ophthalmic Institution was held in the Religious Institution Rooms on the 8th inst. The usual characteristic feature of this meeting—inordinate puffing of officials—was duly maintained.

**Edinburgh University Court.**—At a meeting of the Edinburgh University Court, held on the 8th inst., *inter alia*, the following gentlemen were recognised as teachers of medicine whose courses of instruction should qualify for graduation in Medicine in the University, in terms of Ordinance No. 8, viz.:—William Thomas, M.B., and Dr. Jolly, as joint Lecturers on Anatomy, Queen's College, Birmingham; T. W. Drinkwater, Lecturer on Chemistry, Edinburgh; Dr. Alexander James, Lecturer on Institutes of Medicine, Edinburgh; and Mr. A. M. MacAlpine, Lecturer on Botany, Edinburgh.

**Registrar-General's Returns.**—According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending with Saturday, the 6th inst., the death-rate was 24·4 per 1,000 of estimated population. This rate is 2·4 above that for the corresponding week of last year, and 2·3 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 19·0 per 1,000, and the highest in Paisley, viz., 38·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·2 per 1,000, a slight increase in the rate for last week. The number of fatal cases of whooping-cough was considerably less than during the previous week, while an increase occurred in the number of deaths from measles, 20 of which occurred in Dundee. The number of deaths from inflammatory diseases of the lungs was 161, or 18 more than during the previous week. A very considerable increase in the number of deaths from this class of diseases occurred in Dundee. Of the deaths from violence, 5 resulted from a boiler explosion in Glasgow and 1 from the accident to the Tay Bridge.

**Glasgow Public Dispensary.**—The first annual report of this institution, conducted on provident principles, has just been issued. It states "that the dispensary was established to test the acceptability of an institution embodying provident features to the poor of the city not in receipt of parochial relief, and otherwise unable to obtain gratuitous advice, and if need be, medicine also. . . . Necessitous persons receive gratuitous medical advice at the Glasgow Public Dispensary from practitioners who have devoted special attention to certain departments of medical science, and in exceptional circumstances, also gratuitously, the remedies prescribed." It is intended that patients unable to come to the dispensary be visited at their own houses by students, under the supervision of the medical officers. Since its institution this dispensary has done much good; its features are commendable, and it is well entitled to the liberal support of the public.

**The Ferguson Eye Bequest, Greenock.**—The trustees of this bequest have advertised for an oculist in terms of their deed. The person to be appointed must be a competent and experienced oculist, who has made the human eye his study. The duties will be to give advice daily (Sundays excepted) to the outdoor patients at the Greenock Infirmary, and to take full charge of the ophthalmic wards.

# Literature.

## AGNEW'S PRINCIPLES AND PRACTICE OF SURGERY. (*a*)

The first volume of this work has recently appeared containing more than a thousand pages of closely printed matter. This is of a kind which both in quality and appearance will commend itself at once to the reader. It is printed in a clear and excellently defined type, the labour of reading—always a heavy matter in a technical work—being thereby reduced to a minimum, while at the same time it adds considerably to the interest with which the pages are perused. The work commences with an

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(*a*) Agnew's "Principles and Practice of Surgery." Two vols. Philadelphia and London; J. B. Lippincott & Co.

introduction on surgical diagnosis, this being succeeded by a chapter on the pathology and history of inflammation and its results. The directions and hints offered for the guidance of the surgeon in his determination of the nature of injuries, and the treatment requisite to them, with which the author opens his work, are likely to be of essential service to the young practitioner whose ideas on these points are not always directed in the most brilliant fashion in medical schools. Dr. Agnew's method of procedure is plain and practical, but throughout is guided by the ever present consideration of functional and pathological changes.

The discussion of the pathology and history of inflammation and its consequences is an ably constructed epitome, but less unqualified praise can be given to it than to many other parts of the work.

Chapter iii. includes all injuries of the head. It is well written and instructive, particular points being illustrated by selected reports of cases from British and other hospital records; all the morbid appearances are carefully described, and useful hints are given to assist in diagnosis and prognosis.

Especial commendation must be bestowed on the sections treating of surgical dressings, and the methods of bandaging. With a number of useful works particularly dealing with these subjects, it had been difficult to produce anything superior to them in the way of originality. But Dr. Agnew may be honestly congratulated on having made this, probably the most directly practical part of his book, or at any rate the part most likely to be widely influential, a very perfect and accurate guide for general use. It cannot be too strongly, or too often insisted on, that a surgeon's success is materially dependent on the facility he exhibits with operations of dressing and bandaging wounds and fractures; and it is a considerable source of satisfaction that in an important work like the subject of our notice, full prominence is given to this fact in the care and minuteness with which this particular branch of practice is treated in its pages.

The chapter on ligation of arteries includes the surgical anatomy of the vessels, illustrated by very perfect illustrations of dissections and of the several operations. A noticeable and valuable feature is the presentment in tabular array of carefully collected and numerous statistical returns. These deal with the more important operations for ligature, and in connection with ununited fractures, upwards of seven hundred cases are individually referred to, with the operation performed and result, time occupied in treatment, &c. The value of statistics in proving the desirability of any particular method of operation is open to much doubt; but notwithstanding, those cases are likely to prove of assistance to anyone who will care to consider them in the connection they rightly occupy; not, *i.e.*, to prove the desirability of operating in any individual case, but as enabling the judgment to be directed more particularly to the solution of difficult problems as they arise through the assistance derived from generalised and systematised experience. The tables serve, moreover, as a historical record that possesses no inconsiderable interest, and as such will be acceptable to the reader.

The number of works on systematic surgery recently published in this country and in America is so great, and their style and description so complete and excellent, that it is scarcely to be expected the work now under consideration can be any great advance on several others we mightname. Agnew's "Surgery" will, however, be considered one of the best if the volumes to follow are as good as that now before us.

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## THE O'LEARY FUND.

THE lamented death of the late William H. O'Leary, F.R.C.S., M.P., has left his large and helpless family in a position which calls for the sympathy and aid both of the profession and of the public. In the receipt of a splendid professional income, he had just taken and fitted up elegantly the well-known residence of the late Sir William Wilde, in Merrion Square; and had incurred great expense in otherwise providing the *entourage* necessary to his position. As a result his wife and nine young children would be in a state of actual destitution but for the appeal initiated on their behalf by Dr. Lyons; and we are glad to find that that appeal is being nobly responded to, and that some of the Metropolitan Hospitals and Medical Schools have undertaken to give gratuitous education to some of his children when they arrive at a proper age. Additional subscriptions, however, are urgently needed; and will be received by George Sampson, Esq., J.P., Rev. M. F. Shinnors, O.M.I., and Dr. Lyons, 8 Merrion Square West.

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# Correspondence.

## PRISON SURGEONS AS WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 3rd March you make some severe observations on prison officials generally, hinting that their evidence at inquests on prisoners executed in prisons would be more or less tainted, and you give a rather curious reason, viz., that they view things through official spectacles, which have a curious habit of growing dim. If their evidence was perverted by looking through official spectacles, one would reasonably suppose that when such spectacles became dim their normal sight as honourable men would be restored, and that therefore their evidence would be believed. But the imputation cast on the general body of honourable men who compose the prison officials is slight and trivial indeed compared with that you put on the prison surgeons.

You suggest an independant medical man to be chosen by the coroner to witness the execution post-mortem; you state the jury would then have unimpeachable evidence as to whether the execution was conducted in a humane and scientific manner and as to the immediate cause of death. You kindly suggest that the evidence of the prison surgeon might be heard, but you practically state that it is of little or no value because he receives a salary from Government, and you impute that the prison surgeon is not of good standing nor worthy of credit, and that the Prison Department would use its influence to compel him to give false or biassed evidence, and that he would be capable of so doing.

Such imputations against as honourable, independent, and straightforward men as are to be found in the profession ought not to be made without the strongest and most ample proof, and I fearlessly challenge you to produce a single instance in which a prison surgeon has been induced to give biassed evidence. They are incapable of doing so. The Prisons Department would never think of even hinting that such a thing should be done, and if it did so, no surgeon for the sake of the trifling salary he receives, would be so false to his own honour and of that of the profession to which he belongs as to yield to such pressure.

If you had taken the trouble to find out the law with regard to executions before writing such an article, and casting an unmerited slur on your profession, you would have seen that your remarks as to prison officials were beside the question.

The prison authorities have nothing whatever to do with executions, they are simply bound to keep the prisoner in safe custody, to afford a place for execution, and for the burial of the body afterwards.

The entire responsibility of and control over the execution is vested in the sheriff, who has no connection whatever with the prison or its staff. He it is who must erect the gallows and scaffold, who engages the executioner, and sees everything carried into effect. On the day of execution he delivers the death warrant to the governor, and demands the body of the prisoner, who passes from the custody of the prison officials to that of the sheriff, their entire responsibility ceases, and they become and are independent witnesses forced to be present at a most trying and revolting scene, over which they have no control and with which they dare not interfere. Why should they give false testimony to shield defects in the management of the sheriff (if any exist)? Why should they for the sake of an officer in no way connected with their department and for whose acts they have no responsibility, see through official spectacles? And above all, I see no earthly reason why the prison surgeon should so degrade himself as to pervert evidence and give a false cause of death, nor why the Prisons Board should endeavour to induce him to do so for the sake of a functionary over whose action they have no control. If it were not insulting to all concerned, from the Board to the prison warder, the entire thing would be absurd.

I have the honour to be, Sir,
Your obedient servant,
R. J. Kinkead,
Surgeon to Her Majesty's Prison, Galway.

We must decline to allow our observations to be interpreted in any sense discourteous to prison surgeons, respecting whom as honourable men, we specially stated we had no doubt or depreciation to express. We insisted, and still insist, that no prison or other institution in which personal restraint is a part of the system, should be left to the sole control and supervision of the paid officers of such institution, be they medical or administrative officers; and we do not think it fair to distort our words into a slight to those officers because we have said and continue to say that their official relations to the institution disqualify them from being the sole guardians of the rights of liberty within them. Suppose we have the most unbounded confidence in the integrity, courage, and watchfulness of each and every prison officer, we confess we have no such confidence in the departments which have those officers under foot; and we know well that there are often in control of such departments autocrats who would crush without mercy a prison surgeon or other official who presumed to see or to declare publicly the practice of inhumanity to prisoners, whether from bungling or intention. We have in mind the case of Dr. Robert Macdonnell, who was first snubbed, and then practically dismissed from his office in Mountjoy Prison, because he would not agree with his superiors in putting a sick prisoner upon punishment diet, and as we know that there are but very few prison surgeons who could afford to be as independent as Dr. MacDonnell, we do not think it fair to them or safe for the public to throw upon them the sole responsibility of reporting inhumanity at executions.

## Obituary.

### JOHN LEEPER, M.D., J.P.

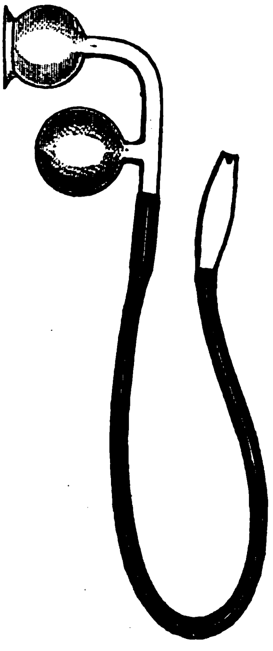
We regret to have to report the death of Dr. John Leeper, from disease of the heart, aged 69. Dr. John Leeper was for some years Surgeon to the Clogher Workhouse, and for the past 35 years was Medical Officer of the Keady District in the Armagh Union. There is no doubt but that his disease was brought on by the hard work, extending over so many years, in attending one of the largest districts in Ireland, comprising an area of 36,000 acres, and his death hastened by continuing to discharge the arduous duties when the disease had made an inroad on his health such as would have driven most men to seek superannuation several years before. He was a man remarkable for the most conscientious discharge of public duty, and had to the last great sympathy with the sick and the poor. He was much esteemed by all classes, and has died amid the universal regrets of the whole community, leaving behind him a name for the strictest integrity, unbounded kindness, and moral worth, qualities which would have adorned any position. The Poor-law Service has lost in him one of their very best officers, and the neighbourhood in which he lived a sound, able, and skilful physician.

### JOHN AITKEN, M.D.

Dr. John Aitken, of Govan, died on the 11th inst., at his residence, Albert Cottage, Govan. The event excited feelings of regret among the entire community of Govan. The deceased gentleman had been in indifferent health for some time past, but recently he suffered severely from inflammation of the lungs, to which he succumbed. Dr. Aitken was 44 years of age, was born in Govan, and had been in practice for over twenty years in his native town. He occupied the position of police surgeon, and a few years ago was presented by the inhabitants of Govan with a horse and brougham. He was of a quiet, unassuming disposition, and his gentle and kindly manners won for him many friends. He was held in high esteem by his professional brethren. He leaves behind him a widow and young family.

## Novelties.

### SUCTION INSTRUMENT FOR POISONED WOUNDS.



The value of suction in removing poison from wounds cannot be denied, provided the suction can be resorted to timely and effectively. Whether the poison be that of the snake or other venomous reptile, the saliva of the rabid dog, the blood or other matter of anthrax-stricken animals, the dangerous material of putrescent organic matter, or any other virulent or septic stuff which has been suddenly introduced by a wound, suction is a ready means of removing it, and thus averting dangerous consequences. But direct suction, by means of the mouth and lips, may sometimes be attended with danger to the operator, and is not always easy or willingly performed. Of course, when it comes to saving the life of a person, or even sparing them mental anguish or physical pain, very few, we fancy, will hesitate in applying their lips and sucking with all their might in order to withdraw the deleterious matter. But, nevertheless, the repugnance does exist, and it is to overcome this, and also to prevent danger to the person who sucks, that Dr. Dolan, whose name is so favourably known in connection with hydrophobia, has devised a little instrument which, if it be at hand when wanted, ought to be most useful. It is something like the pump used for emptying the female breast, but is very much smaller. It consists of a glass tube provided with two bulbs, one of which, at the end, is open, and is to be applied closely over the wound. Into this the blood and poisonous matters are first drawn by means of the india-rubber tubing and ivory mouth-piece, and subsequently into the second bulb which depends from the glass tube, and in this it remains; so that there is no danger of the lips being soiled. Suction, to be successful, should be resorted to without delay, and it is to be feared that this little instrument would not often be at hand at the right moment. Nevertheless, there it is, and even if some delay should occur in applying it, it still comes in useful in washing and cleansing the wound, prior to employing other means of prevention. We have not been able to test by actual practice what appears to be good in theory, but we hope some of our readers will try the instrument, which might also be found useful in other respects.

## Medical News.

**Indian Medical Service.**—The following is a list of successful candidates for H.M. Indian Medical Service, who passed on the 8th inst. :—

| | | Marks. | | | Marks. |
|---|---|---|---|---|---|
| 1. | G. W. P. Dennys | 4,964 | 9. | A. C. Thompson | 4,368 |
| 2. | J. W. W. Macnamara | 4,920 | 10. | F. Burness | 4,326 |
| 3. | H. O. Stuart | 4,768 | 11. | G. J. Ward | 4,294 |
| 4. | J. C. Marsden | 4,552 | 12. | F. C. Reeves | 4,153 |
| 5. | J. Sykes | 4,503 | 13. | J. L Poynder | 4,012 |
| 6. | J. M. D. Stewart | 4,450 | 14. | J. Hoey | 3,831 |
| 7. | J. F. Tuohy | 4 393 | 15. | A. G. Collington | 3,755 |
| 8. | A. R. Campbell | 4,375 | 16. | C. A. Daubney | 3,628 |

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## NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

☞ Subscriptions.—The Publishers respectfully remind Subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

A New Colouring Matter.—Specifications have just been taken out at the Patent Office for a new colouring matter for soft tissues or other preparations by a Mr. H. H. Lake. This novelty is obtained by the "oxidation of the sulpho-acid of 'Tetramethyldiamidotriphenylmethine !'" Enthusiastic microscopists, histologists, and others should be careful of their pronunciation when asking for it, or they may have an explosive given to them in lieu of the genuine article.

Midwifery Qualification for the Irish Poor-law.—"A Candidate" asks, Is the diploma of the Coombe Hospital, in conjunction with that of the College of Surgeons and College of Physicians, sufficient for an appointment as dispensary doctor under the L. G. B.

[Yes, the Midwifery diplomas of both Rotundo and Coombe Hospitals are recognised.—Ed.]

Dr. Harbinson.—Communication "On the Peripheral Nerves in Chronic Lead Poisoning" received ; is marked for early insertion.

Dr. Jackson.—Papers "On Sleep and Dreams" accepted, but in consequence of their length we shall be unable to accord them space for at least three months.

### ARMY MEDICAL SCHOOL SELECTION.

*To the Editor of the* Medical Press and Circular.

Sir,—Would you kindly inform me through the *Medical Press* if the Secretary of State has (under the provisions of the late Warrant) as yet appointed any of the Dublin Schools to nominate surgeons for the Army Medical Department, and if not, whether he is likely to do so this year? Yours faithfully,

L.R.C.S.I.

[The Secretary of State has not done so, and it is quite improbable that he will do so as long as a sufficiency of candidates present themselves for the usual competitives. When the supply falls short the selective system may be adopted ; but we hope it may have been abandoned before then, as we regard it as a stupid and pernicious proposal.—Ed.]

The Stomach Speculum.—A skilful physician says that a few days since he was examining a female patient with the speculum. The examination being over, he was about to withdraw the instrument, when he felt himself touched lightly on the shoulder. "Excuse me, doctor," said the patient, "but I have for a long time had a great deal of pain in the stomach. While you are *there* would you kindly tell me what's the matter there?"

A Graduate.—At present but one medical candidate is announced for any of the Universities—viz., Mr. Bickersteth for Edinburgh. You will find a list of medical candidates for other constituencies in another column.

Liverpool.—You will probably find the lamels manufactured by Messrs. Savory & Moore the most reliable and convenient form for administration of the drug.

Dr. W. C. will find his suggestion has been adopted in another column.

Dr. Leatham's paper "On Subcutaneous Emphysema during Parturition" shall appear shortly.

Our attention is called to the following gem of polite literature culled from a Monaghan paper :—

DR. JOSEPH LANGAN,
Catholic University, Dublin ; and Licentiate, Royal College of Surgeons,
Ireland ; Licentiate, King and Queen's College of Physicians, Ireland ; Licentiate, Midwifery,
King and Queen's College
of Physicians,
Ireland.

Begs to advise the Public that he has resolved to select Monaghan as the field of his future professional practice.

Address, till further notice, Currin's Hotel, Monaghan, Feb. 19, 1880.

We hope this gentleman's University and Colleges will be over-elated by the honourable publicity which their *alumnus* affords them. No doubt they will be as proud to claim him as we are to greet him as a professional brother. He might, we think, improve on the advertisement by giving a sketch of his pedigree and a scale of fees.

Clinical Society of London.—Friday, March 19, Mr. Thomas Smith, 1. "Spontaneous Gangrene of the Thumb and Fingers of the Right Hand." 2. "Two Cases of Cystic Hygroma."—Dr. de Havilland Hall, "A Case of Intra-thoracic Sarcoma."—Mr. Nettleship, "Two Cases of Sympathetic Ophthalmitis setting in three weeks after Excision of the other Eye."—Dr. F. Taylor will show a Case of Unusual Transmission of Cardiac Bruit by the Lung.

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### VACANCIES.

Birmingham Children's Hospital.—Dispenser. Salary commencing at £80. Applications to the Secretary on or before Mach 20.

Devonport, Royal Albert Hospital.—Assistant Resident Surgeon. Board, but no salary is offered. Applications to the Secretary.

Edinburgh University.—Examinership in Clinical Surgery. Applications to the Secretary before April 5.

French Hospital, Leicester Place, London.—Resident Medical Officer. Must speak French. Salary, £60, with board. Immediate application to the Secretary.

Great Northern Hospital, London.—Physician for Out-patients. Honorary. Applications to the Secretary before March 31.

Liverpool, Toxteth Park Workhouse Infirmary.—Assistant Medical Officer. Salary, £100, with board. Applications, endorsed "Assistant Medical Officer," before March 24.

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### APPOINTMENTS.

Abbott, R. T., M.D., L.R.C.S.I., Medical Officer to the Bray Dispensary, Rathdown Union.

Banks, J. T., M.D., F.K.Q.C.P., Physician-in-Ordinary to the Queen in Ireland.

Buckle, J., M.R.C.S.E., Resident Medical Officer to the Western Branch of the Brighton and Hove Dispensary.

Gill, J., M.D., L.R.C.P., Physician to the Stratford-on-Avon Infirmary.

Kehoe, M. J., L.R.C.S.I., L.K.Q.C.P., Surgeon to St. Vincent's Hospital.

Murphy, J., M.D., B.A., Surgeon to the Sunderland Hospital for Women and Children.

Savile, R., M.D., M.R.C.S.E., Medical Officer for the Naferton District of the Driffield Union.

Simpson, W. S., L.R.C.P.Ed., L.R.C.S.E., Medical Officer to the Workhouse of the Pontefract Union.

Story, Mr., an Examiner in Ophthalmic Surgery in Trinity College, Dublin.

Walmsley, F. H., M.D-, M.R.C.S.E., an Assistant Medical Officer to the Leavesden Asylum for Imbeciles.

Woodward, G., M.D., M.K.Q.C.P.I., F.R.C.S.I., Medical Officer for the First District of the Ware Union.

Army Medical Department.—Surgeon Major D. C. McFall has retired on half-pay ; Surgeon Major J. D. Sainter has retired on half-pay.

Navy Medical Service.—The undermentioned Fleet Surgeons have been promoted to the rank of Deputy Inspectors General of Hospitals and Fleets in her Majesty's Fleet, with seniority as stated against their names :—J. Cotton, M.D., Feb. 26, 1880 ; J. N. Dick, Feb. 26, 1880.

The undermentioned have been entered as Surgeons in her Majesty's Fleet, with seniority of Oct. 1, 1879 :—G. Kirker, M.D. ; T. D. Gimlette ; W. Tait, M.B. ; J. Crowley, M.D. ; G. H. S. J. Bankier, M.D. ; J. A. McMann, B.A., M.B. ; J. Brunt, and M. M. R. Mackenzie.

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## Births.

Ridley.—March 7, at Moore Hall, Tullamore, the wife of James Ridley, Esq., of a son.

## Deaths.

Bramwell.—Feb. 26, at Nottingham, Charles Crighton Bramwell, M.D., in his 53rd year.

Cornish.—March 7, at Taunton, Jane, the wife of Charles H. Cornish, F.R.C.S., Mayor of Taunton, aged 67.

Drapes.—March 9, at Keadue, co. Roscommon, after a few days' illness, John Benward Drapes, M.B., M.Ch., A.B., T.C.D., Medical Officer of Keadue Dispensary.

Leeper.—At Keady, co. Armagh, John Leeper, M.R.C.S.E.

Richardson.—Feb. 28, at Baker Street, Portman Square, Mark Richardson, M.D., late of the Bengal Medical Service, in his 75th year.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 24, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

The Pathology of Starvation. By Surgeon Major Wm. Curran, Army Medical Department ........ 229
The Peripheral Nerves in Chronic Lead Poisoning. By Alex. Harbinson, M.D., Assistant Medical Officer County Lunatic Asylum, Lancaster ........ 231
Pure Drugs: their Commercial Sources and Preparation. By Alex. Wm. Wallace, M.D., Medical Officer of the Riverstown Dispensary, Parsonstown ........ 232
Subcutaneous Emphysema during Parturition. By W. Leatham, A.B., T.C.D., Medical Officer Coalisland Dispensary .. 233

### CLINICAL RECORDS.

Erythema after taking Calomel ........ 233

### SPECIAL.

The Digestive Ferments and Artificial Digestion—II. ........ 234
France ........ 234

### TRANSACTIONS OF SOCIETIES.

Clinical Society of London—
Spontaneous Gangrene of the Thumb and Fingers of the Right Hand ...... 235
PAGE
Two Cases of Congenital Cystic Hygroma 236
Case of Intra-Thoracic Sarcoma ........ 236
Harveian Society—
Malignant Disease of the Hip ........ 257
Various Methods of Dealing with the Pedicle in Ovariotomy ........ 237

### LEADING ARTICLES.

The Lunacy Law Amendment Act—III. 237
The Provident Dispensary Scheme .... 238
The Late Election of Medical Officers at the National Hospital for Paralysis and Epilepsy ........ 240
The Local Government Board and the Drug Supply of Irish Unions ........ 240

### NOTES ON CURRENT TOPICS.

The Surgeoncy to the County Dublin Prison ........ 241
The late Thomas Bell, F.R.S. ........ 242
Westminster Hospital ........ 242
Death of the West Kent Coroner ........ 242
Novel Antisepticism ........ 242
American Opinion of the Professional Status in England ........ 242
The Irish Elections in their Medical Aspects ........ 243
The Dental Profession in France ........ 243
PAGE
A New Anæsthetic for Dental Surgery .... 243
Physician to the Queen in Ireland ........ 244
Health of Ireland ........ 244
Death from Hydrophobia ........ 244
Royal Belgian Academy of Medicine ..... 244
Torbay Infirmary ........ 245
Death from Chlorine Inhalation ........ 245
The Naval Medical Service ........ 245
Treatment of Neuralgia by Aconitine .... 245
The Structure, Development, and Significance of Tubercle ........ 246

### SCOTLAND.

Scotch Deliverances on Alcohol—Health of Greenock—Mortality in Glasgow, &c. 247

### LITERATURE.

Fatty Degeneration of the Heart ........ 248

### CORRESPONDENCE.

The Mortality of Rome ........ 250
Questions Regarding Alcohol ........ 250
Medical Testimony against Alcohol ...... 251
Medical News ........ 251
Notices to Correspondents ........ 252

## Original Communications.

### THE PATHOLOGY OF STARVATION.

By Surgeon-Major WM. CURRAN,
Army Medical Department.

*(Concluded from page 211)*

Looking to India, where a famine of great severity has recently raged, whose effects have been in part, at least, scientifically studied, what do we find? We find that no special form of fever is there generated by want, but that diarrhœa or dysentery is a common, if not an invariable, accompaniment of that condition, and that this diarrhœa can be clearly distinguished from cholera. As these statements are based in some measure on Dr. Cunningham's Report on the famine fever and diarrhœa observed by him at Madras, and as this document is not likely to come under the notice of the readers of this journal, I submit it *in extenso* in the hope that its importance and relevancy to the issue contemplated within will insure its insertion. He has, I understand, discussed the histological elements of the subject in a recent number of the *Quarterly Journal of Microscopical Science.*

"1. I have the honour to report that, in accordance with your instructions, I proceeded to Madras in order to ascertain whether any peculiar forms of fever were present among the inmates of the relief camps there, and to investigate the pathology of the so-called 'famine diarrhœa,' and 'famine dysentery.' I arrived in Madras on the 20th of May, and left on the 8th June, reaching Calcutta on the the 13th of the month.

"2. In regard to the occurrence of any peculiar form of fever, careful inquiries were made as to the presence, then or at any previous period during the prevalence of the famine, of any forms of fever which could in any way be ascribed to the influence of want. I could hear of no such disease as having occurred previously, and during the whole period of my stay at Madras, fevers of any kind were practically non-existent, hardly a case being in any of the hospitals or relief camps in spite of the high degree of mortality prevalent at that time among the inmates of the latter.

"3. I had, however, ample opportunity of investigating the diarrhœa and dysentery so prevalent and fatal in the camps. Careful post-mortem examinations were made of the bodies of persons dying in the Monegar choultry relief camp, where the mortality was very high and almost entirely due to diarrhœa and dysentery. Numerous specimens of the various tissues and organs of such cases have been preserved, and will form the subject of minute microscopic investigation. As this, however, will necessarily be the work of some time, I shall in the meantime give a brief account of such of the results arrived at in the examinations conducted in Madras as appear to be of most practical importance.

"4. The general results of such examinations were confirmatory of the belief that morbid conditions exist which may with propriety be termed 'famine diarrhœa' or 'famine dysentery,' as the case may be. There are, without doubt, cases in which the symptoms of disease observed during life can be referred to no other origin save morbid changes and degenerations dependent on mal-nutrition. Many other cases occurring among the inmates of the relief camps, are, however, complicated by the supervention of other diseases, such as acute dysentery, pneumonia, &c., and although in the majority of such cases the conditions leading to true 'famine diarrhœa' may be distinctly detected, and in some the complications may be directly ascribed to their agency, yet the fatal termination is caused, or, at all events, accelerated, by the complications.

"5. The pathological changes essentially characteristic of 'famine diarrhœa and dysentery' consists in a softening and subsequent atrophy of the mucous membrane of the intestinal canal, due apparently to a process of fatty degeneration of the tissues, and leading to the destruction of the apparatus provided for the absorption of nutritive material. That such a process is sufficient to account for the phenomena of the disease observed during life, is manifest. The disintegration of the intestinal mucous membrane fully accounts for the disordered state of the alimentary functions. The pathological appearances also account for the failure of curative measures, improved diet, medicines, &c., in the treatment of the disease. Where once the complex structures of the intestinal mucous membrane have been so seriously affected by degenerative changes dependent on insufficient nourishment, they cannot be renewed, and no diet, however careful and generous it be, can be of any avail when once the means, by which alone it can be appropriated to the necessities of the body, have been destroyed.

"6. In conclusion, I must acknowledge the great obligation which I am under to the medical officers in Madras who assisted me in obtaining opportunities for investigation, and facilitated my work in other ways—more especially must I acknowledge the aid which was afforded to me by Mr. Cornish, the Sanitary Commissioner for Madras."

This disorder is ascribed by those who have studied its peculiarities on the spot to deficient or unwholesome food, exposure, and the presence of round worms in the intestines; and it was often brought on to an uncontrollable degree by a heavy meal taken when the body was in the last stage of emaciation from privation. One of the Friends' Commissioners was assured at Erris that (so far gone were they), "if the people got one strong dose, i.e., a full meal, it kills them immediately." ("Transactions of the Central Relief Committee," p. 202). Dean O'Brien is, as far as I know, the only writer who mentions cholera as prevailing in Ireland at this period. Alluding to the causes and consequences of the famine of '47-8, he says, in his tale of "Ailey Moore," which is, he assures us, a substantially true history of the events it portrays (pp. 260-1). "that fever and cholera spread as rapidly as destitution, for starvation and pest are travelling companions." Out of a strength of 1372 cases admitted to the camp hospital, 543 died in two months, and the average duration of the disease was three days and a half. If it occurs before the functions of digestion and assimilation are seriously impaired, the patient usually recovers; otherwise he does not, and thousands succumbed to it during the late famine in Madras. The patients rarely suffer, we are told, from cramps, but vomiting of fluid or mucus, tinged with blood, is not uncommon; and others suffer from such agonising pains in the stomach as cause them to roll about on the ground for relief. Others, again, pass very soon into a state of utter prostration, and death is preceded in many by muttering or groaning delirium. Dr. Cornish, the Sanitary Commissioner, has no doubt that there is, in most of these cases, ulceration of the intestine, just as all authorities agree to be the case in death from slow starvation; and the newspaper writer, to whom I am indebted for these facts, adds, after totting up the deaths that took place in one week, in two neighbouring camps, from this cause, that these figures (71 each in 4,000 and 5,000 residents) *represent a percentage per mille per annum of about* 850 *and* 750 *respectively.*

Whether these figures accurately represent the situation or not, I am just now unable to say. Neither have I ever seen any corroboration of Dr. Cornish's dictum about ulceration, as above; but an exhausting diarrhœa of this character has been noticed in every great crisis of this kind since history became a science, (*a*) and the agents of the Society of Friends everywhere found ("Transactions," &c. pp. 25, 56, 65, &c.) that "fever and dysentery [were] the invariable effects of famine" in Ireland in '47-8. Making every allowance for the natural or necessary misconception of these gentlemen, we have in their statement, nevertheless, ample corroboration of the facts disclosed within, and this looseness may be either the cause or the consequence of the degeneration described by Dr. Cunningham. It would also tend to show that prevention is the best, indeed the only, remedy for this state of things, for food and physic are clearly unavailing when this change is fully established, and hence the words *bis dat qui cito dat* should be the motto of every charitably disposed person or association, at this time, in respect of the crisis contemplated in this essay.

Touching the fever, of which so much has been said, and which was doubtless the main cause of the terrible fatality which followed the famine, it was, I think, clearly an after thought—a consequence, in short, of the insanitary conditions that were produced by protracted malnutrition and progressive bodily foulness and enfeeblement. Equally clear is it, I think, that this fever was the spotted typhus of the old military writers, the jail fever, &c., of Howard, and akin to, if not identical with, that which killed some of the sheriffs, judges, &c., &c., at Taunton, Oxford, the Old Bailey, and elsewhere, in his time, or earlier. Nor is this assumption discountenanced by the writers on this famine fever to whom I have had access, amongst whom I am, I regret to say, unable to include the Memoir of the late distinguished Dr. Stokes. Thus a medical man quoted by Mr. Trench is represented as saying that "the people die unconsciously to themselves; they are foolishly delirious; they die before your eyes. The pulse does not average fifty, there is water between it and your hand," and delirium, often wild and incoherent or feeble and flickering, is, we all know, often an accessory before the fact in death from typhus. The condition of the blood and pulse noticed by this gentleman is, of course, explicable on other and more obvious grounds, and Mr. Maguire calls the disease malignant typhus over and over again in his well-known work, "The Irish in America," pp. 80-1, &c. (*a*) Describing the quarantine at Grose Island, on the St. Lawrence, he says, that "of the enormous number of vessels that were driven by an easterly wind into that river (before the first week in June, 1847), there was not one free from the taint of malignant typhus, the offspring of famine and of the foul ship-hold;" and Mr. Sullivan is equally emphatic in the same direction in his article "The Black Forty-seven" in "New Ireland," vol. i., p. 137, whereat, he expressly says, that "it was the fever which supervened on the famine that wrought the greatest slaughter and spread the greatest terror." But it would be impossible, even if it were not needless, to pursue this subject any longer. These books are, or ought to be, within the reach of every Irishman, and the general fact is, moreover, not gainsaid.

The children suffered, I believe, more in proportion

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(*a*) See *inter multos alios* Grote's "History of Greece," vol. vi., pp. 209 and 393; Froude's "History of England," vol. vii., p. 571; Alison's "History of Europe from the French Revolution," &c., vol. ii., p. 218; and Macaulay's "History," People's Edition, vol. ii., pp. 89-92; and a special correspondent of one of the papers wrote lately of the Turks, that "the poor creatures are decimated by dysentery, fevers—the typhus particularly—and by diarrhœa, and die in swarms." The thirtieth volume of the "Transactions of the Pathological Society of London," which contains an able and exhaustive, but withal, as I venture to think, somewhat inconclusive report on pyæmia, septicæmia, &c., has arrived since this was written, and finding in that report (p. 13) that "the symptoms produced by a fatal dose of the septic poison are . . . . gradually increasing muscular weakness, until the animal falls down, unable to stand; there are vomiting and profuse diarrhœa, the fæces at first being loose and whitish-grey in colour, and afterwards blood-stained or containing blood-clots . . . . the respiration and the heart's action become more and more feeble, until death ensues, sometimes preceded by cramps"—I am induced to ask if any conditions akin to these have ever been noted in connection with starvation?

(*a*) This book contains one of the most painful epitaphs that was ever written, and as it further tells a tale of woe and desolation such as have been rarely if ever exceeded in the world's history, I reproduce it here, and allow it to speak for itself. It runs as follows, and very similar testimony may be found in his interesting "Father Mathew: a Biography," pp. 391-2 and 418:—

To
Preserve from Desecration
The Remains of Six Thousand Immigrants
Who died of Ship Fever,
A.D. 1847-8.
This Stone is Erected by the
Workmen of Messrs. Peto, Brassey, and Betts,
Employed in the
Construction of the Victoria Bridge,
A.D. 1859.

during this dreadful period than their parents. The loss amongst them in the workhouses and elsewhere was simply appalling, and this loss was in great part, if not entirely, due to diarrhœa, or other cognate bowel disorder. But I have never before heard of the hirsute growth mentioned by Canon Bourke, neither can I now offer any sufficient explanation of its development; and he intimates, in the letter with which he has so obligingly favoured me, that he speaks of "it, not with metaphysical accuracy, but with moral certainty and truth."

After dwelling in sympathetc terms on the mere "holes in a bog, covered with a layer of turf, not distinguishable as human habitations from the surrounding moor," in which some peasants resided near Belmullet, co. Mayo, Mr. Forster (one of the Friends' Committee) observed that "the children exhibit the effects of famine in a remarkable degree, their faces looking wan and haggard with hunger, and seeming like old men and women. Their sprightliness is," he continues, "entirely gone, and they may be seen sitting in groups by the cabin doors, making no attempt at play or to run after the carriages." And he adds, further on, that "many of them are too weak to stand, their little limbs attenuated, *except where the frightful swellings had taken the place of previous emaciation.*" (The italics are mine, and the purport of them will be seen anon.) Another gentleman noticed that their (the children's) "legs swing and rock like the legs of a doll," and no wonder, seeing that they had probably been living for weeks previously on the little fat they had derived from their starving mother's breast, or on that with which dame Nature had originally endowed themselves. However that may be, it would be interesting to know if those who happened to survive were permanently enfeebled by the straits to which they were reduced at this epoch or not, and if marasmus or other wasting diseases were more prevalent during the crisis of the famine of 1847, &c., than before or since that event. I have seen it somewhere stated, that the female survivors of a certain famine were more fertile after than they were before that catastrophe, and racial traits of more enduring character have been elsewhere affected by misfortunes of this national magnitude. Whether any such or similar deteriorations took place, as a consequence of their unparalleled privations, among the denizens of the Green Isle, I am unable to say, but I rather incline to the belief that such was the case, and this is another reason why I address this communication to your journal.

And now to bring this already too lengthy paper to a close. What are we to think of the swellings referred to in the last paragraph, "in which," to use the words of an eye-witness, "first the limbs and then the body swell most frightfully, and then burst"? What, but that they are due to causes which produce dropsy in other subjects under the agency of deprivation or disease, and explicable on similar principles. But of this your readers are as competent to judge as I am, and the condition has many features in common with the Beri-beri of the East. I was not of an age at this time to know anything of such matters, neither have I seen anything like them since, and the only parallel I can find to it occurs in Lord Mahon's "Life of Belisarius," pp. 353-4. Commenting on the assertion of Procopius, that all those who were besieged in Rome by the Goths were, at last, constrained to exist entirely on wild herbs, and after further quoting him to the effect that this spare diet had imparted a wan and ghost-like aspect to the survivors, he says, "Now it may be observed that this wretched resource of hunger is attended with directly opposite results, rendering the body bloated, with many of the symptoms of dropsy," and it is, to say the least of it, singular that this very redundance of vegetable element should, when unaccompanied by other more substantial nutriment, produce a disease on land which is somewhat akin to that produced by the very opposite condition at sea.

He then quotes De Thou's account of the siege of Paris by Henry IV. in 1590, to the effect that "les pauvres ne bivoient que de feuilles, de racines et d'herbes, qu'ils allaient arracher d'entre les pierres. . . . On voyait ces malheureux enflés et hydropiques" (Histoire, vol. xi., p. 176). "I find," he continues, "in Gregory of Tours, the same result from a famine about one thousand years before, when the sufferers were obliged to feed on herbs. 'The people,' he (Gregory) says, 'tumefacti deficiebant'" (Hist. France, lib. vii., ch. 45), and famines are not, unfortunately, the only phenomena through which history repeats itself in Ireland.

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# THE PERIPHERAL NERVES IN CHRONIC LEAD POISONING. (a)

By ALEX. HARBINSON, M.D.,

**Assistant Medical Officer County Lunatic Asylum, Lancaster.**

*The State of the Peripheral Nerves in Chronic Lead Poisoning in Guinea-pigs.*—Dr. Gombault gives in the *Progrès Médical* for March 6, the results of experiments on this subject made in Professor Charcot's laboratory at the Faculty of Medicine. The facts, which will be published later, lead to the following conclusions :—

Saturnine neuritis in the guinea-pig is parenchymatous in character. Each nerve tube is affected separately, and independently of those adjacent. Two kinds of alterations are found associated in the same nerve. In one, the alterations resemble those observed in the lower end of cut nerves, and include the double phenomenon of Wallerian degeneration and consecutive regeneration; in the other, and these are oftenest seen, they are more like those described by Ranvier in the upper end of the same nerves.

As regards the Wallerian degeneration, the important fact is, that it does not necessarily extend throughout the whole length of the affected fibre, for in the continuity of a nerve, a healthy fibre is often seen which farther on shows a degenerated portion. Regeneration such as follows section of nerves, also occurs here. A large dark-bordered fibre may be seen to end abruptly and give origin to two slender fibres contained in the same sheath of Schwann.

The modifications of the second kind affect the nerve tube in a still more limited portion of its extent, whilst above and below the modified point the fibre possesses all its normal characters. Besides, everything leads to the belief that in the continuity of a fibre the same circumscribed lesion may be developed at several points at the same time with healthy intervals between. Two altered segments between three healthy pieces may be actually observed. As in the first kind of alterations, two orders of facts may be distinguished here: in one, the fibre is in process of degeneration; in the other, it is restored or on the way to restoration.

The degeneration is characterised by a granular state of the myeline or its disappearance more or less complete, swelling of the protoplasm, and multiplication of the nuclei in the interior of the sheath of Schwann. But here, and this is the important fact, the axis-cylinder modified or not in appearance, still remains.

Restoration shows itself by the presence of a series of slender, short, interannular segments provided with a sheath of myeline, very thin, but very regular, the sheath depressed sometimes by a single nucleus, sometimes by several separate nuclei. In the centre of the myeline sheath is an axis-cylinder relatively large. In either case, whether it be degeneration or restoration, the modified part is continuous at its two extremities with a portion of healthy fibre.

It follows from the facts stated here, that under the influence of slow irritation peripheral nerves undergo modifications different to those which a simple secti determines. This form of *multilocular circumscribed*

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(a) *Le Progrès Médical.*

*renchymatous neuritis* differing from the forms of neuritis of internal origin hitherto recognised has therefore appeared deserving of special description.

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# PURE DRUGS: THEIR COMMERCIAL SOURCES AND PREPARATION. (a)

By ALEXANDER WILLIAM WALLACE, M.D.,
Medical Officer of the Riverstown Dispensary, Parsonstown.

It has for some time past appeared to me that something might be done by united action among the officers of Poor-law in Ireland, to lessen the evils of the contract system, by which medicines are supplied to the different unions. I have, therefore, directed some attention to the subject of the commercial source of pure drugs, and the means by which they may be obtained. I believe a considerable amount of the information I have obtained is not generally possessed by the medical profession. I have spent some time in making personal observations and inquiries on the subject, and what I have to communicate has either come under my own observation, or has been obtained from a trustworthy quarter.

Drugs which are of foreign growth are imported to London, where they are sold at auctions, which are held every fortnight. They are sold by samples, and are purchased by the wholesale druggists or the brokers. Every quality of drug is sold this way, the best and the worst, with every quality between, and purchasers are found for all, bad as well as good. The high-class druggists bring the purchases, which they have made, to their warehouses, examine and sort them. Those which are to be reduced to powder are sent to the drug mill. It is well known that a great amount of adulteration takes place in the process of grinding, but there are houses which are above suspicion in the manner in which they execute their work. Wholesale houses, as a rule, do not grind for themselves, as it is found to be done better and more economically by those who have made it a speciality. As an instance of the importance of conscientious preparation of drugs, I noted the treatment of colocynth. As is known, or at least ought to be known, to every medical man, it is the dried pulp, and not the rind or seeds, which contains the active principle. The fruit is imported in large cases containing a cwt. each. All conscientious manufacturers pick out the seed. But it is easy to see the opportunity this affords to a manufacturer of loose principle to increase his gains by leaving in a portion of the seed. He has certainly added nothing to what he bought, and the object may be effected by a little convenient carelessness on the part of the sorters. In the manufactory of Messrs. Richardson, where I saw the process of picking going on, the previous case of colocynth fruit to the one I saw, had yielded 28 lbs. of pulp from a hundredweight of fruit. This agrees pretty nearly with the estimate of Prof. Tichborne, who states in a paper in the *Pharmaceutical Journal* of September 21st, 1878, that he found colocynth fruit to contain about 20 per cent. of pulp. Chemical products, such as the alkaloids and minerals, are made by the chemical manufacturers. It is rather a curious fact that almost all the morphia used in the United Kingdom is made by two manufacturers in Edinburgh. Several substances are manufactured of great purity in Berlin. These are especially chloral, salicine, and its compound, iodoform and monobromated camphor. Wholesale druggists usually confine themselves to the manufacture of tinctures, concentrated infusions, ointments, extracts, pill masses, and pills.

It is manifest from this enumeration of the different sources of the materials which form the Pharmacopœia, that a very special combination of scientific, technical, and business qualifications is needed for carrying on this business effectively. It ought not to be a mere appendage to the business of wholesale houses which are chiefly engaged in supplying grocers with rice, oils, mustard, dried fruits, &c., or are occupied with the manufacture of paints—houses of which neither the principals nor *employées* have any pretentions to scientific or technical training. Drug manufacture ought to occupy the undivided attention of those engaged in it, and they ought to possess a thorough acquaintance with the physical and chemical qualities of the crude drugs; that tact which is only acquired by long practice, combined with technical skill, which can estimate the true value of a drug business; the capacity which has established relations with the best houses for the supply of manufactured articles; and, finally, there must be a trained staff of operators for the manufacture of those preparations which are made on the premises. It is manifest that these conditions can best be realised by houses of long standing, who have grown into the trade as it has gradually developed into its modern properties.

I have reason to believe that a fertile source of inferiority in the quality of drugs is due to carelessness in their storage. I have seen a drug store containing such perishable substances as digitalis and hyoscyamus exposed by open doors and windows to the entrance of the moisture-laden winds of winter, there being no means whatever of warming it. The consequence was that very little of the characteristic odour remained in the hyoscyamus, and no doubt the other drugs were equally, though less obviously, affected. There is good reason, however, for believing that the deterioration of drugs is often of a more positive character. Be that as it may, the fact is patent that the contractors for the supply of drugs to Irish unions tender, at prices which would be ruinous if the preparations cost the current market price for good articles.

Through the courtesy of Messrs. Richardson and Co., of Leicester, I was permitted to inspect the whole of their manufactory. Though not professing to be an expert in the examination of drugs, I was, of course, able to recognise in a general way the excellence of the quality of their crude drugs, and could appreciate the arrangements for the storage of the drugs in warm dry rooms. The entire attention of the firm is devoted to drugs, and cleanliness and order prevail everywhere.

Passing by the better known processes of preparing decoctions and infusions in copper evaporating dishes, heated by high-pressure steam, I felt most interested in the pill department. When it is considered that the published formulæ of the firm for pearl-coated pills amount to about 650, all of which are kept in stock, and that over 6,000 private formulæ are in the books, and are prepared whenever required, it will be seen what an amount of organisation is requisite in order to secure order and regularity. The most curious part of the process is the manufacture of pills from the mass. The mass is put in a cylinder, having a perforated plate in the bottom, and pressure is made above. The material is thus forced through the hole in long rolls like worms. As pill masses vary in specific gravity, the number of plates required to produce rolls of such diameter that they can be divided into pills of the proper weight is very large. The rolls are then dropped into a hopper, whence they find their way between grooved rollers, which are driven at considerable speed by a treadle. By these they are at once divided into pills of the required weight. The pills are then spread on a table, imperfect ones are picked out, and the others rolled and worked under a board till they are perfectly round. They are then dusted with a powder (not lycopodium), which dries the surface and prevents them from sticking together. At this stage of preparation considerable quantities of them are sold as "uncoated" pills. If they are to be "coated," four successive layers of the impervious material are applied, and they are finally polished. They are then put up in canisters or bottles, and kept for sale.

It is obvious from the details I have given that the opportunities for the adulteration of drugs are manifold. I believe the only effective remedy for the evils of the present drug supply to dispensaries would be the appointment of a qualified inspector of pharmacy, whose sanction should be required to every tender before it was accepted by the guardians, and who should have assistants to inspect every dispensary, and see to both the quality of the drugs, and the condition in which they were kept, for there is good reason to believe that some medical officers are perfunctory in the discharge of their pharmaceutical duties. While fully recognising this as the proper remedy for existing evils, I am persuaded that those medical officers who wish to be rid of the present condition of things, until a better one is inaugurated, have the remedy in their own hands, by ordering the preparations of firms of recognised standing. I have reason for thinking that if this experiment can be judiciously made, if medical officers are satisfied to give small orders at first, and to be very careful that there is no waste, and that no unnecessary expense is incurred, the L.G.B. will offer no opposition, if they do not look upon the arrangement with actual favour, and Boards of Guardians will find that there is little, if any, additional expense incurred. All, however, will depend on the zeal and discretion of the medical officers.

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(a) Read before the Irish Pharmaceutical Society, *Mar.* 2, 1880

While I have thus drawn special attention to the firm of Messrs. Richardson and Co., I do not for a moment mean to imply that there are not other firms quite as much above all question, but I felt that before advising the adoption of such a course as I have proposed, it was proper that I should make personal inquiries as to the sources of the supply of medicines; and having for a considerable time used Messrs. Richardson's preparations, I requested their permission to see their establishment, and make myself acquainted with its details, with the very satisfactory result I have mentioned.

## SUBCUTANEOUS EMPHYSEMA DURING PARTURITION.

By W. LEATHAM, A.B., T.C.D., &c.,
Medical Officer Coalisland Dispensary.

Having read in the *Medical Press and Circular* of Feb. 25th, a report of a case of subcutaneous emphysema, occuring during parturition, by Dr. Peper (*Le Praticien*, Feb. 9), and as such cases are very rare, and might be a source of considerable alarm to young practitioners, the disease coming on so very suddenly, and without the least expectation of any untoward circumstances about to occur, I think it well to mention a case of this kind that I met with in my practice some years since. One evening, about 9 p.m., I was sent for, to attend a woman in her confinement (primipara), and found her in the first stage of labour. The os uteri was dilated to about the size of a half-crown; the pains returning at intervals of about twenty or thirty minutes, and had been going on, I was informed, for about two hours before I saw her; although it was evident to me that the case would be a tedious one, I remained in attendance on her during the night. As labour progressed, the pains became very severe, and as she would not permit the use of forceps there was nothing for me to do except to wait patiently.

On the following morning, about 6 a.m., when the head of the child had for some time been pressing on the perineum, and the pains returning at very short intervals, and so violent that it was painful to listen to her, I was surprised to see the right side of her throat, her face, shoulder, and down her arm, suddenly become swollen to an alarming extent. In the swelling, crepitation was very distinct. She, at the same time, became cold and very pale, and her pulse was scarcely perceptible. Fortunately the pain that brought on these symptoms also expelled the head of her child, so that her labour was soon afterwards over, and in about ten days the emphysema had completely disappeared. Since then I have attended her in two other confinements, and she has not had the slightest return of these symptoms. This must be my excuse for reporting this case after such a lengthened period, as I have not read in any other a subsequent history of whether there was any return of the emphysema or not. In my case there certainly was not, although in each subsequent labour the pains were unusually strong, and I expected that in a patient having previously suffered from this disease there would have been a tendency to its recurring, as it is only reasonable to suppose that whatever rupture took place in the pulmonary vessels would leave the parts so weakened as to make it likely to occur again.

The explanation of this accident is, over-distension and rupture of the air cells, and the escape of air into the interlobular tissue of the lungs, and thence through the mediastinum into the common cellular tissue, appearing, first about the lower part of the throat, face, and shoulder, and extending down the arm and side. The treatment is to diminish the violence of the respiratory effort by which the air is forced at each respiration into the mediastinum. Emphysema from this cause may also occur in whooping-cough, as mentioned by Drs. Johnson and Beattie.

# Clinical Records.

## ERYSHEMA AFTER TAKING CALOMEL.

Dr. Engelmann (*Berlin Klin. Wochen.*) has observed a case of generalised erythema following the exhibition of several doses of calomel.

M. W., æt. 42, who had previously had good health, had, after a voyage, a diarrhœa treated at first by opium. When the author saw him he complained of want of appetite, tenesmus, and diarrhœa: tongue foul, temperature and pulse normal. Calomel, three doses of 15 centigrammes, were taken in the course of the afternoon. Two hours after the last there was general malaise, heat of skin, photophobia, dryness of mouth and nose, raucous voice. The face swelled and became the seat of redness, which soon extended over the whole body. Smart fever, thirst, insomnia. The next day the general appearance was similar to that of intense erysipelas The face swollen, especially the eyelids; eyes opened with difficulty, skin tense and of a scarlatinal redness as far as the hair. Conjunctivæ injected, integuments of the nostrils dry; buccal and pharyngeal mucous membrane slightly red. A thick coating over the whole tongue, except at the point, which is slightly red. The redness of the body is more marked on the uncovered parts; it disappears on pressure, soon to reappear. No infiltration, except on the face. Temp. 40° C., pulse 120. Urine scanty, dark, without trace of albumen. Voice raucous, want of appetite, thirst. The patient complains of heat and itching on the hands, the soles of the feet, the ears and the scalp, mouth dry, heat of the conjunctivæ.

There did not appear to be any question as to erysipelas or scarlatina, but what affection of the skin had one to deal with? The author considered it a mercurial eruption because the patient had twice before had similar ones; once after taking for a long time mercurial pills; the second time after being for a long time in the company of a person who amused himself by burning "Pharaoh's serpents." The characters of the eruption were exactly similar.

The progress presented no peculiarities; the fever and eruption disappeared in a few days, but slight œdema of the face remained for some time. Cure was complete in fourteen days.

# Special.

## THE DIGESTIVE FERMENTS AND ARTIFICIAL DIGESTION.—II.

It is quite clear then, from what we saw in a preceding portion of this article, that the pancreatic fluid is indeed a most important factor in the digestion of our food. It contains ferments which both convert starch into sugar and proteids into peptones, while further it emulsionises fats so that they can be taken up by the villi of the intestines. It is obvious then that the whole of our digestion might be done artificially by a preparation of the pancreatic fluid under certain circumstances. What, then, are these circumstances, and what the difficulties to be encountered? The use of pancreatic preparations has obtained for some years now, with but partial success however. The difficulty lies in the fact that these pancreaticferments are destroyed by the presence of an acid, and there is the acid stomach to be encountered. This has hitherto been the obstacle to be overcome in the way of aiding digestion artificially by the use of pancreatic fluids obtained from animals. The plan which has usually been adopted has been to wait till the termination of gastric digestion, and then give the pancreatic fluid under the guardianship of an alkali. The effect of the alkali is to neutralise and do away with that acidity in the stomach which is fatal to the activity of the pancreatic ferments. By such means assimilation and digestion have been much improved with many dyspeptics, especially as regards the assimilation of fats. But the effects of the pancreatic diastase upon starch must not be overlooked. The action of the salivary diastase upon starch is very brief, for it ceases as soon as the contents of the stomach become acid; consequently we must conclude that very much of our starch digestion is carried on beyond the pyloric ring.

The action of the pancreas is most important in the assimilation of hydro-carbons, and the defective functional activity of the pancreas must be regarded as one of the gravest factors in the production of that mal-assimilation which looms in the distance as one of the greatest evils we will have to encounter. The stimulation of the pancreas by ether, first propounded by Dr. Balthazar Foster, has been investigated by an American committee, and Dr. Foster's views have met with their distinct corroboration and approval. We have then two measures at our command when pancreatic secretion is insufficient; we can stimulate the organ to more energetic action, or we can furnish the requisite ferments artificially.

As regards the requirements of dyspeptics, experiments illustrate what clinical experience has long taught as to the condition of matters at or towards the end of the digestive act in the stomach. It is found that, "if you subject any native article of food—say milk, bread, or meat—to artificial digestion with pepsin and an acid you utterly destroy the grateful odour and taste and the inviting appearance which made it desirable as a food, and you convert it into a nauseous mass from which the human palate turns away in disgust. The unsavouriness of digested food is, however, not due to any ill-taste or smell inherent in the peptones themselves, which, when purified, are both odourless and tasteless, but to a number of bye-products of various kinds, volatile acids, and other matters, which accumulate as digestion proceeds. One of these bye-products is a bitter flavour, which is a constant and noteworthy characteristic of gastric digestion." This behaviour of artificially-digested food is strikingly in accord with the complaints of many dyspeptics in whom these bye-products are largely present. Reading the clinical phenomena by the light of artificial digestion by pepsin and an acid, it appears that in many cases of dyspepsia the trouble lies as much or more in the formation of these undesired bye-products than in the imperfect formation of peptones. The patient is imperfectly fed, while his digestion is rendered disagreeable by the formation of acid and bitter bye-products. Further experience of the use of artificial pancreatic preparations will instruct us as to how far, when the digestive act is encumbered by the accumulation of these bye-products under pepsin and an acid, it is well to arrest gastric digestion by an alkali, and institute pancreatic digestion in an alkaline medium. There seems much ground for hope that by such means imperfect natural digestion may be greatly aided. Of course, it would be very easy to procure peptones freed from these objectionable bye-products, but their price forbids their general use. To aid gastric digestion by pepsin and an acid is all very well as regards the albuminoid elements of our food; but when accomplished it leaves the digestion of hydro-carbons unaffected — a most important matter in tissue-nutrition. The gradual loss of power to assimilate fats is, and has been for some time, recognised as one of the most serious factors in the production of phthisis. For many phthisical patients there are where emaciation proceeds to a ghastly length, while the lung mischief is small and quiescent till the few last days of life, when it spreads rapidly. The whole value of cod-liver oil lies in its being the most easily-digestible of all fats, and thus often capable of being assimilated by digestive powers unequal to the digestion of other fats. By recognising more distinctly the important part played by the pancreas in the digestion of hydro-carbons we will in the future contend more successfully with those early stages of phthisis where the lung mischief has not reached that stage when cure is unattainable.

The impetus given to our therapeutic measures by Dr. Roberts' investigations is tremendous, for they supply most important information on a subject of cardinal importance, which, until recently was shrouded in mystery. The right and proper use of stimulants to the pancreas, and of artificial pancreatic preparations, now stands out boldly, and it is in the power of any practitioner who chooses to take the trouble to think upon the subject to use them aright, for all difficulties have now been removed in the way of comprehension of the matter. As to pepsin fluids, many men have lost faith in their efficacy because many of the preparations were rendered more or less completely inert by the method of preparing them; but even when an energetic *liquor pepsinæ* is procured it can only aid in the digestion of albuminoids. For this purpose the trypsin of the pancreatic fluid is equally potent with pepsin, while the other constituents of the pancreatic fluid possess a potent influence on the conversion of starch into sugar, and in the emulsionising of fat, by which means it can be taken up by the lacteals, and to a small extent by the intestinal veins. Consequently our therapeutic measures, so far as dietary is concerned, must take the direction of aiding pancreatic digestion, for it is in the digestion of hydro-carbons that the improvement will turn when there is emaciation or wasting. The improvement brought about in pulmonary phthisis by the exhibition of cod-liver oil is due to the tissues being so provided with the hydro-carbon elements, whose absence leads to disease and death. If the patient can be enabled to assimilate a sufficiency of fat the downward progress is arrested, and often improvement instituted. The recognition of this fact, and the introduction of cod-liver oil by the late Professor Hughes Bennett, have always been regarded as solid additions to our knowledge of the nature and treatment of phthisis pulmonalis. If, further, we can not only furnish to the body a very easily digestible fat, but can provide means of procuring the digestion and assimilation of fat in the body, a most important step forward in the treatment of wasting disease is accomplished. Old practitioners are always anxious to secure the integrity of the digestive processes in their treatment of phthisis; hence the value put by many in the old-fashioned bismuth and alkaline mixtures, and the regulation of the primæ viæ, now too much neglected. Our first duty in the treatment of wasting disease is to check all excessive out-goings, as night sweats, diarrhœa, leucorrhœa, &c., and then to place the digestive organs in a good condition so as to secure the assimilation of a sufficiency of food for proper and healthy tissue formation; after then, and only after then, can tonics be given with advantage. Not only can we aid the natural attempts at digestion, but we can artificially digest food out of the body so as to tax the natural efforts to a minimum extent only.

This will form the subject of a subsequent and concluding article.

## FRANCE.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 12.

At the Académie de Medécine M. le Roy de Méricourt related a case on behalf of two practitioners. To an infant three weeks old was given by mistake a teaspoonful of laudanum instead of syrup of chicory. The narcotic was administered at 9 o'clock in the morning. A medical man who was called in ordered an emetic, more to content the parents than anything else; afterwards he himself gave a decoction of gall nuts and strong coffee and waited the result. Two hours after the ingestion of the laudanum the child was attacked with convulsions followed by coma, in which state it remained till seven in the evening. After each convulsive seizure the heart seemed to stop. There was no vomiting nor diarrhœa. Another medical man was sent for, and artificial respiration was decided upon, which was resorted to unremittingly after each convulsive attack. Towards night the somnolency diminished and the child opened its eyes. The following day reaction commenced, the pulse marking 180 in the minute, milk and wine were administered, and on the third day the child took the breast.

The principal communication made at the last meeting of the Surgical Society was that of M. Duplay, of the Lariboisière Hospital, upon the treatment of epispadias. Six years ago M. Duplay detailed his operation for hypospadias, and since that time he has succeeded five times. One patient in particular married after the operation, and is the father of several children. This week M. Duplay brought forward two young patients on whom he operated with complete success. The method of M. Duplay closely resembles that of Tiersch, of Leipsic, which consists in firstly straightening the penis, which is generally curved in epispadias; secondly, the reunion of the walls of the canal near the opening; and thirdly, in grafting upon the opening itself skin borrowed from the prepuce, which is in these cases so exaggerated. To fulfil the first indication M. Duplay made an incision on the dorsal surface of the penis, and maintained it in a pendent position until cicatrisation took place. Afterwards he pared the opposing surfaces of the corpus cavernosum, and brought them together by means of the suture. A catheter was previously placed in the fissure. M. Duplay completed the operation by covering the dorsum of the penis by a piece of skin taken from the prepuce.

At the same meeting a member read a report of lithotomy performed on a child twelve years old, who presented all the symptoms of a stone. The lateral operation was chosen, but by reason of the volume of the calculus it was found necessary after proceeding a little way to change it to the bilateral. In spite of this the stone was unable to be seized by the instrument. On introducing the finger the stone was found to be encysted. After this operation the patient had a perineal fistula. A few months afterwards M. Simonin (the operator) performed again, but this time through the rectum, but the calculus was so adherent to the mucous membrane that it was with considerable difficulty it was extracted; it was the size of a hen's egg. The rectal wound admitted the three fingers together. The patient left the hospital six weeks after the operation, but returned in a month with a recto-vesical fistula.

The *Gazette des Hopitaux* records the case of a uretero-uterine fistula cured by extirpation of the kidneys. The operation was performed by Zweifel (Erlangen). A woman aged twenty-nine had five very difficult confinements; in the last forceps had to be applied, and a fistula uretero-uterine resulted. Zweifel discovered that the left ureter was alone implicated. Several times he tried to dilate the neck of the uterus in order to see the rent in the ureter, but failed; he afterwards tried to obliterate the canal of the cervix, but reunion would not take place. The woman desired repose from these unfruitful attempts for a little time. She became again *enceinte*, and abortion was effected with considerable difficulty. The fistula persisting, Zweifel sought to create a vesico-uterine fistula combined with occlusion of the cervix. Failing in this on account of a phlegmon provoked by forced dilatation, there remained but one other means, that of making a vesico-vaginal fistula with oblique occlusion of the vagina. This last perspective was firmly rejected by the woman and her husband. There was nothing left for the indefatigable Zweifel but to extirpate the kidney. The operation was performed, and the patient four months afterwards was perfectly cured.

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MR. JONATHAN HUTCHINSON, F.R.C.S., was, last week elected Consulting Surgeon, and Drs. H. S. Gabbett and W. H. White, Assistant Physicians to the Royal Hospital for Diseases of the Chest, City Road.

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 19.

E. HEADLAM GREENHOW, M.D., F.R.S., in the chair.

Mr. THOMAS SMITH on a case of

### SPONTANEOUS GANGRENE OF THE THUMB AND FINGERS OF THE RIGHT HAND.

This occurred in the case of a child, æt. 3, who was admitted for an abscess in the thigh, which ran a favourable course under antiseptic treatment. The child was slightly ricketty, well nourished, spleen palpable, extremities inclined to be cold and blue. Ten days after admission, while in bed, in the early part of October, the right hand and fingers became cold, blue, and quickly gangrenous, a line of demarcation forming at the metacarpal joints. There were no signs of plugging of any of the large vessels of the limb. While the gangrene was in progress the child suffered from pyrexia, but in ten days time regained her ordinary state of health. The fingers and thumb separated at the metacarpal joints. Mr. Smith could not account for the occurrence of gangrene; no signs of renal disease, cardiac mischief, or arterial embolism were detected. The child, though liable to cold hands and feet, was warmly clad, well fed, in fair health, and yet, as if by some accident, one hand had become chilled beyond the limit whence recovery was possible.

Mr. HOWARD MARSH inquired whether there were any threatened signs of gangrene in the feet, &c.

Dr. SYMES THOMPSON said that five or six years ago he was called to see a patient, a Russian general, in good health, but who was unable to walk for more than five or ten minutes consecutively. The feet grew very cold, and altogether the phenomena were inexplicable. Dr. Thompson consulted by letter with the patient's own physicians in St. Petersburg, but without deriving any material assistance to aid in treatment. He had since heard that both extremities had become gangrenous, the mortification extending from the toes to the ankles. There had been no signs of atheroma, or any change in the pulsation of the tibial or other arteries. The symptoms were purely negative in character.

The PRESIDENT suggested that the condition exhibited in Mr. Smith's case might be similar to that which induces ulceration of the parts affected by chilblains.

Mr. CROFT asked whether the blood had been examined to determine the relative proportions of red and white corpuscles. Such examination, he said, was rarely made; but it is advisable wherever the cause of gangrene is not obvious; and also to ascertain the nature and amount of the fibrin elements. Gangrene, he continued, may be consequent on a derangement of the nerve supply to a part; to impaired vascularity, such as degeneration of the arterial walls, as might have been the cause of mischief in the case related by Dr. Thompson. Plugging of the vessels may also occur from the formation of clots due to change in the blood itself, and in no way dependent on disease of the vessels. This alone affords an explanation of the "white leg" in subjects of amenorrhœa, the common or external iliac vein becoming plugged up, not in the distal portion, but at a point nearer the parts involved in the menstrual functions. In Mr. Smith's case the child was in ill-health, as evidenced by the abscess in its side, and in this state the blood may have been peculiarly favourable to formation of clots. Mr. Croft concluded by demanding whether any symptoms of septicæmia were observed by Mr. Smith during his treatment of the case.

Mr. GOULD asked if any symptoms of carbolic acid poisoning had been noted. From personal experience he thought the effects described might be due to this cause.

Mr. MACNAMARA explained that the white corpuscles of the blood are destroyed after poisoning by carbolic acid. When examined in the dog they are found to be motionless, and it is possible that the clots formed were due to this action of the antiseptic agent on the leucocytes.

Mr. SMITH said the child was admitted into hospital Oct. 4. On October 14 no signs of carboluria had appeared, nor did they set in until three weeks after the later date. He had noticed in the Children's Hospital that in susceptible cases the symptoms of phenol absorption were early apparent, but in the case under discussion the gangrene had continued for one month before anything of the kind was observed. He thought, with the President, that the disease originated with chilblains, and this opinion was strengthened by the freedom of all other parts of the patient's body from both chilblains and gangrene. There was no septicæmia. The blood was not examined. The spleen was distinctly palpable. On admission the child's hands were colder and bluer than usual, and it was of the nature described as "flabby."

Mr. Thomas Smith on

### TWO CASES OF CONGENITAL CYSTIC HYGROMA.

Both patients were between three and four years old, with large cystic hygromata, occupying the right axilla, right side of the neck, and extending on to the upper arm. These were admitted into the Children's Hospital within a week or two of one another. In the one case inflammation was excited by the introduction of three carbolised catgut setons, in the other it had resulted from a blow. After a lengthy convalescence, in the first case of six months, and in the last case of five months, the patients were discharged, and were now, more than a year afterwards, cured, the tumours having shrunk so as to be unnoticeable. Mr. Smith remarked that since his published experience of the disease in the Bartholomew's Hospital Reports, he had seen a large number of cases, and had been still more convinced of the uncertainty of the prognosis in the disease where left to itself, as it at one time would make progress, and at another recede; indeed in the same growth, at the same time, one cyst would be increasing while another was drying up. In respect of treatment of a curative kind, he had nothing better to recommend than that of attacking the cysts with carbolised catgut setons, and thus exciting inflammation in them. Though this plan was not devoid of risk, yet it was less dangerous than removal, and much more reliable than injection by iodine tincture. He had never tried Morton's iodo-glycerine solution, but thought it promised well.

Mr. W. Haward thought the introduction of a seton the simplest treatment to pursue in these cases. Even it, however, is dangerous, but nevertheless, where necessary, it ought to be adopted. He related a case where extravasation of blood into a cystic tumour took place after a fall. The child was in fairly good health, there was little constitutional disturbance, and the large hygroma disappeared, even the parts not affected by the extravasated blood being absorbed in greater part. In another case a large axillary cyst, extending over the arm, underwent spontaneous cure without injury. He could not say certainly the patient had not fallen, and so excited absorptive action, but only that no inflammatory symptoms were noticed. It was observed, however, that *pari passu* with the decrease in size of the upper cysts the lower-situated ones grew more tense. Probably, as in hydrocele, &c., the irritation to which the cyst is subjected suffices to excite reparative changes. In all cases he thought it advisable to watch the progress of the tumour awhile before interfering in any way, since, as in nævi, the trifling injuries received by the patient in tumbling about may oftentimes be productive of spontaneous recovery.

Mr. Godlee remarked that a case had come under his treatment within the week in which a small tumour presented. It had rapidly increased to three inches in diameter; he removed it, being under the impression that it was a fatty tumour, but on examining stained sections of the small cysts composing it, he recognised typical lymphatic endothelial cells. Recovery took place rapidly.

Mr. Parker related the history of a case of hygroma treated at the Children's Hospital, Great Ormond Street, in which the tumour dispersed after the passing into it of setons, but refilled subsequently. Scarlet fever, however, occurring later on the child, the growths entirely disappeared. Sections of a deeply-seated tumour removed from another patient by Mr. Maunder, showed nucleated sarcomatous tissue with wide spaces existing in it, and unlike the kind mentioned by Mr. Godlee. In a third case a large single-cysted tumour yielded to treatment by setons, and dwindled to a small piece of flabby skin in three or four weeks. He considered Mr. Smith's case exceptional.

Mr. Howard Marsh.—The older surgeons were much troubled by these growths, the correct treatment of which Mr. Smith was the first to explain. Removal was attended with non-success, Mr. Cæsar Hawkins having been amongst those who failed in this way. Mr. Holmes, in pursuing this practice, had once been compelled to cut so deeply that he exposed three inches of rectum in the operation. He himself (Mr. Marsh) had once removed a cystic tumour from the cheek of a child nine days old, the operation being rendered imperative by danger of suffocation through spreading of the growth to the pharynx. He had to make an incision over the corner of the jaw and above the zygoma; then scooping out the temporal fossa, half the zygoma was cut away. Recovery took place. The growths are not limited to particular regions, but may be found on the arms, legs, thorax, &c., as well as on the neck. He agreed that the tumours should be left alone if possible, since dangerous and fatal symptoms, due to inflammation and exhaustion, may follow even the introduction of setons.

Mr. Parker added that he was at the time treating a woman for a tumour of the kind under discussion. He had partly emptied the cyst, and injected iodine solution into it. The operation was followed by pain.

Mr. Smith said operative procedure was essential in those cases where spontaneous cure did not arise in time to prevent all danger of suffocation. The risk was undoubtedly great. The position of the tumour was not a confined one, several instances in point having been recorded. The substratum of the tumour is adenoid tissue; and the disease may be found in both axillary spaces. That it may recur has been shown by Mr. Cæsar Hawkins, who relates a case of return after an interval of twenty years.

Dr. de Havilland Hall read an abstract of

### A CASE OF INTRA-THORACIC SARCOMA.

H. A., a youth of 19, was admitted into Westminster Hospital, under Dr. Hall's care, on December 5th, 1879. The patient stated that up till nine weeks previous to admission he had enjoyed good health, that he caught cold while playing at cricket, and that his illness began with languor and loss of flesh. He applied to a medical man, who told him that he was suffering from pleurisy. On admission he complained of slight cough, but with no expectoration, and of shortness of breath on exertion. Decubitus on the left side. Over the right lung there was good resonance on percussion, with puerile breathing. The left chest was absolutely dull up to the second rib, the dulness transgressing the median line; above second rib the resonance was somewhat boxy; posteriorly there was dulness to spine of scapula, and a tympanitic note above. The side was immoveable, with marked rounding, and there was bulging of the interspaces—vocal fremitus not quite absent. Breath sounds inaudible, except faintly at apex and along spine; a faint creak audible at angle of scapula. Heart impulse one inch to inner side of, and one inch below, right nipple; sounds clear. A diagnosis of pleural effusion was formed. The patient was accordingly tapped in two or three places, but no fluid followed, the end of the instrument being blocked up with a little "cheesy," flaky matter. Two days after admission a free incision was made in the fifth interspace with antiseptic precaution; on introducing the finger a mass of soft "cheesy" material was found in every direction; a drainage tube was left in the opening. No marked alteration occurred till December 21st, when the patient appeared much worse, suffering from shortness of breath, and he coughed up a little frothy rusty sputa. The next day there were the physical signs of pneumonia of the right base, and he died on the 23rd. The post-mortem examination showed the whole of the left pleural cavity was occupied by a soft brain-like mass, which microscopical investigation showed to be a round-celled sarcoma. The left lung was collapsed and lying along the spine. The heart was pushed over to the right; the outer border of the right ventricle extended five inches to right of middle line, the tumour itself extending two inches to the right of the same line. The lower lobe of the right lung was noncrepitant, and resembled damson cheese in colour and consistence. Dr. Hall remarked on the extremely short history of illness given by the patient. He pointed out that the physical signs were in every particular those of an extremely large pleural effusion, with the exceptien that vocal fremitus was not quite absent. He drew attention to the rapid growth of the tumour, as shown by the increase in the area of dulness and the displacement of the heart which took place under observation. He regretted that he had omitted to examine microscopically the so-called "cheesy" matter which adhered to the aspirator after it was withdrawn; examination of this substance would doubtless have sufficed for an exact diagnosis before death. The growth apparently sprang from the anterior mediastinum.

Dr. Douglas Powell.—The aspirator affords the only efficient means of diagnosis in cases of this nature. The pressure signs of lymphomatous tumours are not easily recognisable; they often surround vessels, and only at the last exert pressure on them. Hence puncture alone can afford any reliable information of their structure.

The **President** thought it a matter for regret that Dr. Hall had omitted to examine the material brought away by the aspirator-needle. He did not think it so easy as Dr. Powell suggested to diagnose fluid. He recollected two cases of the kind in Middlesex Hospital, in which puncture revealed no fluid, and the assumption was favourable to the existence of solid growths, whereas this was not their true nature. He agreed that the case under discussion was one of lymphoma. This differs from malignant disease, in regard to the pressure exerted on the contiguous structures.

Mr. F. T. **Tayler** described a case of pneumonia which had been twice tapped for fluid without positive result. It was seen by Mr. Haward, who introduced a very long needle, with which he was able to reach a collection of fluid. He concluded, therefore, that one or two punctures were not always sufficient to establish the certainty of diagnosis.

Dr. **Powell** inquired whether Dr. Hall had noticed any hæmoptysis in his case.

Mr. **Gould** explained that when he had tapped the patient as explained, the tube of the aspirator became plugged, and this led to the belief that it was impossible to reach the wall of the cyst.

Dr. **de Havilland Hall** said the belief in the sarcomatous nature of the tumour was founded on Mr. Butlin's opinion of its histological structure. A specimen of it lay on the table under a microscope. The history of the case opposed the idea of the growth being malignant. The previous health of the patient had been good. The illness had been sudden; there was pleuritic effusion, growing rapidly, and displacing the heart very much in a few days. On account of these symptoms repeated puncture seemed to be called for. There was no hæmoptysis.

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## HARVEIAN SOCIETY.

### March 18th, 1880.

The President, **Henry Power**, Esq., F.R.C.S., in the chair.

### MALIGNANT DISEASE OF THE HIP.

Mr. **Pepper** gave an account of a case of malignant disease of the hip, and exhibited a specimen. It occurred in a woman of 52, who had lost flesh, and who suffered great pain in her knee and hip on the right side. Pulsation was felt outwardly and per rectum. This pulsation was expansile. A bruit was heard locally. The tumour felt so much a fluid one that it was diagnosed as an aneurism, and the common iliac was tied, death being the result. Under the microscope a section of the tumour showed that it was an alveolar sarcoma, with great regularity in the distribution of the stroma and the cells.

Mr. **Frost**, Mr. **Bryant**, and Dr. **Fitzpatrick** spoke on the case, after which Mr. **Pepper** replied.

### THE VARIOUS METHODS OF DEALING WITH THE PEDICLE IN OVARIOTOMY.

Mr. **Knowsley Thornton** then read the paper of the evening on this subject. Having described the normal structures of the pedicle, he said it might also contain the round ligament, or the Fallopian tube. When it contained the tube it was well to remove it with the pedicle. In dealing with the pedicle there were three points to be attended to: (*a*) security against hæmorrhage; (*b*) not to irritate the nerves unduly; and (*c*) to see that the muscular fibres did not drag the stump out from the ligature. As to the different measures which had been adopted to attain these ends, he should follow Peaslee's plan of taking them chronologically. 1. Macdowell's plan of ligature, bringing the ends out at the lower angle of the wound; 2, long ligature, which was liable to leave a putrid mass in the abdomen; 3, transfixion of pedicle; 4, ligature of the vessels separately, along with the use of leather ligatures; 5, animal ligatures; 6, bringing the ends of the ligature out by the vagina; 7, torsion; 8, the écraseur; 9, the clamp, which is liable to leave a ventral hernia, and if the Fallopian tube is included there is apt to be bleeding at the menstrual periods—he approved of the clamp in uterine tumours; 10, acupressure; 11, figure-of-eight ligaturing; 12, actual cautery; 13, to cut peritoneal flaps; 14, forceps for torsion; 15, enucleation of the cyst; 16, Peaslee's knife and drainage tube. There were other slight modifications. Mr. Thornton then described his own practice, preferring the ligature and adopting Listerism, but adapting the treatment to the exigencies of each case.

The **President**, Dr. **Heywood Smith**, and Mr. **Bryant** spoke, after which Mr. **Thornton** replied, and the meeting then adjourned.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

### WEDNESDAY, MARCH 24, 1880.

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## THE LUNACY LAW AMENDMENT ACT.—III.

The most obnoxious feature in the whole of Mr. Dillwyn's highly distasteful Bill is perhaps contained in the 13th section, which makes it lawful for everybody to meddle with every other body's lunacy affairs, and opens the door to inconceivable confusion and turmoil in the future. By this precious section any person may obtain from the Commissioners in Lunacy an order for the visitation and examination of any person confined as a lunatic in an asylum, by two registered medical persons, and the Commissioners are bound to order the release of any lunatic who shall be certified by two medical persons, after two separate examinations, at intervals of not less than seven days, to be in their opinion harmless. Thus a few busybodies and lunatics' friends, aided by a couple of unscrupulous or conceitedly whimsical medical persons, might depopulate any asylum, and with impunity expose individuals to outrage and property to ruin, for no penalty attaches to an error in judgment as to the harmless nature of the lunatic set at large. Safety is not ensured by the proviso that the medical persons certifying harmlessness must be approved by the Commissioners, for it would be a most invidious step for the Commissioners to take to disapprove of any duly qualified medical man, and practically they would have to approve of every member of the profession who had not been shown to have behaved disgracefully in a professional respect. Any two doctors then would be in a position to liberate any lunatic when moved thereto, by any indifferent person, who may never have seen the lunatic, who may be actuated by a desire to annoy his friends and relations, or by a general antagonism to the lunacy laws. Any lunatic may institute any number of inquiries into the cases of any number of incarcerated lunatics, for the person obtaining the order of the Commissioners under this section does not require to be of sound mind, and any lunatic with a large circle of anxious acquaintances might be examined by a hundred brace of doctors in succession, for no limit is put to the number of orders that may be obtained from the Commissioners in any particular case, and they would have to go on issuing them as long as they were asked for. Does Mr. Dillwyn imagine that any lunatic asylum could be conducted under the conditions which would be created by this section? If he does so, he knows marvellously little of the subject on which he has undertaken to legislate. No respectable medical man would, for a day, consent to conduct an asylum in which he would have to be perpetually on his defence against all comers, in which his professional judgment was liable to be called in question at any moment and set aside by two irresponsible medical men with no experience in insanity. The department of private lunacy practice has been already made sufficiently irksome and disagreeable. The best men engaged in it desire to have done with it, and young men of ability and spirit, unless drawn into it by family ties, decline to enter it. The unfortunate lunatics, of course, suffer. It has been left for Mr. Dillwyn, however, to propose the utter ruin of a department of practice with which great names have been associated, and to hand over the insane of the higher classes to such needy and inferior persons as will submit to his ignominious regulations.

Section 16, which provides for the licensing of attendants, must be nugatory, or detrimental. It empowers the Commissioners to grant licences to attendants on the production of a certificate from the superintendent of an asylum that they have been employed by him for a period of not less than six months, and that he considers them qualified to undertake the care of lunatics. The Commissioners would probably see fit not to exercise the power thus conferred on them, and if they did do so their licences could not possibly be worth more than the certificates on which they were founded. They would simply amount to official records of the registration of these certificates, which, of course, would be of very varied value, according as they were obtained after long service in a large, well-organised lunatic hospital, under an able and energetic medical superintendent, or after six months' shoe-blacking in a small licensed house, and under a medical superintendent whose chief forte was smoking. But by the public all licensed attendants would be rated alike, and thus utterly ignorant and incompetent persons would obtain employment as readily as those who were well trained and expert. Far better than such licences are the testimonials which attendants now produce, which admit of infinite variations of light and shade, and which are given under a sense of personal responsibility. If attendants on the insane are to have licences that will really imply experience and certain moral qualities that are almost essential in those who are to have the care of lunatics, they must go through a period of probation much longer than that contemplated by Mr. Dillwyn, for two years is the shortest time in which they can learn their business, and they must have their proficiency in their work tested by examination, and their good dispositions established by the testimony of the officers under whom they have served. And of course, attendants who have gone through such education and trials will expect to be amply remunerated, and will probably be disappointed in their expectations. The true way, the only way to secure efficient, kindly, self-controlling attendants, is not by conferring sham licences upon them, but by paying them liberally and supervising them vigilantly. When by a generous scale of remuneration, by considerate attention, and assured retiring allowances, the service is made attractive to persons of a higher social status than that from which attendants are now drawn, there will be no need for licences. The scraps of paper that are required to improve the service on the insane are not licences, but bank notes. This does not seem to have occurred to Mr. Dillwyn.

A more illusory Bill than that we have been examining we have rarely encountered. It builds up bulwarks of pasteboard, and is honeycombed with defects. Should it by any unhappy chance become law, a sad blow would be administered to the true interests of the insane in this country.

## THE PROVIDENT DISPENSARY SCHEME.

As we intimated last week, a scheme has been drawn up by the Provisional Committee of the Metropolitan Provident Dispensaries Association, which has for its object the arranging on provident principles for the ordinary medical treatment of the industrial classes in due relation to the existing hospitals of London. The defects of the present mode of giving indiscriminate medical relief to all who care to have it are that, whilst about half the working men of London belong to friendly societies, the greater part of which provide medical assistance in times of illness for their members, on what is called the "club doctor system," their wives and children are totally uncared for, and are therefore relegated to the hospitals, the out-patients, departments of which are crowded by them. Correctly speaking, the motley group seen hanging about the doors and waiting-rooms of hospitals consist partly of the wives and families of the working classes, of the poorer class of clerks, and small tradesmen, but none of whom are paupers, or who can rightly claim to be treated as such, so it has come to pass that about one-fourth of the vast population of London are receiving gratuitous advice and medical treatment; it must, however, be acknowledged that this, for the most part, is of a very imperfect kind. It might have been thought that the delay and hardships inflicted upon the crowd of applicants would have acted as a deterrent; this appears not to be the case; and whilst the patients obtain only a fractional part of attention from the overworked medical officer in attendance, the cry is, 'They come,' prepared to brave the consequences of overcrowded and often infectious waiting-rooms, together with the serious loss of time which the system entails upon them—the equivalent of a money value often greater than that of consulting a medical man at his own home.

The arrangement proposed by the Provisional Committee to meet the evils of gratuitous medical services is that persons of every class who are intermediate between those who can pay the ordinary professional fees and the pauper, who is amply provided for under the Poor-law, should become members of provident dispensaries, on a co-operative mutual assurance principle, whereby they can obtain advantages similar to those possessed by the rich. Those who can attend at the "district dispensary" will have advice and medicine without undue delay; those who cannot will be assisted and treated at their own homes. Every member will also have an opportunity of selecting his own medical attendant, who will advise the family in all that concerns the prevention as well as the cure of disease. This is not only a perfectly feasible scheme, but in every way to be commended, since the average amount of sickness is tolerably uniform, and if it cannot be so exactly estimated as that of the average number of deaths at a given period of life, nevertheless a fairly accurate estimate can be made of the amount of sickness which is likely to occur amongst a given number of persons of known ages, occupations, and conditions. That calculations of sickness cannot be based on such precise laws as those of deaths is due to the simple fact that death is absolutely certain, and can be estimated accordingly, whilst sickness is more or less a matter of degree and opinion. Nevertheless, it is perfectly true that the average percentage of persons who will be visited with illness may be tolerably accurately calculated upon in advance from year to year. In the provident dispensary movement, then, the wage-earning classes, and those who cannot afford to incur the responsibility of a doctor's bill, may exercise their thrift and show themselves as above partaking of the doles of charity, for it must be a small minority of the working population of London who cannot afford to pay five or ten shillings a year to enrol themselves members of a district dispensary. From a political or practical point of view, it does appear quite worth while, as Lord Derby said, "to impress upon the working classes the duty of increased forethought and providence, as a matter not only of personal, but of national obligation." To the provident dispensary, then will be assigned its proper work, that of doing the ordinary work of the family doctor, whilst the hospital will act as the consulting physician or surgeon in all serious and difficult cases, for those who cannot afford to pay consultation fees, and it will also provide in-patients' treatment with the advantage of constant professional attendance and skilled nursing for the more urgent cases; so that whilst on the one hand the out-patients' departments of the hospitals will no longer be thronged with trivial cases, on the other those dispensary patients requiring a second opinion or clinical treatment will be at once relegated to the hospital best suited to afford them relief.

For carrying a scheme of the kind into effect, a preliminary outlay must be made; and the due remuneration of the medical officers provided for; after the dispensaries have obtained a fair start, and obtained their respective complements of members, there will be no difficulty on this score. But as there will be the necessary expense of providing buildings and other important accessories for carrying on the work of the provident dispensaries, it is proposed to form a Central Committee or Council, which shall be charged with a superintending duty throughout the metropolis, and to whom we may look to furnish every necessary accommodation, and on the most economical scale consistent with the objects in view.

The difficulty of the scheme does not consist so much in the manipulation of details as upon whom the onus of providing the outfit and other expenses necessary for founding provident dispensaries should be thrown. We certainly think it should partly fall upon those who are to benefit by them; otherwise, as it has been justly remarked, we should run the risk of destroying the self-respect and independence of those who will be partakers. The reform of the present system of medical relief should certainly be based upon the action of the friendly societies, societies including the self-governing branches of the larger organisations, such as the "Foresters" and "Oddfellows," which include, it is believed, about half the working population of London.

The Committee think that certain city parochial endowments might be pressed into the financial part of their scheme, and that some portion of dormant and misappropriated capital, derived from the bequests of ancient benefactors, might well be applied to furnish a solid basis for the work of self-supporting institutions of the kind now proposed.

Provident dispensaries will, under any circumstances, be a great gain to the medical profession, who will reap some remuneration in exchange for an immense amount of hard work that has been hitherto performed gratuitously. An enormous number of persons who now receive entirely gratuitous advice in the out-patient department of all our hospitals will be brought under contribution by it. The medical officer will be sure of making no bad debts, all payments being made not to the doctor direct, but to the dispensary. His popularity and usefulness in his own immediate neighbourhood will be increased, and his general position enhanced by the arrangements proposed by the Provisional Committee of the Metropolitan Provident Dispensaries Association, and we heartily wish the new scheme every success.

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## THE LATE ELECTION OF MEDICAL OFFICERS AT THE NATIONAL HOSPITAL FOR PARALYSIS AND EPILEPSY, QUEEN SQUARE, LONDON.

It is popularly supposed that the managing committee of an hospital exists as a committee in order to watch over the interests of the institution which the founders have bequeathed to its care. It might also be presumed that among those interests not the least in importance would be the choice of fitting medical officers, and that every hospital committee would be guided in such choice by the known antecedents of the various candidates, by the relative values of their testimonials, and last, but not least, by the opinion the existing members of the staff might express as to the fitness of any particular candidate.

It seems, however, that there is at any rate one hospital in London the committee of which is ready on occasion to make the interests of the hospital entirely subordinate to the puerile gratification of unreasoning prejudice. That unfortunate hospital is known as the National Hospital for Paralysis and Epilepsy, Queen Square, and was the first founded in England for the treatment of diseases connected with the nervous system.

Briefly, the facts of the case are these: Dr. Allen Sturge, who lately offered himself as a candidate for a vacant post on the staff of this institution had devoted himself during the years 1875-76 entirely to the work of the hospital, first as registrar, afterwards as resident medical officer and registrar combined, and had commended himself to the warmest approbation of both the committee and the staff. At the staff meeting which preceded the election, five out of the six members of the staff being present, Dr. Sturge was unanimously recommended to the managing committee for the *senior* of the two vacant assistant-physicianships. The other candidates, it should be said, had neither of them been connected with the hospital or done any work in the department of nervous diseases. But there remained one stubborn fact, which in the eyes of the National Hospital Committee far outweighed all Dr. Sturge's antecedents and testimonials, and made the opinion of the staff count as dust in the balance. He is married to a lady of his own profession! and therefore can no longer be expected to do his work with the same zeal and efficiency; indeed, he must now be looked on as altogether incompetent to treat those diseases which for five years have formed the chief subject of his studies, or to be entrusted with the responsibilities of a Physician at the National Hospital. So reasoned the Committee, and after a series of meetings extending over three weeks—when, if we may judge from the sequel, some faint shade of doubt as to the justice and propriety of the act they contemplated, and the verdict of the public thereon, must have crossed their minds—they decided to request Dr. Sturge to spare them the onus (or shall we say the odium?) of refusing the one candidate possessing every qualification for the appointment under consideration, and they deputed one of the staff to call on him and suggest that he should withdraw his application. This generous suggestion on the part of the Committee was not accepted, and the Committee of the National Hospital, who thereupon elected two of the junior candidates, have now to bear the odium of an act equally discreditable to the intelligence and to the moral sense of its members.

We trust that neither the medical profession nor the public will let this matter drop without the strongest protest. The staff of the hospital, composed as it is of some of the highest names in our profession, cannot, consistently with its own honour and dignity, submit quietly to such treatment from a Committee which is in reality its debtor. The public has already begun to be roused, and the first idea of many will be that an hospital so grossly misgoverned cannot expect its subscribers to continue their support.

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## THE LOCAL GOVERNMENT BOARD AND THE DRUG SUPPLY OF IRISH UNIONS.

Some months ago we called attention, not for the first time, to the subject of the supply of drugs to the unions of Ireland. We then made brief allusion to the form of tender authorised by the Local Government Board. We shall now place before our readers a little more information about this document. There are 649 articles of the materia medica enumerated in it, and of these 109 are not in the British Pharmacopœia, but have been retained from antiquated editions of the Dublin one. They are such articles as *Linimentum Aeruginis*, *Aloe Hepatica*, *Extractum Fuliginis*, and the like. We have further found about two hundred articles which are useless for, or unsuited to, dispensary practice. Thus nearly half the list might be cut off at one stroke, and after that it might very well be further pruned of redundances.

But if the tender-form errs in excess its errors in defect are no less obvious. It contains none of those convenient forms for dispensing which have been recently introduced into pharmacy. As the tender we had under examination was a copy of one which had been accepted by a board of guardians, and the prices were marked, we have compared them at some length with the published price list of the London General Apothecaries' Company. This company is essentially a co-operative association of medical men, the object of which is to supply the shareholders with medicines of good quality at the lowest prices. The list prices are subject to a discount of 12½ per cent. to shareholders, and the profits are such as to pay 8 per cent. on the capital. It may, therefore, be concluded that the prices fairly represent the market value of good drugs. Now we have compared the prices in the General Apothecaries Company's lists of 87 articles in constant use with the prices of the same articles in the tender above referred to, and the latter were *thirty-seven per cent.* below the other. The price of the tinctures was *forty* per cent. lower.

It is impossible, without using language which would be "unparliamentary," adequately and truthfully to characterise the conduct of a governing body which can tolerate for years such a state of things as this examination reveals. We have in this journal dwelt, *usque ad nauseam*, on the effect of the apathy and obstructiveness of the Local Government Board upon the sanitation of Ireland; but here is revealed, if possible, even a worse dereliction of duty. Here is the care of the supply of medicines on whose purity depends the efficiency of the entire Poor-law Medical Service relegated to some subordinate who manifests total ignorance of the changes which have taken place in the Pharmacopœia during the last thirty years, and who has not the remotest idea of what the requirements of dispensary practice are, while worse than all, year after year medicines are supplied of the quality represented by such scandalous contract prices as we have given a sample of.

When articles of food and clothing are tendered for, samples are laid before the board of guardians for inspection, so that there is some check upon the dishonesty of contractors, but the quality of the medicines is utterly uncontrolled. They may be anything, and we believe that in the majority of instances they are valueless as therapeutic agents.

We would direct the attention of our readers to a paper by Dr. Wallace, of Parsonstown, in another part of this journal, "On the Supply of Pure Drugs." He treats of the subject from a dispensary officer's point of view, and his suggestions are well worthy of adoption. But the matter is one which calls urgently for the pressure of public opinion to be put on the Local Government Board. It is pitiful when a public body must be goaded on to do its work and fulfil its obligations. But thus it is. One cannot help asking, *What might have been?* had the Board risen to the height of their magnificent opportunity for benefiting Ireland.

But we have not done yet with our detail of the miserable mismanagement of Irish affairs. It might have been expected that at least the Adulteration of Drugs Act would have been put in motion to bring to light the wholesale adulteration of drugs which must be going on. That Act authorises the examination of drugs by the "county analyst." But when we come to inquire, it turns out that in some twenty-eight instances that public functionary is represented by a ubiquitous professor who is equally at home in chemistry, analysis of food and medicine, and sanitation. His greatest admirers may, however, be pardoned for questioning whether even his versatility is capable of doing justice to the analytical duties of nearly the whole of Ireland.

# Notes on Current Topics.

## The Surgeoncy to the County Dublin Prison.

Dr. William Carte, J.P., Surgeon to the Royal Hospital, which is the Chelsea Hospital of Ireland, has been appointed to the Surgeoncy of Kilmainham Gaol, vacated by Dr. Rutherford Kirkpatrick.

The appointment will be generally approved, for Dr. Carte is in every way fitted for the discharge of the duties—has the advantage of living quite close to the gaol, and has acquired, by his services in the army and in the Royal Hospital, an undoubted claim to any public promotion within his department. The circumstances of the appointment are, however, peculiar, and as an illustration of the very eccentric proceedings of the newly constituted General Prisons Board for Ireland, are worth recapitulating. Some two years since, Dr. Kirkpatrick asked for leave, and named Dr. Henry Fitzgibbon as his *locum tenens*, which arrangement was approved by the Prisons authority, and Dr. Fitzgibbon accordingly entered on the duties, and performed them with the full concurrence and approval of those authorities. After a time Dr. Kirkpatrick found it necessary to resign his office, which he did by letter, to which communication he received, we believe, no answer. He, however, did not resume the duty which Dr. Fitzgibbon continued to discharge, and for which he was paid over Dr. Kirkpatrick's head. After a long time, Dr. Fitzgibbon asked for leave and suggested a *locum tenens*, upon which the General Prisons Board wrote to say that the application should be made to Dr. Kirkpatrick, the medical officer of the prison. That gentleman immediately repudiated any responsibility in the matter, pointed out that he had resigned long previously, and had never since then done the duty or received the pay, and declined to give or refuse the leave asked by Dr. Fitzgibbon. Thereupon the question dropped, and things went on as before, Dr. Fitzgibbon doing the work and receiving the salary, but not being regularly appointed.

As it afterwards appeared, the Prisons Board and the Treasury were, during this period, engaged in a snarling secret correspondence over the matter. The Treasury, with the insolent bureaucracy for which it is noted, refused positively to appoint *any* surgeon to the gaol, and wrote a letter to the Prisons Board, in which it set forth in so many words and without circumlocution that it was its intention to force the City Prison medical officers to do the County Prison work (no salary being at any time proposed for such duties); that it was aware that the Act of Parliament protected these officers from such imposition of extra duty, but that, nevertheless, those officers were to be informed that—if they refused the new and gratuitous functions—they would be dismissed from their present offices.

It will hardly be believed that a public department should promulgate such an order, but we can vouch that they did so. To such a letter these officers sent a reply which, we believe, threw upon the Prisons Board the onus of carrying out their threat if they dared.

They did *not* dare; but not long afterwards they promulgated an order fixing the salaries of prison surgeons in Ireland, and setting down that of the Kilmainham surgeon at £100 a year, this being the first hint given by the Board of their intention to pay any salary at all for the medical service of the County Dublin Gaol.

All this time Dr. Fitzgibbon continued to perform the duty and receive the pay until he was—without preface or parley—informed that Dr. Carte had been appointed to his office.

Was ever such a story of departmental incompetency, confusion, and bureaucracy? It suggests doubts of the existence of a head in the Prisons Board, and confirms the conclusion that there is no such thing as a fair—just—business-like policy in that department.

While we adhere to our opinion, Dr. Carte is in all respects well suited for his new office, we sympathise warmly with Dr. Fitzgibbon in the scandalous treatment to which he has been subjected. No private employer would either desire or dare to treat his *employé* in this way, and inasmuch as we fully believe that it is the aggregate of these transactions which makes up the sum of the unpopularity of a Government, we look upon the frequent repetition of such display of arrogant imbecility as the premonitions of a coming downfall.

### The late Thomas Bell, F.R.S.

On Saturday, the 17th inst., died one of the best known of the English biologists who date their scientific studies from an association with medicine. The late Thomas Bell was for a long time in the enjoyment of extensive practice as a surgeon-dentist, and occupied the position of Examiner in Dental Surgery in the Royal College of Surgeons of England. He became Member of that corporation in 1815, and honorary fellow in 1844. His professional studies were prosecuted at Guy's and St. Thomas's Hospitals, at the former of which he was some time Dental Surgeon and Lecturer on Dental Anatomy. It is, however, as a zoologist that Bell's name will be longest remembered, his treatises on "British Reptiles" and "British Quadrupeds" being even yet standard works. In 1832 he was made Professor of Zoology in King's College, having four years previously had conferred on him the distinction of election into the Royal Society. Of this body he was Secretary from 1848 to 1853, and from 1853 to 1861 was President of the Linnæan Society. The later years of Professor Bell's life were passed at the house immortalised by Gilbert White, "The Wakes" at Selborne, the place having been sold to him by the great nieces of the naturalist. Bell's latest work was a sumptuous edition of the "Natural History of Selborne," he having attained his eighty-fourth year on its publication. Of his more technical writings the best known is a volume on the "Anatomy and Diseases of the Teeth."

### Westminster Hospital.

H.R.H. the Prince of Wales presided at a dinner held on Saturday week at Willis's Rooms in aid of a fund for the improvement of parts of Westminster Hospital. That this is a very necessary undertaking is apparent to all who are acquainted with the arrangements of the medical school attached to the institution, and the out-patient rooms of the hospital itself. The initiative set by Charing Cross Hospital may with advantage be followed at Westminster, for the close contiguity of the school buildings to the wards of the charity cannot be productive of anything but injurious consequences. Already some £2,500 has been subscribed towards the amount necessary. We trust there may be no desire to obtain an extravagant sum of money before the changes so pressingly necessary are commenced.

### Death of the West Kent Coroner.

Mr. W. Carttar, the Coroner for West Kent, died on Friday morning last, after a lingering illness, at his residence, Blackheath Road, Greenwich. Mr. Carttar had been in office over forty years. He presided over the inquiry into the Penge murder, and also over that held after the disastrous Princess Alice collision on the Thames. The late coroner was not a medical man, but a member of the legal profession.

### Novel Antisepticism.

Dr. R. J. Levis, Surgeon to the Pennsylvania Hospital, claims, in a paper contributed to the New York *Medical Record*, to have invented an antiseptic method of dressing wounds. Apparently he uses no spray or other protective, either during or after operation, but having inserted a drainage tube and secured the flaps of the wound, he next, with a Davidson's syringe, "washes out the wound very thoroughly with carbolised water, forced in through the openings between the sutures. . . . . The water, which contains carbolic acid in the proportion of one to forty, is pumped in until it gushes out between the sutures and carries with it all the clots and bone dust that may still lie between the flaps. The end of the syringe is inserted into various openings successively, until the distended cavity is thoroughly cleansed and filled with the antiseptic solution. The water is not pressed out, but a piece of lint, saturated with carbolised oil, is applied, and a firm bandage adjusted. By this means putridity and suppuration of the wound are prevented as much as possible, for decomposing clots are prominent factors in preventing union and causing suppuration." Dr. Levis claims that he is able to produce the best results with this method, a case of amputation at the middle third of the thigh so treated having recovered sufficiently to leave hospital in two weeks. We imagine many old country surgeons will be not so entirely unfamiliar with the rough-and-ready antiseptic treatment described above; and equally we incline to think those who resort to it will not be reckoned by the antiseptic practitioner as being members of *his* school. That Dr. Levis can obtain one good result by his method should be taken as peculiarly fortunate by him. That he will be often successful we venture to doubt, unless he has omitted to detail other essential precautions observed by him.

### American Opinion of the Professional Status in England.

In a recent number of the *Philadelphia Medical Times*, a leading article is devoted to considering why the status of the medical man in England is lower than that of his brother across the Atlantic. The conclusion arrived at is that medicine will never be able to compare favourably with the other learned professions until it is placed on a basis similar to them—that is, "Until there are medical lords who have a right to speak upon the floor of the House of Lords, and who shall exert an influence on the decision of all questions of State medicine, comparable to that of the law lord in legal questions." Only then, concludes the *Times*, can the medical profession of Great Britain "expect to control the Governmental action as they do in America, or be recognised by the mass of Englishmen as entirely the peers of members of the other professions." Whatever truth there may be in these remarks, we are ourselves of opinion that the adventitious aid of handles affixed to the names of a few will not materially advance the general professional dignity. One of the most powerful engines in this direction would be a union among medical men by which common aims would be advanced and the elevation of the whole class be secured. To the want of cohesion among the members of our profession, and the absence of any centralisation agency, is due much of its inherited weakness.

## The Irish Elections in their Medical Aspects.

We referred last week to the intention of some of our medical brethren to compete for seats in England and Scotland, and we have, to-day, something further to say to Irish medical electors.

To the medical sections of the constituencies of Kildare, Galway, Longford, and Leitrim we would especially appeal for their warm support for Mr. Meldon, Mr. Mitchell-Henry, Dr. Ward, Mr. Errington, and Dr. Brady. Mr. Meldon, though not *one* of ourselves, we put in the foremost rank, as deserving of the most active exercise of interest in his behalf by every Irish medical man. To his aid the Irish Medical Association is indebted for almost all that it has been able to do in the way of Poor-law medical reform in Parliament, and we understand that the Council of the Association has, last week, indicated their appreciation of Mr. Meldon's services by a formal resolution recommending him to the medical electors of his constituency. It was Mr. Meldon who stood sponsor for the Vaccination Act of last year, who conducted our parliamentary proceedings about the Public Health (Ireland) Act, and who now has charge of the Registration of Births and Deaths Bill, and his advice and assistance have been—we can say with truth—invaluable to the Irish Medical Association, while it was most kindly and willingly given on all occasions.

Mr. Meldon has manifested, to our knowledge, great legislative ability, which of itself ought to entitle him to the suffrages of his constituency, and we earnestly hope there will not be found a medical voter in Kildare either reticent or lukewarm in his support of Mr. Meldon. In medical affairs Mr. Errington has also displayed great interest and unwearied industry, and has taken up the case of the Irish prison surgeons with warmth, and it would be a serious loss to the medical profession if any circumstances prevent his return for Longford. Mr. Mitchell-Henry, Dr. Ward, and Dr. Brady have not identified themselves with medico-political legislation to as great an extent as Mr. Meldon or Mr. Errington, but nevertheless it is of great importance that they should retain their seats, because they have always willingly helped us when their aid was desired and asked, and their co-operation will be greatly needed in the coming Parliament. Dr. Brady has more than once sacrificed his time and his convenience to do the work of the profession in Ireland and of the Irish College of Surgeons, and is in every way deserving of support.

We earnestly trust that our medical brethren will have the courage of their convictions in the coming contest, and will keep before their minds the interests most near to their hearts. What can it matter to them the political views of a member, comparatively to the imperative necessity of maintaining and reinforcing the parliamentary influence of our profession?

Let Irish medical voters not forget that Bills are before the House which will, if passed, protect them from the abuses of Poor-law medical relief, give them fair superannuation and an excellent registration system, and that they are *bound* to secure adequate support for these measures by voting for and aiding the parliamentary supporters of our profession, no matter who else may seek their suffrages.

## The Dental Profession in France.

We are glad to see that at last there seems a fair prospect of an improvement in the dental branch of the profession in France. It has long been a matter of wonder why in a country where the education and status of the medical profession generally leave little of serious importance to be desired, dentistry has always been ignored by medical authorities, and has been relegated by common consent into the hands of charlatans. The number of dentists in France holding a diploma indicating professional education is extremely small, and this number is mainly composed of foreigners—Englishmen and Americans. We also believe that there is no school of dentistry in France, and lectures or instruction on the subject are, as a rule, not provided at the medical schools or hospitals. Thanks to the efforts, in the first place, of Dr. Mordaunt Stevens, of Paris, an old student of the Dental Hospital of London, this deplorable state of things appears likely now to undergo a change for the better. A society has been formed, styled "La Société Syndicale des Dentistes," to which many of the most respectable French practitioners have united themselves, and this society will have the object of elevating the profession, of removing the abuses which exist, and of placing dentistry in France upon an improved footing, such as it has taken in this country, and which its importance to the public makes it urgently desirable it should occupy. We wish all success to this new society, and we shall watch its progress with interest and sympathy.

## A New Anæsthetic for Dental Surgery.

At the last meeting of the Edinburgh Odonto-Chirurgical Association, Mr. W. B. Macleod brought under the notice of the Society a new combination anæsthetic which he had been using for some time past in his private practice with very successful results. It consisted in combining the administration or the exhibition of ethydene dichloride in nitrous oxide gas. The manner of administration was simple. It consisted solely of placing a small piece of sponge, retained in position by a clip within the way-tube or supplementary bag of the nitrous oxide inhaler, leaving sufficient space on each side of the sponge for the free passage of the nitrous oxide into and out of the bag. Only a very small quantity of ethydene dichloride was required, viz., about half a drachm. The time of inhalation to produce anæsthesia measured from 60 to 70 seconds, and the time of complete anæsthesia—during which time the sensation was said to be more profound and agreeable than when induced by nitrous oxide gas alone—was from 1½ to 2½ minutes, which embraced a period of time sufficient to enable most of the operations required in dental surgery to be comfortably performed. He further mentioned that in all cases in which he had used this anæsthetic, upwards of 16 in number, there had been a complete absence of sickness, and only one case in which there might have been said to be the slightest approach to stertorous breathing. The pulse was slightly more accelerated than normal, but was full and strong, and there was the absence of lividity which renders the administration of nitrous oxide so disagreeable, and in some cases repulsive, to the onlooker, the lips alone on the removal of the face-piece presenting in any case—and that only occasionally—the faintest appearance of lividity. It had also this decided benefit over the single administration, that it produced a relaxation of the muscles, so contrary to the almost spasmodic rigidity induced by nitrous oxide. The society resolved to experiment with this anæsthetic.

## Abuses of Charity Voting.

We regret to observe that the *Exchange and Mart*, which journal, as our readers may remember, had announced its intention of establishing a department for the sale of what is called "charity" votes, persists, in spite of our remonstrance, in encouraging this nefarious traffic, and is about to open the market for votes in its next issue. If the *Exchange* is not already convinced of the impropriety of engaging in a traffic which itself admits to be objectionable, we cannot hope to influence it by pointing out that the giving of a vote to an undeserving object is equivalent to the stealing of the money of the "charitable" institution upon which that undeserving object is quartered perhaps for life. But we hope that the lesson will not be lost upon the managers of *soi-disant* charities, who will now have no excuse for pretending to be ignorant of the means by which the benefits of their institutions are bought and sold. They will have no difficulty in ascertaining the extent of this vile traffic from the pages of the *Exchange and Mart*, and, if they continue to permit the prostitution of their charities to undeserving objects, they will deserve the "scourge of small cords" which was once used with those who made our "Father's house a house of merchandise."

## Perinephric Abscess opened by Thermo-Cautery.

At a recent meeting of the Paris Hospital Medical Society (*Le Praticien*), Dr. Duguet brought forward the case of a young man, æt. 36, admitted under his care in December. He had for twelve days been suffering from fever, emaciation, loss of appetite, and violent pain in the right renal region. On his admission his face was drawn, temperature 39° C. (102·2° F.). There was fixed pain without thickening or swelling, in the right lumbar region. Fifteen leeches were applied without relief. On January 2 swelling and œdema were evident, and on the 12th fluctuation was manifest. Local anæsthesia having been produced by cold, an incision seven to eight centimetres long was made by means of the thermo-cautery parallel to the last false rib on the right side, and one centimetre below it. On attaining a depth of six centimetres there flowed from the incision about half a litre of thick pus. The general symptoms rapidly improved, and cure was complete in less than 40 days from the beginning of the trouble. By a singular coincidence two other precisely similar cases were admitted at the same time to the Tenon Hospital. These two cases were evidently caused by cold and fatigue, but a similar etiology could not be proved for the above case. These two other cases were also opened by means of the thermo-cautery, and recovered without complication.

Mr. Christopher Heath, F.R.C.S., of University College, has been elected Chairman of the Board of Examiners in Anatomy and Physiology at the Royal College of Surgeons of England,

## The Physician to the Queen in Ireland.

Her Majesty has selected Dr. John Banks for the distinction of Physician to the Queen in Ireland, vacated by the death of Sir Dominic Corrigan, and Her Majesty's choice receives the entire approval and concurrence of the profession. Dr. Banks has long held a very high rank as a physician in Dublin, and his relation to the Richmond Lunatic Asylum as its Visiting Physician has secured for him a special repute as an authority in mental disease. He occupied for many years the Professorship of Practice of Medicine in the School of Physic of the University of Dublin, and still retains his appointment as Physician to the Richmond, Whitworth, and Hardwicke Hospitals. Dr. Banks has served the office of President of the King and Queen's College of Physicians, and is a Senator of the Queen's University, and, in the profession, there is perfect accord as to his just claim to the distinction which Her Majesty has conferred upon him.

## The Health of Ireland.

The mortality during the week ending March 13th in twenty large English towns, inclusive of London (in which the rate was 20·5), was equal to an annual average death-rate of 21·4 per 1,000; in Glasgow the rate was 26·3; and in Edinburgh, 17·9.

The average in the sixteen principal town districts of Ireland was 34·3, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Sligo, 15·0; Newry, 17·6; Queenstown, 18·0; Dundalk, 19·2; Galway, 21·1; Limerick, 29·4; Belfast, 31·7; Drogheda, 33·9; Dublin, 35·0; Lurgan, 37·0; Londonderry, 37·0; Wexford, 37·8; Waterford, 39·1; Kilkenny, 42·1; Cork, 43·0; and Clonmel, 90·1. A death from small-pox was registered in Belfast, where also 5 more deaths from whooping-cough were recorded. There has been a further decline in deaths from scarlatina in Cork, only 4 having been registered during the week. At Drogheda measles is epidemic.

## Death from Hydrophobia.

In Rostrevor, on Saturday week, a man, named Peter Neill, æt. 38, died in his own house from hydrophobia. Last harvest the deceased, while herding cattle, was bitten by his dog on the thumb, and on Wednesday he was taken ill, and died on Saturday in dreadful agony.

## Royal Belgian Academy of Medicine.

The *Progrès Médical* gives the following list of the prize questions of the Royal Belgian Academy of Medicine:

1. The history of the diseases of the nervous system, especially epilepsy: April 1, 1880.
2. The material and psychical effects of alcoholism, both on the individual and his descendants: July 15, 1880.
3. A comparative investigation of rickets, osteomalacia, and *cachexie ossifrage* in the domestic animals: May 1, 1881.
4. The nature and influence of innervation on the nutritiyn of tissues: January 1, 1881.
5. The influence of desiccation, used as a means of con-

servation, on simple medicinal substances of the vegetable kingdom: February 1, 1882.

6. The influence of animated germs in the etiology of diseases: January 1, 1883.

### The Torbay Infirmary.

A SERIOUS disturbance has occurred at the Torbay Infirmary, in Devonshire, ending in the resignation of the resident surgeon, who refused to submit to the dictation of the lay officials respecting the technicalities of his duty. Attempts were made to interfere with the authoritative action of the medical officer in respect to the treatment of the patients in his charge, and the consequences have been somewhat similar in kind to those which have followed lay opposition at Guy's Hospital. We propose to lay an analysis of the whole occurrence before our readers at an early date, for the instance points afresh to the impropriety of reposing any authority over the professional conduct of hospital charities in the hands of the non-professional and purely business staff.

### Food for Semi-starved Children in Ireland.

MRS. LALOR, of Rutland Square, Dublin, has issued a circular to the leading members of the profession in Ireland, in which she appeals for funds to enable her for the present to improve and increase the dietary of poor children throughout Ireland.

The appalling cases Mrs. Lalor has witnessed of little children dying out slowly and patiently through a course of semi-starvation on insufficiently nourishing food, and the difficulty experienced in bringing some round from their lethargy and inability to digest any solid food, has led her to consider what a grave question arises for the future of Ireland in the survival of the strong ones after having passed through a crisis of six months' insufficient diet on Indian meal alone, which will develope many diseases to which children, through their scrofulous tendency, are peculiarly liable, and which are already showing in some districts.

Mr. Lentaigne, the Inspector-General, states the average school attendance this last quarter has lessened 37,000, "through want of clothes and illness, consequent on distress." If not saved *at once*, these future fathers and mothers of Ireland can never develope the healthy brain and muscle to fight later the battle of life.

Mrs. Lalor proposes to collect funds to give these little ones, until the end of June, one good nourishing meal of bread and milk, or ox-head soup and bread, or oatmeal stirabout and milk, according to the districts, and by giving this in connection with the schools, Catholic and Protestant, wherever *real*, undoubted distress exists, it will ensure education as well as food.

This scheme has the hearty approval of Her Grace the Duchess of Marlborough, of the Lord Mayor, also of the *New York Herald* Fund. They are now considering how to assist it through their existing organisations.

Pending further arrangements, Mrs. Lalor started 1,000 children in the most distressed districts, and for £20 a week she can feed 1,000 children. We wish her enterprise every success.

### Death from Chlorine Inhalation.

AN inquest was held last week in Dublin by the City coroner, on the body of a man who had been suffocated by the fumes of chlorine gas, while the process of disinfecting his bedroom was being carried on. It appeared from the evidence that the deceased, who was fifty-one years of age, had been for some time past confined to bed by illness, and was of weak intellect. A medical order having been obtained by the sanitary authorities for the disinfection of his room, they proceeded to his residence, having delayed the execution of the order for a few days owing to deceased's illness. They arrived during the absence of the sister, who lived with him. They brought him out of the room into the hall, and left him standing there while they disinfected the room. They closed down the window, and when they had finished they told him it would be certain death if he went into the room for six hours. He promised he would not, but no sooner had the man left than he ran into the room and pulled down the window, and immediately afterwards was seen standing at the door suffocating.

### The Naval Medical Service.

AT the recent examination, held in London, five candidates presented themselves for admission to the Medical Department of the Navy, and a contemporary informs us that even these five failed to convince the examiners o their competence for the Service. After this, there surely can be no question about the necessity of an inquiry into the best means of making her Majesty's Naval Medical Service more attractive to fully competent members of the profession; and we are glad to hear that such an inquiry is about to be instituted.

### Treatment of Neuralgia by Aconitine.

IN a recent number of *Le Praticien* is a *résumé* of a work by Dr. Oulmont, physician to the Hotel Dieu, on the use of aconitine in neuralgia. Dr. Oulmont says that aconitine succeeds perfectly in certain forms of essential facial neuralgia—that is to say, not connected with other lesions, not markedly intermittent or periodic; in fact, congestive neuralgias, as Dr. Gubler calls them, generally supervening as the result of cold. In these cases aconitine effects cures with great rapidity in two or three days. He has seen a case of facial neuralgia seven days old, without well-marked periodicity, which had resisted sulphate of quinine, yield instantaneously and definitively to one quarter of a milligramme of nitrate of aconitine.

Success is more marked and more rapid in recent than in old neuralgias. He can mention, however, cases which had lasted one month, two months, and five years, which have been cured; the first in seven days, the second in three days, and the third in three weeks. Aconitine is not without action in secondary neuralgia and hyperæsthesia, such as is seen in dental caries, caries of the temporal bone, internal otitis, paraplegia, &c. Acute articular rheumatism treated by aconitine has given good results. In four individuals, to whom the remedy was given in the dose at first of half a milligramme, rising to one and then one and a-half milligrammes, cure was effected once in eight days, and the second time in ten days. In the other cases cures were also effected, but only on the fifteenth and eighteenth days, and the dose of the remedy was raised gradually to two and two and a-half milligrammes. In neuralgia of the trigemini, Gubler says the effects are truly marvellous.

Dr. Oulmont concludes that aconitine is a well-defined remedy, which acts in man surely and regularly, but on account of its energy it must be used in very small doses and at long intervals. Where neuralgia is accompanied by well-defined intermittent and periodical attacks, it is necessary to combine quinine with the aconitine.

## The Structure, Development, and Significance of Tubercle.

At a recent meeting of the Academy of Sciences of Paris (*France Médicale*) MM. Kiener and Poulet made a communication of researches on the structure and development of tubercle in man and in inoculated animals, which have led them to the following results :—

A. *Structure of tubercle in tissues of connective structure* (Serous membranes, pleural and peritoneal new membranes, pia mater, articular synovial membranes, marrow of bones, lymphatic ganglia).—Tubercle in these tissues is sometimes simple, sometimes conglomerate, sometimes infiltrated ; it answers to both types of structure, cellular and fibrous.

I. *Cellular tubercle.*—1. Simple form. In its simplest form tubercle, invisible, or scarcely visible to the naked eye, is formed by a spherical or fusiform swelling of a blood vessel, more rarely of a lymphatic, and by the agglomeration round this swelling of a certain number of cells. If it occurs in a capillary with a single coat, the vascular swelling consists of hypertrophy and hyperplasia of the endothelial cells of a limited portion of the vessel. If it occurs in a capillary with two or three coats, the vascular swelling is produced—first, by an active proliferation of endothelial cells which are arranged like stratified epithelium ; and secondly, by the formation of an embryonic connective tissue at the expense of the external coat of the vessel. 2. Conglomerate form. Conglomerate tubercle, the size of which exceeds that of a millet-seed, is formed by a plexiform intrication of capillaries which have undergone the changes described above. 3. Infiltrated form. Infiltrated tubercle consists of granulation tissue provided with a rich network of capillaries, most of which have a many-layered endothelium, and some of which are transformed into vitreous cylinders or follicular bands.

II. *Fibrous tubercle.*—A series of intermediate forms mark the transition from cellular tubercle to fibrous tubercle. As the progress of the tubercle becomes more chronic, fibrous neoplasm is substituted for embryonic neoplasm.

B. *Structure of tubercle in glandular organs.*—In the glands, the interstitial may alone be concerned, and may give origin to tubercles whose structure is analogous to that of tubercles of the connective tissue. But in other cases the glandular element participates in the formation of the tubercle. It is thus that the seminiferous tubercle of the testicle or the bronchiole of the lung, filled and distended by the products of epithelial proliferation or by pus, constitute a kind of nucleus around which the interstitial tissue transformed into embryonic tissue presents the appearances characteristic of the vascular change, vitreous capillaries and follicles.

C. *Development and course of tubercle.*—Considered as to development, the tubercular neoplasm passes through two successive phases : 1. Formation of nodules. The nodules develope most often on the course of tubular canals, blood and lymphatic vessels, tubes and excretory ducts of glands, are constituted partly by proliferation of the endothelial and epithelial cells of the canal, and partly by a new formation of embryonic or fibrous connective tissue at the expense of the external coat of the canal. 2. Hypertrophic and degenerative stage. The various anatomical elements of the newly-formed embryonic tissue or the pre-existing elements of the normal tissue show a tendency to hypertrophy and to fuse together to form giant cells. This hypertrophic tendency is principally manifested and generally begins in the epithelial elements of the glands and the endothelial elements of the vessels. It ends in a special vitreous degeneration of the anatomical elements and consequent obliteration of the vessels. This in its turn leads to fatty degeneration and irremediable destruction of tissues.

D. *Pathological significance of tubercle.*—The nodular change in the tubular canals of the organs and tissues, as well as the invading progress of the degeneration, differentiates the tubercular process from other inflammations of either a common or specific cause, in the products of which are equally found giant cells and vessels affected with endarteritis and periarteritis.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 16, Brighton 18, Edinburgh 18, Sheffield 19, Wolverhamption 19, London 21, Bradford 21, Bristol 21, Newcastle-upon-Tyne 21, Leeds 22, Birmingham 22, Salford 22, Liverpool 23, Oldham 23, Nottingham 23, Hull 24, Leicester 25, Sunderland 25, Norwich 25, Glasgow 26, Manchester 26, Plymouth 31, and the highest rate in Dublin 36.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 1·5 in Brighton, to 5·9, 6·0, and 9·0 in Hull, Dublin, and Plymouth. Measles showed the largest proportional excess in Plymouth, Hull, and Nottingham ; scarlet fever in Sunderland, Dublin, and Bradford ; and whooping-cough in Salford, London, and Manchester. Small-pox caused 13 deaths in London, 7 in Dublin, but not one in any of the other large towns.

In the principal foreign cities, the annual rates of mortality, according to the most recent weekly returns, were —in Calcutta 31, Bombay 37, Madras 40 ; Paris 33 ; Geneva 23 ; Brussels 30 ; Amsterdam 39, Rotterdam 29, The Hague 29 ; Copenhagen 25 ; Stockholm 33 ; Christiania St. Petersburgh 51 ; Berlin 25, Hamburg 31, Dresden 21, Breslau 32 ; Munich 38 ; Vienna 33, Buda-Pesth 36 ; Rome 52, Naples 52, Turin 34 ; Venice 32, Alexandria 35 ; New York 25 per 1,000 of the various population. Small-pox caused 55 deaths in Paris, and fever 77 deaths in St. Petersburgh.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

SCOTCH DELIVERANCES ON ALCOHOL.—The excellent inaugural address by Dr. Andrew Buchanan, and that by Professor R. T. Fraser, on "Alcohol," recently delivered, have afforded a large amount of consolation to "moderate drinkers" in Scotland, who have historically experienced its beneficial influence in counteracting the impressions of "contiguity to the melancholy main," and a peculiarly damp climate. Professor Fraser's lecture was delivered on the 26th ult. in the Free Assembly Hall, Edinburgh, under the auspices of the Edinburgh University and New College Temperance Society. Professor Calderwood presided, and there was a large attendance of somewhat noisy students. Professor Fraser, after stating that he was not a total abstainer, proceeded to consider, first, the physiological effects of alcohol on the stomach and digestion. When a small quantity was introduced into the stomach it increased the amount of blood in the walls of that organ; it caused the gastric juice to be poured out abundantly, and it stimulated the muscular fibres to contract, so that the movements of the stomach were increased. The beneficial effect of that was that digestion was rendered more rapid and complete. The frequent repetition, however, of doses of alcohol in too concentrated a form resulted in changing the structure of the stomach, so that food was no longer properly digested. By alcohol also, even in small quantity, the heart was quickened and contracted more forcibly, and the small blood-vessels everywhere present on the surface of the body became dilated. Similar changes in the pulsation of the heart were produced by imbibing tea. When the minute vessels were dilated, and at the same time the force of the heart contractions was increased, the supply of blood became augmented, and as that was the condition required for greatest functional activity, organs and structures did more work. The common opinion that alcohol was a stimulant was quite justified by every day observation of its effects upon the brain, upon appetite, upon digestion, and upon the general state of the body of which they spoke as fatigue. After severe bodily fatigue a person was frequently unable to do justice to the food placed before him. Why? Simply because the fatigue had extended itself to the heart and blood-vessels, and the food swallowed failed to excite the circulation, and accordingly failed to produce that flow of gastric juice which was required for the digestion of food, and without which there was no relish for it. They must then either take rest or excite the circulation, and there was no more effectual way of accomplishing that than by drinking a small quantity of alcohol. Discussing the question of the food value of alcohol, the learned Professor held that the results of the most recent investigations had led him to the conclusion that alcohol was a food which increased the weight of the body by retarding the metamorphosis of old tissue, promoting the formation of new, and limiting the consumption of fat. It had also stood the test of being able to maintain the nutrition of the body, while absolutely no ordinary food was being taken. He admitted that people could work as well without it as with it, and that the addition of alcohol to the diet might even diminish the capability for physical exertion. At the same time it appeared to him that its use in moderation was attended with some advantages. Its action on the brain produced effects which were not invaluable to society. The use of that word led him to remark that the mere existence of civilised societies was at present attended with many conditions which made it extremely difficult for a normal and perfectly healthy man to exist. Fatigue, mental and physical, would occur; their digestive functions would become disordered, their appetites would occasionally fail, and for each of these conditions alcohol in moderation was occasionally a valuable remedy. As a general standard of moderation he adopted one ounce of alcohol in twenty-four hours. One ounce of alcohol was contained in two ounces of brandy, five ounces of the stronger wines (port and sherry), ten ounces of the weaker wines, such as claret, hock, and champagne, and twenty ounces of the stronger descriptions of malt liquor. Five ounces would be about two ordinary wine glasses, and ten would represent about a tumblerfull. In the course of the lecture Professor Fraser also spoke of the effects of alcohol on the respiratory and nervous system, and of the bad results to those organs which attended its immoderate use. In conclusion, the lecturer adverted to the social evils connected with immoderate drinking, and expressed the belief that while total abstinence was a valuable protest against these evils, he had more hope of their amelioration in the diffusion of education, and a better attention to the sanitary and hygienic state of the houses of the lower classes. Something might be more speedily done by the suppression of public houses in such localities. Professor Saunders proposed a vote of thanks to Dr. Fraser.

HEALTH OF GREENOCK.—The medical officer's report for this town, submitted to the Police Board on the 16th inst., showed that for the month of February the death-rate was 19·8 per 1,000, a decrease on the three previous years at the same period. The majority of the deaths were from diseases of the respiratory organs. During the month 14 cases of infectious diseases were removed to the hospital. Mr. Mackay, the intelligent sanitary inspector of the burgh, reported that 678 house-to-house visitations had been made.

EDINBURGH NEW TOWN DISPENSARY.—The annual meeting of the subscribers to the Edinburgh New Town Dispensary was held in the Bible Society's Rooms, St. Andrew's Square, on the 16th inst. Mr. Christophers Douglas in the absence of Professor Maclagan, presided. The report by the managers stated that during the past year 10,046 cases had been attended to by the medical officers connected with the institution, and that 2,058 of the sufferers had been visited and attended to at their own homes. The managers called attention to the fact that although the number of patients still continued large, the subscriptions had for the last few years been steadily decreasing, and last year to such an extent that the revenue fell short of the necessary expenditure by over £100. Considering, however that from 9,000 to 10,000 sick poor had been relieved annually by the dispensary, the directors thought themselves justly entitled to ask, not only continued, but increasing, support. The financial statement showed that the subscriptions for the year amounted to £271 5s. 4d., being £102 less than the expenditure.

MORTALITY IN GLASGOW.—For the week ending with Saturday, the 13th inst., the mortality of Glasgow was at the rate of 26 per 1,000 per annum, against 23 in the preceding week, and 25, 24, and 33 in the corresponding periods of 1879, 1878, and 1877.

BEQUEST OF £50,000 TO THE UNIVERSITY OF EDINBURGH.—By the will of the late Dr. Andrew Vans Dunlop, 18 Rutland Square, the residue of his estate, amounting it is believed to about £50,000, has been left to the University of Edinburgh. Of the total amount £30,000 will, it is understood, be paid over immediately to the University authorities, while the other £20,000 is life-rented to a relative of the deceased gentleman. In his will Dr. Dunlop states that £3,000 of the bequest is to be applied to the general fund of the University, and the remainder employed in founding sixteen "Vans Dunlop Scholarships," of the annual value of £100 each, tenable for three years. It is also provided by the will that the first six scholarships created shall be for medical students, while the others are to be equally divided amongst students of the following classes: Chemistry, English Literature, Classics, Political Economy, Logic and Moral Philosophy, Natural Philosophy, Mathematics, Natural History, and Engineering.

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## THE EXAMINERSHIP IN THE IRISH COLLEGE OF SURGEONS.

THE seat on the Surgical Court of Examiners of the College, vacated by the death of Dr. O'Leary, M.P., will be filled up on the 1st of April.

The candidates who have as yet offered themselves are Dr. Jacob, who, to compete, vacates his seat as a Councillor, Dr. Kilgariff, Dr. Kendal Franks, Mr. Abraham, the Curator of the College, who is about to present himself for the Fellowship of the College, in order to conform to the bye-law which requires the Examiner to be a Fellow, and Dr. Spencer, the Assistant-Librarian. The election will be, as usual, by seven of the Council, chosen by lot, and the Fellows have been called in compliance with the Charter to witness the choice of an Examiner. Whoever may be elected will have to submit to a further election on the first Tuesday in May, when, under the terms of the Charter, the entire Court will be chosen for the ensuing year.

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## Literature.

### OBSERVATIONS ON FATTY HEART, &c. (a)

ON the subject of this essay the author is entitled to be heard with great deference. He has long studied and repeatedly written upon it, and with the history and elucidation of it his name will be for all time honourably associated. Fatty disease of the heart has been a favourite subject of study in the Dublin school, and Dublin physicians have contributed largely to our present knowledge of it. It is therefore only right that it should continue to be cultivated there.

It is but just to observe at the outset that the essay is essentially clinical, otherwise grave fault might be found with it on the ground of pathological deficiencies and total absence of microscopical details. Even as a clinical memoir it should have included at least a few well-noted and briefly narrated cases illustrative of the author's views and confirmatory of them by the results of post-mortem examination, general and microscopical. This remark applies with special force to his observations on the character of the pulse in "fatty growth," and of the respiration in fatty degeneration of the heart. Notwithstanding these deficiencies, which we trust will be supplied in a future edition, and some laxity of style which no doubt escaped the author's attention, and will be corrected in the next issue, the value of the work as the result of long clinical study by a careful and independent observer is beyond question. From the preceding observations we would not be understood to agree with the author in all his conclusions; indeed, we differ from him on many points, as will appear in the sequel.

In chapter i. a general sketch is given of fatty accumulation in health and disease in man and the lower animals, and it is remarked that the "fatty diathesis" is usually accompanied by a tendency to serous effusion "into the nervous structures," a circumstance to which the author would attribute the transitory character of many of the symptoms. The voluntary muscles are often involved, concurrently with the heart, in fatty degeneration; this is especially true of the diaphragm, the consequent debility of which may be taken as accounting for many symptoms hitherto unexplained.

The disease is divided into the two commonly recognised forms of "fatty growth" and "fatty degeneration;" but while these are described as types, and as occasionally distinct, they are, as the author remarks, usually associated in the same organ. Hence, as already remarked, the importance of pathological details in reference to the *specific* value of symptoms.

Fatty growth upon the heart, which may amount to from three to six ounces, is a disease of middle age, and may be diagnosed according to the author from (a) "a large full pulse beating at the natural standard of frequency; (b) evidence derived from percussion of the heart's dulness being more extended than natural; (c) the possible presence of a soft murmur over the aortic orifice, occupying the first sound of the heart only, and leaving the sound normal; and lastly, (d) the condition of the individual as to his being fat or becoming so." "If," adds the author, "all these be present the diagnosis may be looked on as certain," but the absence of murmur would not affect it, as murmur in his experience, and he quotes Quain in confirmation, is present only in the proportion of one in every five cases.

We shall now briefly comment on the evidence of "fatty growth" upon the heart as arranged under the foregoing heads by the author. Assuredly "a large and full pulse beating at the natural standard of frequency," and, as remarked further on, "in some instances jumping," would, in itself, be regarded by most physicians as evidence of hypertrophy with dilatation of the left ventricle and dilatation of the arteries. Fatty growth upon the heart might, and frequently does, coincide with these conditions, and when present it can modify the pulse only by enfeebling or deranging the latter in proportion as it encumbers the heart or replaces its normal structure. The author adverts to the coincident weakness of the pulse; we are therefore, in the absence of post-mortem proof to the contrary, which has not been adduced, justified in suggesting that muscular hypertrophy with dilatation of the left ventricle coincided with fatty growth in these cases. The possibility of this is admitted by the author, who remarks, "indeed, in some rare cases I got the impression that a certain amount of hypertrophy of the muscular texture was present." We incline to regard the combination as by no means rare, indeed, we look upon it as the rule rather than the exception, and in this light the characteristics of the pulse, weakness included, as described by the author, are eminently suggestive of fatty growth upon the heart.

Increased area of precordial dulness could, in this connection, only mean enlargement of the heart, but before the latter can be attributed to fatty growth upon the organ, the ordinary form of enlargement, hypertrophy, must be excluded. Now we hold that left or outward displacement of the point of apex pulsation is *the* pathognomonic sign of hypertrophy, and yet, to our astonishment, the author has not dwelt upon it as an element in the differential diagnosis. If, *with* outward displacement of the apex the pulse were feeble in a case otherwise suggestive of fatty growth upon the heart, we should regard the diagnosis of the twofold condition of left ventricular hypertrophy and fatty growth as warranted; and if, *without* it under similar circumstances, fatty growth alone is established. We hold, in short, that extended precordial dulness without reference to the apex point, cannot be regarded as in any degree symptomatic of fatty growth, but reference being had to the position of the apex, and to the state of the pulse, it may be eminently suggestive of that condition.

The presence or absence of murmur the author would regard, and very properly, as of no significance in relation to the diagnosis of fatty heart, because, although frequently associated with it, murmur is not of the essence of that affection. He concludes from his own observations, and from Quain's tables, that valvular disease is present only in the proportion of 1 in 5 of all cases of fatty disease of the heart. We have no doubt whatever this is an under-estimate; but in relation to this point it is necessary to distinguish between fatty growth and fatty degeneration, and between primary and secondary degeneration. Of fatty growth on the heart, muscular hypertrophy of the organ in some degree is an antecedent condition in the proportion of fully nine-tenths of the cases, and with fatty growth fatty degeneration in some one of its stages, and more or less extended from the outer towards the inner surface of the heart, will, on careful microscopic examination, be found associated in at least nine out of every ten cases. Now, with hypertrophy of the left ventricle, all forms included, valvular disease is associated as cause or concomitant change in the proportion of at least one-third of all cases. Hence it would follow that valvular disease should coincide with fatty growth in nearly the same proportion. Our impression is that the proportion is even larger, not much, if at all, short of half the number of cases. Hayden's cases, referred to by the author, 22 in number, carefully observed and noted during the last illness, and examined after death generally and microscopically with great care, yield, in reference to this point, the following results: Muscular hypertrophy of the heart, and "fatty growth" upon it, 10 cases; and of these 5 presented disease of the valves. In 5 the valves were normal; the aorta was atheromatous in 5, and unaffected in 2; and fatty degeneration of the muscular fibres existed in 9.

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(a) "Observations on Fatty Heart." An Essay by Henry Kennedy, M.B., Fellow of the King and Queen's College of Physicians, Physician to Simpson's and the Whitworth Hospitals, &c. Baillière, Tindall, and Cox, London. Fannin & Co., Dublin.

In regard to fatty degeneration without fatty growth, the case differs only in the greater proportion of valvular disease. The secondary form of this change (consecutive to hypertrophy) is numerically greatly in excess of the primary. Indeed, we are convinced that this is the proximate cause of death in the majority of cases of cardiac hypertrophy, "failure of the heart" being the result of this change. Amongst Hayden's 22 cases we find 9 exhibiting hypertrophy with fatty degeneration of the heart without fatty growth, and of these 6 presented diseased valves. In 1 the heart was normal as to size, and in 1 it was atrophied, the valves in both these cases being sound. The fact would seem to be that valvular disease was the primary affection in these cases, hypertrophy and fatty degeneration following in succession, fatty growth being precluded by the attendant impairment of nutrition. Primary fatty degeneration is comparatively rare, and but seldom associated with disease of the valves, which, when present, is nearly always located in the aorta, and associated with advanced changes in the coats of that vessel. To these the valvular change is no doubt consecutive by extension, and often of the character described by the author, viz., "smooth, enlarged, and fatty." The valves are, however, not unfrequently calcareous and spiculated, giving rise to reflux as well as obstruction, and of course to a double murmur.

We agree with the author in holding that the coronary arteries are not more prone to atheromatous change than other arteries of the same size. Some judicious remarks are made upon the "arcus senilis." It is most frequently exhibited in the upper segment of the cornea; the circle is occasionally complete, but always more advanced in the upper portion, and in some instances the ring is double. Of the value of this as a symptom of fatty disease of the heart the author forms a comparatively low estimate. We think it indicates tissue degeneration which may or may not implicate the heart. Ossification of the costal cartilages is of similar significance; it is oftenest met with in gouty subjects. Fits are not usual, but we think occasional vertigo, temporary obscuration of sight, and faintness, are common symptoms of fatty degeneration of the heart. The author would regard pain and a feeling of weight in the head with somnolency as indicative of incipient serous effusion on the brain. Seeing that these symptoms are usually of brief duration, we should rather interpret them as evidence of temporary intracranial remora. But "serous apoplexy," of which the author has witnessed many examples, we believe to be of frequent occurrence. Recurrent local paralysis, preceded by a "flabby" state of the affected muscles, an "unwashed" appearance of the skin, gradual loss of flesh, and lowering of temperature, and a "faded leaf" appearance of the face, are noticed by the author as significant symptoms. Shortness of breath in speaking, and local congestion of the face, we cannot regard as having any special diagnostic value.

In regard to "Cheyne-Stokes" breathing, which the author thinks due to fatty degeneration of the pneumogastric, he makes the very interesting remark that placing the patient on the side at once arrests it. Puerile respiration, without any obvious change in the lungs to account for it, is likewise mentioned as an occasional symptom; it is obviously kindred to the preceding symptom and a neurosis of the respiratory nerves and centre.

We think the vomiting noted by the author is due to congestion of the portal system; we have always found it associated with enlargement of the liver, epigastric tenderness, and a moist and loaded tongue. In regard to physical signs, Quain is referred to as having found only four examples of systolic murmur in eighty-three cases noted by him. But out of Hayden's twenty-two cases, not less than twelve presented the signs of disease of the aortic valves, viz., eight an aortic systolic murmur, two an aortic diastolic murmur, and two a double aortic murmur. Thus, more than half the entire number of cases presented evidence of disease of the aortic valves, and in all these cases such disease was actually found after death.

A sense of choking at the upper part of the chest, especially at night, is mentioned by the author as a common symptom in these cases. When the left heart is chiefly engaged, cerebral symptoms take the lead, and when the right heart, pulmonary symptoms are the most prominent. Slow pulse is attributed to fatty degeneration of the *par vagum.*

We should suppose that such a change, by impairing the "inhibitory" function of these nerves, would rather quicken than slow the pulse. Our own impression is, that the slow action of the heart, so remarkable in many of these cases, is due to defective irritability from fatty change of the cardiac ganglia.

The impulse of the heart is weak, in many cases not perceptible, and the sounds are usually indistinct, but in a few cases abnormally clear. In the latter, we should say that the walls of the heart had become attenuated, and the aorta highly atheromatous.

"Pernicious anæmia," and "general paralysis of the insane," are looked on by the author as allied to diseases of this class (fatty degeneration).

Chapter iii. is devoted to prognosis. Under this head, the great mortality from acute disease, especially typhus, among fat people, is remarked. But the previous habits of such persons, who are usually indolent, and great eaters or drinkers, are potent factors in these results; but we agree with the author, that irrespectively of general obesity, fatty disease (degeneration) of the heart is of the worst possible augury in acute disease, in itself even of the most trivial character; the pulse, as remarked by the author, becoming very rapid.

The prognosis in cases of fatty degeneration of the heart is, of course, gloomy; but with favourable surroundings, and by great care, including moderate exercise both active and passive out of doors, cold-catching being strictly guarded against, the patient may survive many years. Chloroform, even in the smallest quantity, should be strictly prohibited.

In regard to etiology (chapter iv.) the author inclines to the opinion that the initiatory change is inflammatory, and has its seat in the nerves; hence the flying pains often felt at the outset of the case in the heart and other affected muscles. We have repeatedly had our attention directed to these transient pains, and without accepting unreservedly the author's explanation of them, we deem it of much interest and importance.

Chapter v., which is devoted to treatment, is decidedly the best in the book, as might have been expected from the eminently practical bent of the author's mind. That alcohol has a certain nutritive value we agree with the author in regarding as proven by the obesity consequent upon an almost exclusive use of it, but we cannot subscribe to his denunciation of milk. Spirituous liquors are no doubt indispensable in the treatment of these cases, but milk, if used likewise within the limits of moderation, will not be likely to develope gout and increase obesity. Drink of any kind should be restricted, and full meals, especially supper, forbidden. The author suggests as a "reminder" the use of mechanical constriction of the epigastrium where the appetite is in excess of the wants of the body. The *fucus vesiculosus* and *liquor potassæ* are recommended as "anti-fats." In the cases characterised chiefly by evanescent and recurrent cerebral symptoms—indistinct articulation, failure of memory, drowsiness, momentary loss of consciousness and local paralysis, an alterative course of mercury, extending over ten or fifteen days, is recommended, and the perchloride is preferred. Prolonged coma from serous effusion, and œdema of the lungs, are likewise best treated with mercury cautiously given after Law's method. Angina pectoris is most often associated with fatty heart in gouty subjects, and in them the attack, if not followed by a copious deposit of lithates in the urine, is sure to be repeated. Opium, ether, brandy, &c., constitute the medicinal agents in the treatment of this formidable complication. and if the attack follow a heavy supper, as it often does, a stimulant emetic should be promptly administered.

Amongst the most unfavourable symptoms sudden rise of temperature, moaning in sleep, shallow breathing, raving (without fever), and loss of the usual appetite are mentioned.

Having now completed, at much greater length than we had intended, but by no means in excess of its merits, our review of this useful work the result of many years' careful study, and especially useful as a concise guide to diagnosis and treatment, and having freely pointed out its defects, which are comparatively few and unimportant, we have no hesitation in recommending it as a most valuable contribution to the literature of the all-important subject of which it treats, and in conclusion, we beg to congratulate the author on the completion of his task.

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# Correspondence.

## THE MORTALITY OF ROME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is not a question of personal views, but of *facts*—not a question of opinions, but one of figures—that I intended to raise when in opposition to the returns about the mortality of Rome published in your excellent paper I quoted those of our official *Stato civile.* The same difference is again observable between yours, or the figures by your Registrar-General and the following ones, which I copy again from our official returns :—

*Weekly Mortality of Rome per* 1,000 *Inhabitants.*

| | | | | | |
|---|---|---|---|---|---|
| Week ending with | | Nov. | 15th, 1879 | 27·2 | per 1.000 |
| ,, | ,, | ,, | 22nd, ,, | 31·8 | ,, |
| ,, | ,, | ,, | 29th, ,, | 29·6 | ,, |
| ,, | ,, | Dec. | 6th, ,, | 24·7 | ,, |
| ,, | ,, | ,, | 13th, ,, | 30·5 | ,, |
| ,, | ,, | ,, | 20th, ,, | 34·0 | ,, |
| ,, | ,, | ,, | 27th, ,, | 39·5 | ,, |
| ,, | ,, | Jan. | 3rd, 1880 | 34·8 | ,, |
| ,, | ,, | ,, | 11th, ,, | 34·6 | ,, |
| ,, | ,, | ,, | 18th, ,, | 39·8 | ,, |
| ,, | ,, | ,, | 25th, ,, | 42·6 | ,, |

Your Registrar-General, from whom your figures were taken, receives the very same publication of our *stato civile* from which mine are also copied. Then comes the question—How can it happen that two public officers, working upon the same materials, should arrive at such different results? As far as I have been able to make it out the explanation is this :—

Rome has a fixed population, which is calculated at the end of each year, and at the date of the 1st January, 1879, amounted to 295,232 inhabitants, and on the 1st January, 1880 amounted to 296,960. But beyond this fixed one, Rome, has a floating population of visitors (or two-thirds workmen) which, during the winter, amounts to 50,000 or even 60,000; that is to say, that the population is increased by one-fifth or one-sixth of the regular one. It is evident that this increase must proportionally give its contingent of deaths, and therefore, to fairly establish the percentage the whole number of deaths ought to be distributed not upon the 298,960 inhabitant, but upon the 350,000, or whatever the real weekly number of persons present at Rome should be. But the *stato civile* does not possess the means of exactly determining the number of individuals present at Rome in each week, and therefore it has adopted another plan, which consists of deducting from the whole number of weekly deaths all those of people not belonging to the fixed populations. Both these systems of calculating the proportion per 1,000 are correct, but surely the plan followed by your Registrar-General of taking the number of deaths belonging to a population not registered amongst the inhabitant of Rome, and distributing it upon the whole of the real inhabitants to swell up the mortality of a place, cannot be correct! What has truth, what has science to gain by adding to the percentage of deaths of a place the deaths of inhabitants belonging to other cities? Following such a plan, the most unhealthy city in Christendom (to use an expression of your paper, page 152, No. 2,132) would precisely be those spas or winter residences where dangerous patients or invalids are sent in search of health. I do not pretend that your Registrar-General should adopt this plan of calculation only for Rome; what I say and maintain is that the plan followed by your Registrar-General is erroneous, and therefore that many deductions grounded upon its ciphers are false. In fact, all its ciphers of mortality concerning Rome will, chiefly during the winter months, give one-fifth more higher rate than the real mortality, this is proved by comparing the ciphers of our *stato civile* with those of the Registrar-General.

There is no doubt that the winter months amongst the Roman inhabitants, and chiefly amongst the lower orders, prove the most mortiferous, and in proportion with the cold, deaths chiefly from pneumonia, increase. Therefore this winter, which has been the coldest on record, has given the highest ciphers, each week on average being one-third more than the corresponding one of last year in mortality. For high classes and rich people, who can preserve themselves from cold, this season has proved, till now, particularly healthy. As soon as the summer comes the number of deaths considerably diminishes, and the yearly mortality, which in the last two years, 1877, 1878, had gone down to 23·4 to 23·0 per 1000, in the year 1879 is further reduced to 22·4 per 1,000. You will admit that this is not bad for the most unhealthy city in Christendom, as Rome is called in the quotation above—an assertion proved by giving the erroneous ciphers of your Registrar-General.

I wished to ascertain if, amongst foreign visitors the death-rate was also diminished, as it is amongst the Romans in the last years, and I took the mortality list from the Protestant burial ground from 1871, since the administration was changed, and I divided these by three years, as in the table here shown, the mortality of the Protestants in Rome from 1871 to 1879 inclusive :—

*Deaths of Foreign Protestants in Rome from* 1871 *to* 1879 *inclusive ;—*

| | | | | | |
|---|---|---|---|---|---|
| 1871 | 17 | 1874 | 20 | 1877 | 13 |
| 1872 | 23 | 1875 | 15 | 1878 | 17 |
| 1873 | 15 | 1876 | 20 | 1879 | 11 |
| Total | 55 | Total | 55 | Total | 41 |

So the last three years have given also amongst English and American visitors the same diminution of yearly mortality that we have certified amongst the Roman inhabitants.

These figures were given to me by the kindness of Rev. Dr. Nevis, Rector of St. Paul's Church, the American Church in Via Nazionale. I must ask leave to quote a part of a letter addressed by him to me with the above-given notices :—

"Of 53 cases of Americans that have come under my personal notice 18 deaths were from typhoid fever and 35 from other causes. None of them were from Roman (malaria!) fever. Of the 18 cases of typhoid 14 were persons who either came with fever from Naples or fell ill within a few days after their arrival in Rome from Naples. I find from the record of the cemetery that in the past eleven years three persons described as Americans have died of Roman (malarial) fever. These cases all happened in the month of August, and in years when I was absent from Rome."

I could not help quoting observations which so admirably confirm the statements of my previous letter, and coming from a foreigner and not a medical man, will be regarded as unsuspected of any partiality.

And now I hope not to trouble you again upon this subject. I had on writing to you only one object in view—to re-establish the truth as it is proved by facts and ciphers. The statistics, honestly and scientifically studied, have dissipated a great many illusions in Italy, and excited the activity of the Italians to provide for and to repair many disorders, and so the physical and hygienical conditions of Rome have been considerably improved, and I hope it will continue to improve, now that the yearly returns evidently demonstrate how advantageous to public health have been the measures already adopted and the improvements made.

D. PANTALEONI, M.D.

102 Ripetta, Rome.

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## QUESTIONS REGARDING CHLORAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly insert in your next issue the following questions regarding chloral :—

1st. Does its continued use in large doses produce insanity?

2nd. Does the use of it, say for six months, weaken the mental faculties ? and if so, is this weakness of mind permanent afterwards ?

3rd. Does it ever produce paraplegia, muscular irritability, palpitation of the heart, nervousness, &c.?

4th. From what is known about it, would you be disposed to recommend it in the treatment of any disease ?

5th. Is Liebreich right in concluding that this agent leaves no bad after-effects ?

If you will kindly give me any information with regard to proper answers for the foregoing questions you will much oblige,

Yours faithfully,
T. E. C.

[Hydrate of chloral is a moderately good hypnotic and diminisher of pain, but varies much in its action upon different persons. With some it agrees perfectly, and does not appear to lose its effect ; and we know one such case (chronic painful disease of the knee) in which a drachm of the Pharmacopœial syrup has been used nightly for upwards of six years with undiminished benefit. With others, on the contrary, it rapidly loses its effect—the dose has to be increased, until at last marked depression of the heart's action compels the entire discontinuance of the remedy. It occasionally produces palpitation of the heart, nervous depression, or even slight paralysis ; but these symptoms invariably disappear on the drug being left off ; we have never known it to produce insanity. It is essential that pure crystallised hydrate (such as Liebreich's) should be employed ; and a very moderate dose of chloral may be made to produce all the effects of a large one by the addition of half the quantity of potassium bromide. The action of hydrate of chloral is undoubtedly due to diminution of the vascularity of the nervous centres. There is some difference of opinion whether it actually relieves pain ; our experience is that it does so to a moderate extent, but not so decidedly as the salts of morphia.—Ed. Med. Press and Circular.]

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## MEDICAL TESTIMONY AGAINST VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would it be quite in vain to ask you to publish in the *Medical Press* the enclosed letter from Dr. R. G. Butcher, so valuable to the cause of anti-vivisection ?

Faithfully yours,
Alice M. Swifte,
Hon. Sec. Irish S. A. V.

Whitechurch Lodge, Rathfarnham.
March, 10th, 1880.

"Dublin, Feb. 18, 1880.

"Sir,—In answer to your letter, I beg to state that I firmly believe that no advantages to science can follow the cruel and demoralising practice of Vivisection. Such an exhibition must be a disgrace to the cold, heartless, and would-be scientific professor, and most detrimental to the gentle and kindly feeling of the class of students that should be compelled to witness this sad cruelty.

"I hope you may bring opinion to bear so powerfully as to blot out this stain upon human nature.

"I have, &c., yours faithfully,

"Richard Geo. Butcher, M.R.I.A.,
M.D. (honoris causâ) of the University of Dublin ; University Lecturer on Operative Surgery and Surgeon to Sir Patrick Dun's Hospital ; Examiner on Practical and Operative Surgery in the University of Dublin ; late Senior Surgeon to Mercer's Hospital and Lecturer on Clinical Surgery ; Honorary M.D. of the College of Physicians of Philadelphia ; ex-President of the Royal College of Surgeons of Ireland ; Fellow, Licentiate, and Member of the Council of that body, and for many years President of its Surgical Court of Examiners ; likewise Examiner on Surgery, Anatomy, and Physiology in the College for many years ; Member of the Royal College of Surgeons of England ; Corresponding Member of the Surgical Society of Liège ; Author of a large work on Operative Surgery, of over one thousand pages, largely illustrated ; and of several other Surgical Works.

"P.S.—I give you full permission to publish this letter."

[On the principle that "the exception proves the rule" we are not indisposed to print Mr. Butcher's letter, nor are we surprised that the anti-vivisectionists should make the most of such a prize, for, as far as we know, Mr. Butcher is the first, last, and only medical man of any position or authority who has pledged himself to unqualified disapproval of vivisection. Indeed, the other medical practitioners who have taken similar ground are marked by a uniform insignificance and obscurity, and are usually of that grade in the profession which finds it necessary to advertise itself by any and every means which presents itself. We may, however, say without, we hope, any offence to Mr. Butcher, that though he is undoubtedly a surgeon of the highest rank and great experience, he has always been a representative of the school of practical executive surgery rather than of the modern school, whose creed is based upon physiological inquiry. Mr. Butcher is not likely to have had leisure, inclination, or inducement to look up the physiological or therapeutic fruits of vivisection, and his opinion on such a subject will therefore have less weight with those who know the purely practical nature of his professional avocations (of which the outcome is the "large work on Operative Surgery of over one thousand pages, largely illustrated," above referred to) than with those who may regard the author as a close inquirer into physiological and pathological therapeutics.]

◆

## Novelties.

### IMPROVED PISTON FOR SYRINGE.

Messrs. John Weiss & Sons have patented an invention which promises to be of very material service in the general practice of medicine. It consists of an arrangement by which the loosening experienced in the packing of the pistons of subcutaneous, and other injection syringes, is avoided ; and thus the instrument is always ready for immediate use. The accompanying figure represents the the piston of an ordinary subcutaneous instrument. A in fig. 2 is a vulcanite disc, or cup-shaped sucker, attached to the end of the piston rod, in place of the packing, the disarrangement of which is such a frequent source of annoyance in practice. The material resists the action of such fluids as are used in the syringe, and its edge being made very thin it fits always accurately to the ribs of the tube, thus ensuring a sufficiently complete vacuum. By its use, leakage, or the introduction of air within the tube, are rendered impossible, and we cannot doubt that it will be widely adopted and appreciated by the profession. It need hardly be added that the vulcanite piston can be adapted to any sized instrument.

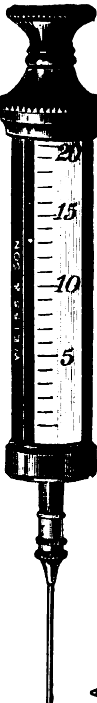

Fig. 1

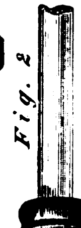

Fig. 2

TWICE NATL. SIZE

◆

**Cambridge University.**—Mr. John Bonham Croft (son of Dr. McGrigor Croft, late of the Army Medical Staff), of King's College, Cambridge, has had the degree of Bachelor of Arts, with honours, in the Mathematical Tripos, conferred on him at the last examination.

**Medical Society of London.**—The following are the office bearers for the session 1880-81 :—*President*—F. J. Gant, F.R.C.S. *Vice-Presidents*—C. Theodore Williams, M.D., W. F. Teevan, F.R.C.S., Alfred Wiltshire, M.D., J. W. Barnes, F.R.C.S. *Treasurer*—Francis Mason, F.R.C.S. *Librarian*—H. Royes Bell, F.R.C.S. *Secretaries in Ordinary*—D. H. Goodsall, F.R.C.S., T. Gilbart Smith, M.D. *Secretary for Foreign Correspondence*—J. I. B. Berkhart, M.D. *Council*—J. Astley Bloxam, F.R.C.S., Percy Boulton, M.D., Thomas Bryant, F.R.C.S., R. Brudenell Carter, F.R.C.S., John Cockle, M.D., Walter Coulson, F.R.C.S., A. E. Cumberbatch, F.R.C.S., W. H. Day, M.D., T. S. Dowse, M.D., Sir Joseph Fayrer, M.D., Clement Godson, M.D., F. de Havilland Hall, M.D., Thomas Harvey Hill, Constantine Holman, M.D., Malcolm Morris, Edmund Owen, F.R.C.S., H. E. Sewill, Heywood Smith, M.D., J. C. Thorowgood, M.D., L. S. Forbes Winslow, M.D,

## A GLYCERINE BAROMETER.

THE inexhaustible usefulness of glycerine has received another illustration by the erection at the Kew Observatory of a glycerine barometer, the invention of Mr. Jas. B. Jordan, of the *Mining Record* office, where it is to be rigidly tested. The advantage it possesses over mercury is that its indications of minute atmospheric variations are more easily observable, and it is thought that for meteorological stations, collieries, and some other such institutions, this facility would be of advantage. Glycerine varies an inch where mercury only varies one-tenth of an inch ; but the mean height of its column against the air pressure is 27 feet. A difficulty in the use of glycerine occurred in the fact that the exposed surface freely absorbed moisture, but this has been overcome by covering the surface exposed in the cistern of the barometer with a layer of heavy petroleum oil prepared specially for the purpose. The barometer fixed at Kew has its cistern in a room below that where the observations are taken, so as to obtain the necessary length of column. About three-fourths of a gallon of glycerine, coloured red by aniline, were required to fill it.

## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

DR. BARR's letter is in the hands of the writer of the article, and will appear with editorial comment in our next.

A PROVINCIAL FELLOW.—The announcement was quite correct. Meetings of the Clinical Society took place on two successive Fridays because of "Good Friday" falling on the regular night.

AN INQUIRER.—In the public conduct of this Journal we espouse neither side in politics or religion ; our care is to look after the best interests of the profession. If you refer to our annotation last week on "Parliamentary Candidates" you will see we ask the votes of medical men for medical men, quite irrespective of party.

MR. BIRCHALL.—We should be happy to give it insertion were it suitable for our columns.

MR. WILLIAMS.—We believe Messrs. Corbyn, Stacey, & Co., High Holborn, are the sole importers.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 p.m., Mr. Warren Tay, "On Sterno-mastoid Tumours."—Dr. Little, "On a rare form of Wry-neck and certain Pathological Changes of the Face resulting from the Deformity."

DUBIOUS.—You need have no doubt at all on the subject ; it is one of the worst and most dangerous of the patent medicines ; its sale should be prohibited.

DR. T. H.—We regret the delay with yours and other accepted communications. Almost every number this year has contained four or eight extra pages, but we have still an accumulation of arrears which is gradually being reduced.

LIVER PADS.—The editor of the *Eclectic Medical Journal*, of Cincinnati, has made a post-mortem examination of one of Holman's liver-pads, and reports as follows :—"The pad is made of drilling, and filled so as to be about one-half to three-fourths of an inch in thickness. The contents are : Ground flaxseed and ground fenugreek seed, 50 per cent. ; pitch, resin of galbanum or olibanum, and resin of sandarac, 45 per cent. The remainder is probably composed of aromatics. The fenugreek gives the peculiar odour, though this is changed to a limited extent by the resins and aromatics."

THE CLERK OF BOYLE UNION.—Letter received — under consideration ; will be referred to in our next.

HARVEIAN SOCIETY OF LONDON.—Thursday, April 1, at 8.30 p.m. Dr. Cavafy. "A Case of Urticaria Pigmentosa."—Mr. Malcolm Morris. "A Case of Pemphigus Cured by Arsenic."—Mr. Reeves, "Rectal Stricture with special reference to Rectotomy and Twenty-five Colotomies."

ERRATUM.—"THE DIGESTIVE FERMENTS AND ARTIFICIAL DIGESTION." —The Maltine Manufacturing Company have drawn our attention to the statement contained in the above "special" article in our last issue, that "Malt or Maltine is now procurable from a variety of makers." The manufacture of, and the use of the word "Maltine," is the exclusive right of this Company, and is therefore unlike other malt extracts, as it cannot be made by any other house.

## VACANCIES.

Balrothery Union, Kilsallaghan Dispensary.—Medical Officer. Salary, £125, with fees, and £20 as Medical Officer of Health. Election, March 27.

Boyle Union, Keadue Dispensary.—Medical Officer. Salary, £120, with fees, and £10 as Medical Officer of Health. Election, March 31.

Celbridge Union, Lucan Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, April 12.

Edinburgh University.—Examinership in Clinical Surgery. Applications to the Secretary before April 5.

Great Northern Hospital, London.—Physician for Out-patients. Honorary. Applications to the Secretary before March 31.

Irvinestown Union, Ederney Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, April 3.

Torbay Hospital.—House Surgeon. Salary, £100, with board. Applications to Mr. W. H. Ritson, Hemsworth, Torquay, before Mar. 30.

Sudbury Union, Suffolk.—Medical Officer for the Fourth District. Salary, £62, with the usual extras. Applications to the Clerk before March 29.

Westminster Hospital.—Medical Registrar. Salary, £40. Applications to the House Committee before March 31.

## APPOINTMENTS.

CARTE, W., F.R.C.S.I., Medical Officer to the Kilmainham Prison.

CROWE, J. W., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Workhouse and District of the Hartlepool Union.

DOYLE, G. W., M.B., Medical Officer to the Fifth District of the Norwich Union.

GABBETT, H. C., M.B., L.R.C.S.I., L.K.Q.C.P.I., Assistant Physician to the Royal Hospital for Diseases of the Chest.

HURST, G., B.A., M.B., House Physician to the General Lying-in Hospital, London.

HUTCHINSON, J., F.R.C.S.E., Consulting Surgeon to the Royal Hospital for Diseases of the Chest.

MACASKIE, J. G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Eastern District of the Belford Union.

MACKENZIE, J. A., M.B., C.M., Medical Officer to the Dispensary for Sick Children, Gartside Street, Manchester.

NORTHEY, W. C., M.R.C.S.E., Medical Officer for the Tavistock District and the Workhouse of the Tavistock Union.

SCOTT, W. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Second and Eleventh Districts of the Lincoln Union.

WHITE, W. H., M.D., M.Ch., L.K.Q.C.P.I., Assistant Physician to the Royal Hospital for Diseases of the Chest.

WILLES, W., M.R.C.S.E., L.R.C.P.Ed., Resident Surgeon to the Royal Sea-bathing Infirmary.

ARMY MEDICAL SERVICE.—Surgeon-Major W. P. Ward is placed on retired pay, with the honorary rank of Brigade Surgeon ; Surgeon-Major M. G. Jones is granted retired pay, with the honorary rank of Brigade Surgeon ; Surgeon-Major G. A. Davidge is granted retired pay, with the honorary rank of Brigade Surgeon ; Surgeon-Major G. N. Irving, M.D., from half-pay, to be Surgeon-Major.

NAVY MEDICAL SERVICE.—Staff Surgeon M. Rodgers, M.D., has been promoted to the rank of Fleet Surgeon in her Majesty's Fleet, with seniority of 6th inst.

## Births.

ALCOCK.—March 12. at 14, Shanganagh Terrace, Ballybrack, the wife of Surgeon-Major N. Alcock, of a daughter.

LOVEROCK.—March 12, at Ballyjamesduff, the wife of R. G. Loverock, L.R.C.S I., of a daughter.

WINCKWORTH.—March 16, at Shefford, Beds, the wife of C. E. Winckworth, L.R.C.P.Lond., &c., of a daughter.

## Deaths.

BARLOW.—March 18, at Norfolk House, Albion Road, Dalston, Matilda Mary Ann, wife of R. Barlow, M.R.C.S.

BELL.—March 13, at The Wakes, Selborne, Thomas Bell, F.R.C.S., F.R.S., aged 88.

CRACKLE.—March 9, at Ilkestone, Derbyshire, Thomas Arthur Crackle, M.R.C.S.E., aged 31.

DAVIES.—March 11, at The Court, Merthyr Tydvil, Edward Davies, M.R.C.S.E., J.P., in his 78th year.

GOOLDEN.—March 10, Richard Henry Goolden, M.D. Oxon., F.R.C.P., of 1 Sussex Gardens, Hyde Park, W.

MAUNSELL.—March 16, at Aldershot, Madeline Cecilia, the wife of Surgeon-Major S. E. Maunsell, A.M.D., aged 36.

METGE.—March 15, at Coolgraney, Gorey, Sarah Maria, wife of James Metge, M.B.

MIMPRISS.—March 14, at his residence, Wandsworth Road, Thomas R. Mimpriss, M.R.C.S.E., in his 85th year.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 31, 1880.

## CONTENTS.

### ORIGINAL COMMUNICATIONS.

PAGE

On the Affections of Speech, by J. Hughlings-Jackson, M.D., F.R.C.P. .......... 253

The Compulsory Removal to Hospital of Patients Suffering from Infectious Disease. By J. F. Pollock, A.B., M.D. Dub., L.R.C.S.I., L.K.Q.C.P., Medical Officer of Health, Blackrock, Rathdown Union, &c. .......... 255

### CLINICAL RECORDS.

Case of Strangulated Femoral Hernia—Operation—Opening of the Sac—Recovery. Under the care of Francis J. O'Reilly, Surgeon Trim Union Infirmary 257

### SPECIAL.

The Digestive Ferments and Artificial Digestion—III. .......... 258

France .......... 259

Amendment of the Dental Act .......... 259

### DEPARTMENT OF LUNACY.

Report of Irish Lunacy Inquiry Commission .......... 260

PAGE

### LEADING ARTICLES.

The St. John's Hospital for Skin Diseases .......... 262

Oral Teaching of Deaf Mutes .......... 263

### NOTES ON CURRENT TOPICS.

Fifty-five Years of Practice .......... 264

Charge of Forgery against a Medical Man 264

The Effect of Faradisation of the Neck ... 264

Unjustifiable Officialism .......... 265

Devonshire Hospital, Buxton .......... 265

The Influence of Varicella on Vaccination 265

A New Way of Appointing a Professor .... 265

Health of Ireland .......... 265

Muzzling the Press .......... 266

Burial Alive .......... 266

Dr. Farr .......... 266

Royal College of Physicians, London ..... 266

The Naval Medical Inquiry .......... 266

The Cork Queen's College Students and Mr. Parnell .......... 266

The Irish College of Science .......... 266

The International Congress .......... 267

Census for India .......... 267

Victoria University .......... 267

PAGE

### LITERATURE.

On Phthisis and the Supposed Influence of Climate, with an Analysis of the Phthisical Statistics of Victoria (Australia). By William Thomson, F.R.C.S. F.L.S. .......... 267

Literary Notes and Gossip .......... 268

### CORRESPONDENCE.

The Supervision of Private Executions 269

St. John's Skin Hospital .......... 270

The Surgeoncy of St. Vincent's Hospital 271

### SCOTLAND.

Faculty of Physicians and Surgeons, Glasgow—Universities Parliamentary Elections—Minto House Medical School .... 271

Medico-Parliamentary .......... 272

Medical Interests and Electoral Duties ... 272

Election of an Examiner in the Irish College of Surgeons .......... 273

The Clerk to the Boyle Board of Guardians 272

### OBITUARY.

Dr. Patrick Barrett Kearney .......... 273

Notices to Correspondents .......... 274

## Original Communications.

### ON AFFECTIONS OF SPEECH. (a)

By J. HUGHLINGS-JACKSON, M.D., F.R.C.P. Lond.

Dr. J. Hughlings Jackson has contributed to some recent numbers of *Brain* three important articles "On Affections of Speech from Disease of the Brain." His aim being always to illustrate abnormal conditions by a clear conception of the normal conditions of mental life, he is able by his familiarity with the best results of modern psychological analysis to exemplify in a singularly full and complete manner the close correlation between the two. This is seen, for example, in the prominence which he gives to the idea of cerebral disease as a process of dissolution, the reverse of the process of evolution as defined by Mr. Herbert Spencer. But the exigencies of pathological interpretation have also compelled him to go beyond accepted truths in psychology, and his papers contain some very suggestive ideas as to the nature of the normal mental processes.

In the first article (*Brain*, III.) he begins by remarking on the manifold character of affections of speech. Thus it is not enough to study speech "morphologically," that is, in reference to the geographical position of the centres concerned; it must be studied "anatomically," that is, in relation to the anatomical connections between the centres and the parts of the body represented there. And so we must say that the substratum of words "is made up of nerve-cells and fibres representing some particular articulatory movement." Again, the method must not be partly anatomical and physiological, partly psychological, but the phenomenon must be consistently viewed on both the objective and the subjective side. Once more, these special cases of nervous disorder cannot be dealt with methodically apart from other kinds of nervous disease. Loss of speech must be studied in the light of the facts of loss of images or "imperception" (in delirium). Aphasia has also its analogue in hemiplegia, since in both we can trace degrees of dissolution, that is of reduction of actions from the least to the most highly organised. As our subject has to be studied empirically at first, we must adopt rough classifications. First of all loss of *speech*, due to extensive disease of the brain, must be distinguished from loss of *articulation*, due to complete paralysis of the tongue, &c., and from loss of vocalisation, due to disease of the larynx. Again we must draw a distinction between intellectual and emotional language, and say that while the speechless patient has lost the former he has not lost the latter. That is to say, the patient may be able to use the words (*e.g.*, "yes" and "no") interjectionally, but not propositionally. The affections of speech are very different in degree and kind according to the exact seat and extent of the disease. We may roughly mark off three degrees: (1) *Defect of Speech*, in which the patient has a full vocabulary, but confuses words; (2) *Loss of Speech*, in which the patient is practically speechless and his pantomimic is impaired; and (3) *Loss of Language*, in which, besides being speechless, he has altogether lost pantomimic, and emotional language is deeply involved.

We begin with (2), "complete aphasia," as the simplest. In noting this condition we must (as in the case of all nervous disorders) carefully observe both the patient's negative and positive condition—that is, what he has lost in language as well as what he retains. First of all, then, his negative condition is summed up by saying: (*a*)—He does not speak, that is, utter anything of real speech value. (*b*) He cannot write. The last defect shows he cannot speak internally (a fainter degree of external utterance). (*c*) He cannot read to himself (in most cases). (*d*) Lastly, his power of making signs ("pantomimic propositionising") is impaired. His positive condition is described as follows:—(*a*) He can understand what is said or read to him, showing that though "speechless" he is not "wordless." (*b*) His articulatory organs move well in eating, &c. (*c*) His vocal organs, too, act apparently well (he may be able to sing). (*d*) His emotional language is apparently unaffected. Thus he smiles, frowns, and varies his voice properly. This condition is only to be understood by a reference to the fact that the patient possesses the images symbolised by words. The patient's perception and recognition of things is unaffected. Thus he will point to familiar objects which are named in his hearing: he recognises drawings, and even handwriting, though he cannot read what is written. So, again, he can copy writing, and copy print into writing, though unable to write in the sense of expressing himself. This shows that he has not lost images, and has not wholly lost words, though he has lost "the words used in speech." That is to say, he retains "an automatic service of words." Besides the comparatively unimportant distinction between internal and external speech (which is one of degree only), there is a very important distinction between "the prior, unconscious, subconscious, or automatic reproduction of words, and the sequent, conscious, and voluntary reproduction of words: the latter alone is speech either internal or external." This duality in the verbalising process corresponds to a duality in the revival of the images symbolised. Thus, when a man in delirium takes his nurse to be his wife, it is because in his sane state the first stage of his recognition of her as a woman would be the subconscious automatic reproduction of his, or one of his, well-organised symbol-images of woman, of which the one most organised would probably be that of his wife. There is evidence for saying generally that it is the right half of the brain which acts when the first subconscious service of words begins, the left when there follows that verbal action which is speech. The activity of the right half is also supposed to be that which underlies the understanding of another's words. The writer concludes this article by commenting on "emotional aphasia," which he regards as no real loss of speech at all.

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(a) Abstracted from *Brain* by Mr. James Sully.

In the second article (*Brain*, VI.) Dr. H. Jackson goes more into the details of the positive side of the case called by him loss of speech. He admits that there is something like speech left, but contends that this is of the very lowest, most completely organised kind. The utterances made by the patient are either (1) *Recurring Utterances*, or (2) *Occasional Utterances*.

(1) *Recurring Utterances* consist (*a*) sometimes of jargon as "yabby," "watty," &c.; (*b*) in other cases they are made up of words which to a healthy person are speech, as "man," "awful"; but since they come out at all times, they mean no more than the jargon. Their only function is that of emotional expression. In truth, the patient sings his recurring utterances. (*c*) Sometimes, again, the recurring utterance is a phrase, as "come on," which, though it has a propositional structure, has no propositional function in the mouth of a speechless patient. (*d*) A common relic of speech with the speechless patient is a recurring "yes" or "no," or both these words. Sometimes this is all that is left; at other times it is found along with utterances taken from the other divisions. The peculiarity of "yes" and "no," is that while they may be propositions (being "proposition words"), they are not always this. Thus some patients may simply use "yes" and "no" interjectionally as an expression of feeling without meaning assent or dissent. Others again may reply by help of these "proposition words," showing that they are not absolutely speechless. And, finally, in many cases, besides having the emotional service of these words, and being able to reply with them, the patient can say "yes" or "no" when told to do so, thus showing that he has the full use of them. The presence of this additional power of reproducing the words "yes" and "no" when told, marks an important distinction in speech affections. To sum up the result of the inquiry into Recurring Utterances, the only real exception to the rule that the speechless patient has absolutely lost speech, is the case in which "yes" and "no" are used in reply (propositionally); and this exception is very significant, since these words are "the two most general, most automatic of all his propositions." "Yes" and "no" really stand on the border line between emotional and intellectual language, being used by healthy people now in the one way now in the other. (Thus "yes" may simply express a feeling of sympathy as well as imply assent to a proposition, and "[illegible] indicate mere surprise.) Hence the retention of these two most perfectly organised of all propositions is strictly in accordance with the principle of dissolution.

(2) *Occasional Utterances* are rare, with the exception of oaths, which are much more frequent. They may be classed serially as (*a*) Utterances which are not speech; (*b*) Utterances which are inferior speech; and (*c*) Utterances which are real speech. Under (*a*) fall "bad language" ejaculations as "Bless my life," which are brought out under some strong excitement and cannot be repeated. They are among the best organised emotional ejaculations. Class (*b*) includes such utterances as "Wo, wo!" once brought out by a patient when standing by a horse. They are true speech, but inferior speech ("superior" and "inferior" as applied to speech referring to the degree of precision of application to new relations of things). That is to say, they are well-organised utterances prompted by special but often-recurring circumstances, and admitting of no variation in correspondence with new situations. Group (*c*) comprises very rare utterances which are perfect speech, being adaptations of words to special and new circumstances. Thus one of Dr. Jackson's own patients said in reply to an inquiry by his son as to where the former's tools were, "Master's," which involved adaptation to new circumstances. Such a case presents great difficulties. It is impossible to say whether the reproduction of this proposition was owing to the frequency of its repetition before the disease came on, or to the strong emotional interest excited by the question. (The man was very poor, and his tools a matter of real importance to him.) Neglecting these very rare utterances, we see that a speechless patient may possess some "rags and tatters" of real speech, which represent the best-organised part of his language. It is probable that this residual highly organised utterance takes place by help of the right half of the brain, that part which appears to serve in the first automatic reproduction of words. It is to be supposed that while every process of verbalising, like every other process, is dual, the more automatic the process is the more fully and equally is it represented in each half of the brain.

It still remains, however, to account for the use of those recurring utterances which do not at first appear to be the result of such highly organised nervous arrangements. In the third article (*Brain*, VII.) Dr. H. Jackson takes up these cases, giving fuller examples of recurring utterances. When the recurring phrases, which, as observed, are always used emotionally, are not common exclamations, like oaths, we may account for their recurrence by the hypothesis "*they were being said, or about to be said, when the patient was taken ill.*" To make this intelligible it is needful to enlarge more fully on the distinction already pointed out between the two services of words, subconscious or automatic and conscious, connected with the two sides of the brain. Speech is to be regarded as but the second half of a whole process which may be called *verbalising*. We can say that it includes two propositions, a "subject-proposition," followed by an "object proposition." "It is supposed that the subject-proposition is the 'survival of the fittest' words in fittest relation during activity beginning in the right half of the brain," and that it "symbolises an internal relation of two images, internal in the sense that each of them is related to all other images already organised in us." On the other hand, "the object proposition symbolises relation of these two images as for things in the environment, each of which images is related to all other images then organising from the environment." Thus "the two propositions together symbolise an internal relation of images in relation to an external relation of images." Dr. H. Jackson bases this distinction on Mr. Spencer's definition of a psychological proposition as componnded of two propositions (*Psychology* I., p. 162). We have to suppose, then, that the words of the recurring utterance constituted the last subject-proposition (not completed to an object-proposition) when the patient was taken ill. In some cases it is possible to support this hypothesis by a reference to the facts. Thus the recurring utterance of a railway signalman taken ill on the rails was "Come on to me," or simply "Come on," and the pathetic utterance of a clerk who lost speech and became paralysed after hard work in making a catalogue was "List complete." If this hypothesis be correct, such utterances stand at the opposite extreme to that of old and perfectly organised utterances. They correspond to the latest and newest nervous actions. We have to suppose that in the healthy man there remains after every last utterance for a short time a slight degree of independent organisation of the nervous arrangements concerned; for without assuming this we cannot understand how it is possible to recollect what has just been said, and so to speak consecutively. In the case of the speechless man we must suppose that this normally temporary activity of nervous arrangements becomes permanent. There are strong reasons for saying that these recurring utterances are due to the activity of the right half of the brain. The left half is known to be extremely damaged. To say that the disease caused the utterances is absurd, for disease is simply a process of destruction. The positive mental symptoms arise during activity of lower centres or lower nervous arrangements which have escaped injury. Why they should arise after the injury is probably to be explained by the supposition that "destruction of functions of a higher centre is a removal of inhibition over a lower centre." We must say, then, that while disease *causes* loss of speech, it *permits* the increasing dischargeability of the right half of the brain. This increase of excitability on the removal of inhibition is commonly considered to be only temporary, but the particular activity may be kept up by repeated use; and this accounts for the recurrence of the utterance. In the case where there was no recurring utterance besides the deeply-organised "yes" or "no," we have to suppose that when the patient was taken ill there was no subject-proposition "organising." And so there was nothing to interfere with the simple course of dissolution—namely "reduction to the most automatic of all propositions." What applies to recurring utterances of propositional form probably applies also to jargon, which may be viewed as "made up of fragments of the words or phrases the patient was about to utter when taken ill." Thus it may be conjectured that the woman whose recurring utterance was "me," "pittymy," or "committyme," &c., was saying when taken ill "Pity me, come pity me." This mixing up of words is illustrated by a reference to what takes place in slighter cases of aphasia, and even in a normal condition, as the utterance by a healthy man of "mukes from Boodies" for "books from Mudie's." These troubles of speech are probably due to hurried activity of the right half of the brain, involving a conflict of strong and sudden nervous discharges during a state of emotional excitement. Such emotional excitement would naturally arise during the setting in of the illness; hence the frequency of confused speech or jargon among forms of recurring utterances. A similar line of remark applies to those recurring utterances which are clearly emotional, and consist of interjectional expressions, as "fire!" "help!" We may suppose that in these cases the process of dissolution effected by the disease was so rapid and so deep that only the most organised utterance had a chance of surviving. "To recapitulate: By considering (1) the external circumstances at the time of the being taken ill; (2) the intensity of the emotional state under which the last attempt at speech was made; and (3) the gravity of the lesion, we may perhaps be able to show why this or that kind of recurring utterance remains in particular cases of speechlessness."

We now pass from the second kind of aphasia, loss of speech, to the first kind, defect of speech. Here the patient may be able to get out a word, or even a reply, as "very well," and go on uttering it in rejoinder to further questions, to which it is irrelevant, being aware of its irrelevance. It becomes, in fact, a temporary recurring utterance. This "barrel-organism" (to use a phrase of Gardiner) shows itself also in writing. It seems doubtful whether the patient is able to repeat what he has said when he is told to do so. We must distinguish between the ability to say something for the sake of saying it and the ability to speak. The inability of the patient to say "no" when told to do so is of the same order as his inability to protrude the tongue when told to do so. Hence it will be well to consider this feature of aphasia in connection with other losses of voluntary power in disease. To understand these we must revert to the hypothesis of the duality of the mental action, applying this now to the process ending in voluntary action instead of that ending in perception or ideation. In voluntary operations we suppose there is a preconception; the operation is nascently done or "dreamt" before it is actually done. Thus, before I put out my arm I must have a "dream" of the hand as being already put out. To "will," to "know," to "intend," to "try," to "remember," are all names for this subjective reproduction which precedes objective reproduction. In the case of voluntary action the subjective order of the "dream" is the opposite to that of the actual operation; thus the image of the final stage of the movement, or rather its result, must precede the representation of the intermediate stages. And it is probable that subjective states always arise in an order the opposite to that of the corresponding objective states. It is pretty certain that this is so in some dreams where a noise develops a dream, though the consciousness of it may come last in the dream it excites. So it is supposable that when we say "gold is yellow," the subjective order may be "yellow," "gold," "for our concern is first with the yellowness of gold, not with gold." In the case of automatic actions, too, there is probably a "dream," though here the movement has so often followed the "dream" that the two are nearly equally perfect and easy. Now, when the patient tries to put out his tongue, or to say "no" when told, and fails, we have to suppose that a subjective reproduction or "dream" takes place without the second stage of objective reproduction.

Dr. H. Jackson concludes this paper by touching on other kinds of nervous affection which show something analogous to permanent "barrel-organism" (recurring utterances) of speechless patients. In these cases where temporary unconsciousness results from some injury, we find that operations going on when the unconsciousness supervened remained nascent during the period of total unconsciousness, and became active again during the restoration to consciousness, at the end of which stage they ceased. Such restoration means the return of control from higher centres, which is impossible in the case of "speechless" patients in whom the higher centres are destroyed.

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## THE COMPULSORY REMOVAL TO HOSPITAL OF PATIENTS SUFFERING FROM INFECTIOUS DISEASE. (*a*)

By J. F. POLLOCK, A.B., M.B. Dub., L.R.C.S.I., L.K.Q.C.P.I.,

Medical Officer of Health, Blackrock, Rathdown Union; late Professor Medical Jurisprudence Dr. Steevens' Hospital Medical College.

The subject to which I beg to call your attention, as it stands, is a very important one, as the health of a whole neighbourhood may be involved therein, and one single patient treated in his own home, where the means of isolation is inadequate, might be the cause of spreading infection over a large area of a populous district; but taking it as a question, in the abstract, it would seem to be one which would be hardly necessary to embody in the form of a paper to be brought before this Society, as it might be

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(*a*) Read before the Society of Metropolitan Medical Officers of Health, Dublin, March 10th, 1880.

said you have an Act of Parliament on the subject and all you have to do is to act in accordance with it; but if you will consider the matter well, you will find there are a number of questions difficult to decide upon, and it is on these questions I would wish to elicit the opinions of the members of this Society.

Now the first question is, What are our actual powers in the removal of patients so infected?

The 141st section of the Public Health Act (Ireland), 1878, provides that "where any suitable hospital or place for the reception of the sick is provided *within the district of a sanitary* authority or within a convenient distance of such district, any person who is suffering from any dangerous infectious disorder, and is *without proper lodging or accommodation*, or lodged in a room occupied by other persons not suffering, or is on board any ship or vessel, may, on a certificate signed by a legally qualified medical practitioner, and with the consent of the superintending body of such hospital or place, be removed by order of any justice to such hospital or place at the cost of the sanitary authority, and any person so suffering, who is lodged in any common lodging house, may, with the like consent and on a like certificate, be so removed by order of the sanitary authority."

Now let us analyse this section, and in the first place consider what is meant by "any suitable hospital or place for the reception of the sick within a convenient distance of such district." Of course in cities and large towns throughout Ireland there is generally a hospital within the district of a sanitary authority, but as the Act does not apply to either alone, but to villages, small towns, and rural districts, what would you consider to be "a convenient distance?" For example, let us take my own immediate locality, the only place for the reception of every form of infectious disease is the union hospital, which is upwards of five miles from the district: would you consider it safe to remove a patient with an infectious disease (on whom the rash, if any, is coming out) to such a distance? for recollect, in our capacity of conscientious medical men, we must consider the safety of the patient as well as how to check the progress of the disease. I am not one of those who consider that even one life should be sacrificed for the benefit of the community at large. I do not think any of us here present, if it concerned ourselves, are sufficiently philanthropic to approve of vicarious sacrifice.

Buck in his new work on Public Health recognises the importance of considering the patient's life. He says, "Should a patient be found in a house where isolation is impossible, such as a hotel or tenement, if it be possible to remove him *without seriously compromising life*, the case should be removed to hospital."

In a memorandum of the Privy Council printed in the Appendix to the first Report of the English Local Government Board, it is recommended that "each village should have the means of accommodating instantly and in a few hours' notice, say four cases of infectious diseases in at least two separate rooms *without requiring their removal to a distance*."

Now if the patients who should happen to be removed chance to die, the invariable cry is, the patients would not have died if you had left them in their own homes and not removed them so far; and then the difficulty occurs of being unable afterwards to remove any other patient, except by compulsory means, as they are afraid of the like fate. I am not drawing an exaggerated picture; it is what occurs and has been said hundreds of times.

The 155th section of the Public Health (Ireland) Act, 1878, provides that "any sanitary authority may with the sanction of the Local Government Board provide for the use of the inhabitants of the district hospitals or temporary places for the reception of the sick or convalescent, and for that purpose may itself build such hospitals or places of reception or contract for the use of any existing hospital, or part of a hospital or place for the reception of the sick or convalescent, or may enter into an agreement with any person or body of persons having the management of any hospital for the reception of the sick or convalescent inhabitants of the district on payment of such annual or other sum as may be agreed upon."

Now if you should consider four, five, or six miles too far for the removal of a patient, is it advisable or practicable for the medical officers of health to recommend the sanitary authorities to provide proper hospital accommodation within a convenient distance?

I myself think that five or six miles is too far, if it could be avoided, to be compatible with the safe removal of patients, and in cases of epidemic disease I consider every sanitary authority should, if it was at all practicable, provide a small hospital or temporary place for the reception of the sick within, say, a mile of the district, if there is no hospital within a convenient distance.

The next question I wish to draw your attention to in section 141 is, What is meant by "without proper lodging or accommodation, or lodged in a room occupied by other persons not so suffering?"

I will not dwell long on this beyond asking the members of this Society what their views are on the point?

The opinion held by most sanitary authorities is that this section refers only to the occupiers of tenement houses and not to persons living in their own self-contained houses, *no matter* what size, provided they are in their own premises. I think, if this is not the limited view you would take of this section, it would be well that this Society should record what interpretation they would put on it, and thereby remove the impression which is at present held.

Allowing that we do not hold this limited view, what interpretation would you put on the words "without proper lodging accommodation"? I presume your answer will be, "you would take into consideration the position of the premises in close contact with other cabins, its sanitary state and the cubic area of the rooms as well as the number of the apartments and the number of the inhabitants;" but I do not think that there is one law for the poor and another for the rich, and if you take into consideration the cubic space, size, and position of the house, you must also recollect that we are frequently called upon to treat infectious diseases in private houses situated in crowded positions where the cubic space of the rooms is below what is generally allowed, and if you enforce the Act in connection with the poorer classes, you should also carry the enforcing of it into all classes of society. Can we or would we do this? The poor person who has his own self-contained house considers he has as much right to keep the sick members of his family in his own house as any person in a better position.

Now I will just allude to the *mode of conveyance* for infected persons. Section 140, states "that every sanitary authority shall provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any infectious disorder, and shall pay the expense of conveying therein any person so suffering to a hospital or other place of destination, and shall keep such carriage or carriages properly disinfected."

This section I think should be carried out by every sanitary authority, but the question sometimes arises, as it has arisen in my own district, Where is such a conveyance to be kept? Should not the sanitary authority provide a proper place, and if so at what distance, if any, from any inhabited place? You may think this question futile and unnecessary, but when I tell you that when I endeavoured to urge my own sanitary authority to provide a proper carriage, the cry was, "We will not have a carriage which has carried infectious persons kept in the Town Hall or any place within the boundaries of the town." In fact, a few years ago a second-hand cab was provided for the purpose, but it produced such a panic, being kept in the town, that it was sent off to the union hospital, which I have already told you is five miles off; and if I now require to remove a patient, I cannot do so until the following day, and then the vehicle sent by the guardians is a kind of cart covered with a canvas awning over it, and if the day should happen to be inclement, I defy draughts to be kept out; and is it safe to remove a patient in such a kind of vehicle?

In reference to a proper mode of conveyance, I think it would be well if this Society would suggest what kind of conveyance would be most desirable for the removal of patients. If each member would bring at some future meeting an outline of a plan he would suggest, a vote could then be taken as to which was the best, and have it recorded accordingly for the benefit of sanitary authorities in general.

I think that any kind of ambulance recommended should resemble, as much as possible, an ordinary vehicle in general use, as the appearance of a sick van in a populous district invariably causes a panic; and I think that should be avoided for many reasons, one reason chiefly being the objection the patients themselves have in going in anything of the kind.

Now, if the ambulance or carriage resembled an ordinary vehicle, the objection would not be so great, and you would be more likely to get the patient to go; the kind I would suggest would be a carriage resembling a small omnibus, a rough outline of which I here submit to you, by which you see, if necessary, I could remove two patients at a time.

I will now briefly recapitulate the questions on which I wish to elicit the opinion of this Society:—

1. What are our actual powers under section 141 in the removal of patients infected with zymotic disease? and under this question we will place: (*a*) What would you consider to be within a convenient distance of a district? and (*b*) What is meant by without proper lodging and accommodation?

2. Is it advisable for medical officers of health to recommend the sanitary authorities, if practicable, to provide proper hospital accommodation *within a convenient distance?*

3. What mode of conveyance would this Society recommend for the removal of patients to hospital, and where should such conveyance be kept?

I will, in conclusion, throw out a suggestion that occurs to me would be advisable to bring under the notice of Parliament by-and-by, when sanitary science comes more to be understood. At present, you all know that the union hospital combines a workhouse and hospital—the workhouse being for the reception of paupers, and the hospital is used, not only for the paupers who are in the workhouse, but also for those who are honestly endeavouring to support their families by their daily labour. I believe this principle highly objectionable. All dispensary physicians throughout Ireland are well aware of the difficulty there is in getting dispensary patients to go to the poor-house hospital. I am well accustomed to the *almost daily* remark "Oh, I will go to any hospital you send me to, provided you do not ask me to go to the poor-house hospital." I believe these objections chiefly lie, not in the treatment they receive, which I am sure in most cases is as good as they receive in any hospital, but because it is the poor-house. Can you wonder at it, after all? The head of a family is earning his livelihood with the sweat of his brow, and though his profits are not commensurate with those in a better position, still he supports his family honestly, and does not wish to be classified as a pauper; and is not that a feeling which our legislators should take into consideration, and not force persons to lower themselves by allowing them to be so classified? Should we not encourage that self-respect, instead of trying to break it? Rather, should we not try and elevate their social aspect, however extravagant the idea may be, instead of depressing it?

Now the only practical way which occurs to me to carry out the latter idea is to have the hospital separated from the workhouse. To do this, of course, many things have to be taken into consideration. It is clear that most districts could not support a large hospital for itself in addition to the union workhouse on its present footing; but I consider if the workhouse was merely kept for the benefit of the old and physically helpless people, its great expenses could be so far reduced as to allow hospitals for one or more districts to be supported with the aid from Government of very little extra expense.

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## Clinical Records.

### CASE OF "STRANGULATED FEMORAL HERNIA" —OPERATION—OPENING OF THE SAC—RECOVERY.

Under the care of FRANCIS J. O'REILLY,
Surgeon Trim Union Infirmary.

JULIA D., æt. 46, laundress, enjoyed good health till 24th December, 1879, when she was suddenly seized with sickness of stomach, accompanied by colicky pains over the abdomen.

The pain and vomiting continuing, notwithstanding the administration of a dose of castor oil, and copious draughts of soda water and milk, I was requested to visit the woman on Friday, the 26th, which was about 48 hours after the commencement of the attack. I found the following condition of things to exist:—

The woman lay on her back with legs drawn up; the eyes appeared sunken, and surrounded by a dark areola; the pulse was quick, but fairly strong; the tongue moist, but evidently becoming dry in the centre; the abdomen was swollen and tympanitic.

A quantity of the vomited matter lay in a basin at the bedside, and was easily recognised as being stercoraceous in character.

The presence of a hernia at once suggested itself to my mind, and, on examining the possible sites of such an occurrence, I detected a swelling in the left femoral region, of the size of a small egg, which was resonant on percussion, and which I had no difficulty in pronouncing a femoral hernia, probably an enterocele.

I tried reduction by taxis immediately, and, failing to produce any effect other than that of causing intense pain even on the slightest manipulation, I had the woman removed to the wards of the Trim Union Infirmary. Here an enema of turpentine was administered, which brought away a large quantity of fæcal matter, but did not exercise any beneficial influence whatever on the hernia.

Without further delay, I had the woman placed fully under the influence of chloroform by my friend Dr. Nicholson, and again applied the taxis, but with the same unavailing result.

I now, having determined to operate, cut down on the hernia in the usual way, and soon exposed the sac, without opening, which I had hoped to effect reduction; but, finding the hernia still irreducible, I brought the intestine into view by a careful incision, and, passing my left index gently over its surface, I was enabled, by re-introducing the hernia-knife, to divide a few constricting bands, an operation which was quickly followed by reduction of the hernia.

The portion of intestine, which alone formed the contents of the hernia, presented a highly congested appearance, and, had the operation been longer delayed, must soon have undergone irreparable change; verifying in this respect the remark of Mr. Hey, that "he had often regretted performing the operation too late, but never having done it too early."

The woman was now removed to bed; a jar filled with warm water placed in contact with her feet, and a draught given her containing fifteen minims of tincture of opium. The draught to be repeated every four hours.

Dec. 27th, 10 a.m.—Slight vomiting occurred after I had left the hospital, due, probably, to the action of the chloroform. Slept well during the night. Felt quite free from pain and sickness of stomach. No swelling of abdomen, or tenderness to touch. Pulse 100; temp. 101°. Had some milk to drink through the night. To have milk in small quantities, and a tablespoonful of cold beef-jelly every two hours. The draught of opium to be continued every four hours.

6 p.m.—Patient had a good day; slept at intervals; no vomiting or pain; bowels unmoved. Pupils showed the influence of opium, which was directed to be continued as before. Pulse 92, fairly strong; temp. 100·2°. Milk and beef-jelly to be given as previously.

28th, 10 a.m.—Slept the greater part of night; free from pain, or tenderness over abdomen. Stated she felt "as well as ever she did." Tongue clean and moist. Pulse 92, fairly strong; temp. 99°. Bowels unchanged; pupils rather contracted. To have egg and milk mixture and beef-jelly as before. The opium draught to be continued every four hours.

29th.—Passed a good night, having slept well. Bowels still inactive. Influence of opium on pupils plainly manifest. Tongue clean. Pulse 88; temp. 99°.

30th.—Enjoyed a night of refreshing sleep; bowels remained locked up; pulse 84; temp. 99°. To have milk, a little arrowroot, and beef-jelly. A draught of opium at bedtime. Two sutures removed from wound, and carbolic acid dressing applied.

31st.—Rested well during the night; pulse 72; temp. normal. To have some beef-tea, and discontinue opium.

Jan. 1st.—Had a favourable night; bowels, however, not having acted yet.

2nd.—Bowels were opened last evening without any bad result, and the patient expressed a desire to be allowed up; a request, it is needless to observe, not complied with.

The history of the case, from the above date to that of the patient's discharge from Hospital on the 18th January, was one of uninterrupted recovery.

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# Special.

## THE DIGESTIVE FERMENTS AND ARTIFICIAL DIGESTION.—III.

There are many maladies in which artificial digestion may be resorted to with advantage—take gastric ulcer for instance. Here there is a raw surface, which gives rise to acute pain when the stomach becomes acid in the act of digestion. Further, there is a growth of connective tissue at the base of the ulcer, usually producing an adhesion to the colon if in front of the stomach. Whenever the muscular movements of the stomach commence in the digestive act, then this base of the ulcer is dragged upon and pain produced. Relief is immediately experienced by vomiting the contents of the stomach, when the movements cease, and the stomach becomes alkaline as well as empty. Or again, in chronic gastritis the contents of the stomach are rolled over and over till they become covered with a coating of mucus which forbids all digestion. In both these maladies, as well as in cancer of the stomach, it has been the rule hitherto to restrict the patient to a milk diet—milk sheathed with an alkali, as Vichy water, solutions of soda, or potash, or magnesia, or carbonate of magnesia. In this manner the gastric acidity was neutralised, and the milk soon found its way into the duodenum, and was then subjected to pancreatic digestion. For invalids, convalescents, for patients with fever, or the subjects of acute inflammatory affections, such methods of feeding, so as to tax the powers of the organism to the least possible extent, has long been adopted. On the proper feeding of many a case the issue turns; it is most important, then, that the practitioners be familiar with the most recent knowledge on the subject. Some practical outcomes of Dr. Roberts' researches on the digestive ferments are of much value where the digestive power is weak or absent. The artificial digestion of food is now simple, does not require any costly instruments, and even does not entail any very high intellectual qualities in the nurse, or other attendant upon the invalid. The pancreatic ferment used by Dr. Roberts is a *liquor pancreaticus* prepared by Mr. Benger, of the firm of Motterhead and Co., and is a bland, almost colourless fluid. The dose of this potent elixir is one dessert-spoonful. Along with it it is requisite a strong solution of bicarbonate of soda, which is easily prepared by putting an ounce of the soda into a six-ounce bottle of water, so that a teaspoonful represents ten grains. In order to peptonise milk it is necessary to add the pancreatic fluid and the solution of soda to a pint or so of milk, and keep the whole at a temperature of not more than 157° Fahr. for an hour; after which it should be raised to the boiling point, which arrests all further action of the ferment. There are several points, however, to be attended to in order that this peptonising be done properly. In the first place, if the fermenting digestive act be allowed to go on until the whole of the milk is completely peptonised, the resultant product becomes unfit for food, being repulsive and nauseous. On the other hand, if not carried on sufficiently long the milk is curdled and disagreeable. In about ten minutes the milk thickens, and begins to curdle in a soft curd; this, however, soon passes away, and in about half-an-hour the milk has recovered its original and normal appearance. Consequently, the digestive process should not be arrested until at least half-an-hour shall have elapsed. In half-an-hour, however, only two-thirds of the milk is peptonised; in another half-hour three-fourths of the milk is peptonised. The remaining fourth is not peptonised until another hour and a-half has elapsed; so that to wholly and completely peptonise milk no less than two hours and a-half are required. But milk wholly peptonised is altered in appearance, and is nauseous, so as to be quite unfitted for a food. It is well, then, to arrest the process at the end of one hour, when the milk has regained its normal appearance, and is digested to the extent of three-fourths. Probably the natural digestive ferments of the stomach are equal to the digestion of the remaining fourth. In thus peptonising milk for invalids it is found desirable to bring the mess to the boiling point at the end of the hour, and arrest the digesting process, so as to preserve the appetising appearance of the milk.

Allowing for the different preparations of the pancreatic fluid not being precisely and exactly alike, the following is a satisfactory procedure. A pint of milk is first diluted with half its bulk of water, and then heated to 150° Fahr. (This may be ascertained rudely by sipping the fluid; as soon as it is too hot to sip it is near 150° Fahr.) It is then put into a covered jug with a dessert-spoonful of the pancreatic fluid and two teaspoonsful of the solution of bicarbonate of soda, and placed in a warm place under a "cosey." There it should remain for an hour, after which lapse of time it should be raised to the boiling point. It may then be used like other milk. After being boiled milk so partially digested undergoes no further change until decomposition sets in. It is well, however, to know that this prepared milk does not keep well, and should be consumed within twelve hours of its preparation. Prepared in such small quantities, there could be no reasons for keeping it more than an hour or two, even when the sick individual is an infant. In so preparing milk a temperature of about 150° Fahr. is attained by directing the milk at the ordinary temperature to be diluted with an equal quantity of boiling water, and then going through the process just described.

In his recent address on the treatment of typhoid fever, Sir Wm. Jenner pointed out that milk, if given in too great quantities, was apt to form a curd in the patient's stomach and bowels, and so be detrimental to the patient; but milk prepared as above is free from such contingency, and seems indicated in typhoid fever and allied maladies. Indeed by such peptonised milk one of the greatest difficulties in the treatment of acute diseases is removed very satisfactorily. Where a more nutritive material is desired it is well to do as follows. To half-a-pint of cold milk, in a covered jug, add half-a-pint of well-boiled and *boiling* gruel. This will give a temperature of from 120° to 130° Fahr. To this compound add a dessert-spoonful of the *liquor pancreaticus* and a teaspoonful of the soda solution. Put under a "cosey" as before, and at the end of an hour raise the whole to the boiling point. In this case the trypsin acts upon the gluten in the flour as well as upon the casein in the milk, while the diastase converts the starch into sugar. The gruel employed may be made thin, and may consist of wheat-flour or other farinaceous materials. Such a prepared food will tax but little the feeblest digestive organs, and seems especially adapted to those cases of dyspepsia where a sour or bitter taste is experienced at the end of the digestive act. These unpleasant "bye-products" of digestion would thus be largely avoided. In cases, too, where pain, according to the late Dr. Leared, indicates an insufficient secretion of gastric juice, this compound seems aptly suited. By combining with such a dietary a little bismuth and a bitter the digestion will be greatly improved in most cases, even in very intractable ones. One caution, however, is requisite, and highly requisite, and that is this—If the gastric trouble be reflex, and it very commonly is, being due to a misplaced uterus, or an irritable ovary, then appropriate measures of treatment must be employed; and no scheme of a dietary, however cleverly devised and carefully carried out, can cure these cases unless the source of the gastric irritation be recognised and treated accordingly. But as to our ordinary difficulties in the management of dyspepsia, they are largely removed, whether, due to functional or to organic mischief in the stomach. In certain cases the administration of a dose of the *liquor pancreaticus* with a teaspoonful of the soda solution, at the tail of the digestive act, will prove sufficient; in other cases it may be necessary to have resort to the partially-peptonised milk, or milk and gruel. In either case we will feel that this work of Dr. Roberts's is a solid and valuable contribution to our armamentarium when contending with enfeebled digestion, no matter how associated.

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## FRANCE.

(FROM OUR SPECIAL CORRESPONDENT).

Paris, March 20th.

At the Wednesday's meeting of the Academie de Médecine M. Championière presented to the members two women on whom he performed the Cæsarian section, followed by hystero-ovariotomy called "Porro's operation." In each case success was complete. According to the report read before the Academy Mr. Championière performed four times this operation at the hospital, saving the mother in two instances and all the children, but two of the latter succumbed shortly after. Perhaps the details of one of the successful cases may be interesting. A woman, aged 26, primipara, entered the Maternité the 27th Oct. of last year, presenting all the appearances of a distorted pelvis. On examination M. Championière found that the antero-posterior diameter of the brim only measured 73 millimetres. The woman was kept in the hospital for three weeks when she was examined by M. Tarnier, who recognised the necessity of interference, and also advised Porro's operation. On the 19th November, labour having commenced, M. Championière decided on operating. The waters had not yet burst. The uterus was rapidly attained by a large incision measuring sixteen centimetres in the median line, commencing a little above the umbilicus. Immediately the uterus was opened a great gush of blood took place through the aperture. The section quickly accomplished, a living female child was extracted. The placenta having also been drawn out, M. Championière applied two forceps to the edges of the wound, and drew forwards the uterus. Two pins were then passed through the inferior segment of the organ; beneath a wire and between the two pins a second, which were tightened by Cintral's *ligateur*. Section of the uterus, the two ovaries, and the Fallopian tubes followed. The incision in the abdominal walls was brought together with six deep and one superficial suture, and Lister's dressing applied. The operation lasted three-quarters of an hour. The sutures were withdrawn successively up to the 28th. The pedicle separated the thirteenth day after the operation. Cicatrisation was complete on the 20th December, and a week afterwards she left the hospital cured.

At the same meeting M. Fournié read a paper on "The *rôle* of the Eustachian Tube in the Physiology of Audition." According to the author, this tube not only is destined to renew the air in the cavity of the tympanum, and to afford a means of evacuating the secretions of this cavity, but also to prevent intense sounds from resonating in the cavity. Contrary to the opinion generally received, M. Fournié seeks to demonstrate that the Eustachian tube is a canal constantly opened, and that the muscles which are inserted into it, far from being dilators, are constrictors, which close the tube during certain movements, such as are necessitated by speaking and mastication. In fine, the renewing of the air in the cavity is effected by a sort of respiration, in which the constrictors would play the *rôle* of muscles of respiration, whilst the proper elasticity of the tube would replace those of inspiration.

Dr. Kœchler, in the *Annales Obstétrique*, recommends warm fomentations on the head in obstinate uterine hæmorhage, in order to prevent cerebral anæmia and cardiac paralysis. The noises in the ears cease, the pulse becomes more firm, and the patients experience a notable amelioration.

Neumann, of Vienna, in eczema of the scalp, passes a brush imbibed in the following solution over the part affected twice a day:—Borax, alum cryst., āā 5 grammes; glycerine 100 grammes. In eczema of the nose he introduces into the nasal orifice suppositories composed of tannin, 15 centigrammes, cacao butter, 80 centigrammes. The tannin might be replaced by the same quantity of oxide of zinc.

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## AMENDMENT OF THE DENTAL ACT.

We understand that the following Memorial has been presented to the Executive Committee of the General Medical Council.

*To the President and Council of the General Medical Council.*

The Association of Surgeons practising Dental Surgery beg respectfully to ask your consideration of the Dentists' Act of 1878, with a view to its amendment or repeal. We do so more especially at this time, as there are Medical Amendment Acts before Parliament. We beg to point out that, as indicated in the Preamble of the Act, it was intended to make provision for the registration of persons "specially qualified to practise as dentists." That this result has not been obtained may be inferred from the fact that more than 5,000 persons have been registered as dentists, whilst the highest estimate formed by those who were interested in the passing of the Dentists' Act was, that not more than 2,000 persons could be registered in Great Britain and Ireland to practise dentistry. There can, therefore, be no doubt that a very large proportion of these persons registered do not possess the qualifications indicated in the Preamble of the Act, and therefore that the registration is deceptive. This result is due to the wording of Clause VI. of the Dentists' Act, in which it is stated that "any person who (*c.*) is at the passing of this Act *bonâ fide* engaged in the practice of dentistry or dental surgery, &c., &c., shall be entitled to be registered under this Act." No interpretation of the terms dentistry or dental surgery having been given, each person claiming registration has interpreted these words after his own fashion, and consequently many persons have been placed on the Dentists' Register without any claim to be "specially qualified." It is quite true that the General Medical Council by Clause XIII. can "cause to be erased from the Dentists' Register any entry which has been incorrectly or fraudulently made; "but until the words alluded to in the preceding section are clearly interpreted, it will be impossible for the General Medical Council to remove the names of persons who may be felt not to be "specially qualified" as dentists. Even if the General Medical Council could act under this clause, the delay and difficulties in carrying into operation the action of the clause are so great that much harm will be done before the desired result can be obtained; for example, the Council of the Royal College of Surgeons in Ireland have represented to the General Medical Council that the name of a certain individual has been removed from the Register of dental licentiates of that College on account of his "admitted unprofessional conduct," yet such are the arrangements by which this case can be brought before the General Medical Council and finally settled, that it may occupy more than a year from the present date, the name of such person remaining all this time on the Dentists' Register. From this it may be seen that a large and important body like the General Medical Council, meeting at rare intervals, and having special and important business of its own to attend to, is not that best qualified to undertake the duties assigned to it by the Dentists' Act. That such was felt to be the case is made manifest by a reference to the Lord President's *original* Bill (1878), in which, by Clause XXIII., the power was given to the General Medical Council to frame "a scheme for the examination, licensing, and registration of dentists, and such scheme when approved by the Privy Council, shall have effect as part of this Act, subject to being from time to time revoked, altered, and added to by a subsequent scheme submitted by the General Medical Council to and approved by the Privy Council." Under this clause it would have been possible for the General Medical Council to have established a board, the regulations of which under the control of the Privy Council would have had all the force of the clauses of an Act of Parliament, yet which could be modified according to circumstances. This was evidently the object the General Medical Council had in view when it passed a resolution on the 4th of July, 1878, to the effect, "that the Council desires to express its wish that the Bill entitled the Dental Practitioners' Bill be brought into conformity with the dental clauses of the Lord President's Bill." This recommendation of the General Medical Council has been disregarded, and instead of the Council being authorised to frame a scheme as above shown, the whole work of carrying the Act into operation has been thrown upon the Council itself, which has thereby been made an executive and not a legislative body. Lastly, the Dentists' Act enables certain doctors of dentistry to be registered, who can thus use the title of "Doctor," a proceeding which will render it *impossible* to carry into effective operation the 24th Clause relating to unregistered persons in the Medical Act, 1858, Amendment Bill (1879) of the Lord President, whereas also the Act does not prohibit persons from assuming the title of Surgeon in conjunction with that of Dentist by those who do not possess any surgical qualification whatever. We, therefore, earnestly pray that the General Medical Council will be moved to take such means with reference to the Medical Amendment Act now before Parliament as will secure a due in due interpretation of the terms "engaged in the practice of dentistry or dental surgery" made use of in the Dentists' Act, Clause VI. That they will also be pleased to cause to be introduced in Clause XXIV., line 37, in the Lord President's Bill, after "Doctor," the words "either alone or in conjunction with any other word or words," "the designation," &c., &c. Finally, to consider whether it will be for the convenience of the Medical Council, and for the interests of dentists that Clause XXIII. of the original Bill of the Lord President should not be made law, and the Dentists' Act either repealed or modified accordingly. Believing that such modifications are absolutely necessary, we earnestly and respectfully request the serious attention of your Council.

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# Department of Lunacy.

## REPORT OF IRISH LUNACY INQUIRY COMMISSION.

(*Continued.*)

In our late numbers we considered at some length the recommendation of the Commissioners as to the establishment of auxiliary asylums in connection with some of the workhouses in Ireland. The next most important point touched upon in the report is that of the classification of our existing district asylums, involving as it does a very considerable change from the present arrangement of these institutions.

Some such division of the Irish asylums as that recommended by the Commissioners seems to have been in contemplation for many years. The Commissioners quote the Act 8th and 9th Victoria, cap. 107, Section 15:—

> "Be it enacted, that in order to provide for the more effectual treatment of pauper lunatics by a better classification of the same, it shall and may be lawful for the Lord Lieutenant or other chief governor or governors of Ireland, by and with the advice and consent of Her Majesty's Privy Council in Ireland, from time to time, and at all times whenever and so often as shall seem expedient to him or them so to do, to direct and order that any existing asylums, or additional buildings which may be made to existing asylums, under the provisions of this Act, shall and may be exclusively appropriated for the sole and exclusive reception, custody, and treatment of a particular class of the said pauper lunatics, distinguishable by the nature and character of the disease, and whether recent in its origin or chronic, or whether considered curable or incurable."

But though this Act has been now passed nearly thirty years nothing has yet been done to put this provision in force.

We have already observed, when treating of workhouse accommodation, that the inspectors and the superintendents have long complained of the overcrowding of the asylums with incurable cases. The feeling seems to have been general that the primary purpose of an asylum is the cure of such cases as are capable of cure, and that this object is hindered by the accumulation together of the curables with a large number of incurables. These opinions have been long held by Irish physicians connected with lunacy, as is shown by the evidence of Dr. Cleghorn, "an eminent physician attached to Swift's Hospital," given before the Parliamentary Committee in 1817. "Places of this kind," he states, "unless under strict rule for a limited term of residence, beyond which no patient should be allowed to remain, will shortly become asylums for mad people, and not hospitals or places for the cure of insanity." From the date of the Irish Lunatic Asylums Act (1 and 2 George IV.), sixty years ago, till the present time, the complaint of Dr. Cleghorn has been continually in the mouth of the managers and superintendents of our asylums. It is not merely that overcrowding has been complained of; not merely that there has been frequently cause to deplore the difficulty of finding room for recent cases in the already too full asylums; but further, the difficulty which the massing of curable and incurable cases in the same asylum throws in the way of efficient treatment, has been repeatedly referred to. The Commission of 1857 reports, "At present the district asylums are to a great degree deprived of their utility as curative hospitals for the insane by the large proportion of probably incurable cases which they contain." One of the witnesses called by that Commission, Dr. Stewart, the Superintendent of the Belfast Asylum, said: "On the removal of many chronic and incurable inmates occupying a great deal of valuable room in several district asylums, the latter could be more beneficially devoted to recent or acute cases of lunacy, and then *efficiently serve as hospitals for the cure of insanity, instead of being mere receptacles for the safe keeping and maintenance of hopeless patients.*"

Now let it be observed that the complaint of want of room is particularly loud in Ireland, where the actual amount of asylum accommodation is very small compared with the number of the insane, but that the questions of the classification of asylums, and the separation of recent and chronic cases are making themselves heard with daily increasing distinctness in other countries, notably in England, though there the provision already existing for the insane is so much more complete than in this country. Therefore it is clear that even when the amount of accommodation available for the insane has been increased by the establishment of auxiliary asylums connected with workhouses, the point will still remain for consideration whether it is not advisable to separate that class of chronic cases, for whom these latter institutions are not adapted, from the class of recent and curable cases. As the matter is one of abiding interest in connection with the treatment of lunacy, and is not in any way a local question, it may be interesting to observe the tone of English and foreign opinion on the subject before entering on the consideration of the evidence the Commissioners have collected.

At the last annual meeting of the Medico-Psychological Association Dr. Wilkie Burman, late Superintendent of the Wilts County Asylum, read a remarkably able paper on "The Separate Care and Special Medical Treatment of the Acute and Curable Cases in Asylums."

"Throughout the length and breadth of the land," says Dr. Burman in his preamble, "from the 'Dan' of Inverness to the 'Beersheba' of Bodmin, if there is one universal wail, and one that is more continuously and persistently than any other given vent to in asylum reports, it is that which refers to the fact that our asylums are becoming day by day more and more transformed into *receptacles* for the *care* of the insane rather than hospitals for the *cure* of insanity, and that the more important and paramount object in view is being gradually swallowed up and thwarted." He then deprecated the common tendency to view the question of asylum accommodation chiefly from an economic standpoint.

"Of the two principal objects at present more particularly engaging our attention, such practical steps as are being taken are rather in the direction of securing a cheaper *care* of the *incurable* great *majority* than towards affecting the *cure* of the small *minority*, which I am sanguine enough to believe it is within our power to recall more largely to a state of health, if only more determined and special efforts be made in such a grand and worthy undertaking." But he very judiciously adds, "the separate care of the chronic and incurable majority cannot but hasten the advent of a system of separate and special treatment of the curable minority, which I am now desirous of advocating." Before making his own suggestions Dr. Burman proceeds to examine the views of the medical and other "authorities." He quotes the opinion of Dr. Thurnam: "The proposed plan of erecting *asylums* for the *care* of the decidedly *incurable* and comparatively harmless, in addition to hospitals for the *cure* and care of other classes of the insane, appears to me to be worthy of every encouragement;" and he points out that a similar proposal had been previously made by Jacobi, of Siegburg, a great authority on these matters in his day, in his work "On the Construction and Management of Hospitals for the Insane" (a work, by the way, spoken of with commendation by Conolly). He refers to the evidence before the Paris Commission of 1864, given by "the most distinguished alienist physicians in France." "With regard to the *practicability* of providing separately for the curable and incurable cases of insanity, the great majority of the witnesses answered in the *affirmative*," while the distinguished M. Lelut was strongly in favour of separation, which he considered "desirable on economic grounds, and because the cure of recent cases could, in his opinion, be more thoroughly cared for in specially adapted asylums or hospitals." Dr. Burman further points out that Baron Mundy and Lord Shaftesbury, both men whose opinions on lunacy matters are of value, are in favour of a division of the curable and incurable, and he also quotes as supporters of his plea, Dr. Bucknill, on the strength of his well-known experiment at Devon Asylum, and Dr. Lockhart Robertson (whose name is of such weight in connection with questions of asylum construction), since the latter gentleman is an advocate of the pavilion system, and proposes that separate and distinct pavilions should be set apart for recent and chronic cases.

Finally, Dr. Burman thus expresses his own opinion:—"It seems to me highly desirable, both for medical and economic reasons, to deal separately and specially with cases that may be deemed curable, for I believe that if not thus dealt with, and being indiscriminately sequestrated with the rest, it is impossible to give them such adequate and unremitting attention and special treatment as they certainly merit." Dr. Burman's proposal, as developed in the latter part of his paper, consists in the separation as far as possible of the curable from the incurable in the same asylum, and none of the authorities whom he has quoted above, except apparently the French, seem to suggest any further division. But it is evident that in many asylums structural difficulties would go far to hinder the execution of this plan. It is true that the asylums of the future are likely to be built in separate blocks according to the pavilion system recommended by Dr. Lockhart Robertson, and all the most lately constructed English asylums have approximated more or less closely to this design. But the great majority of asylums now existing could not easily be split up into curable and incurable wards, and it is hard to see what arguments there are in favour of treatment in separate pavilions which do not equally apply to treatment in separate asylums. Both these modes of dealing with the insane have been tried in Germany, and therefore the testimony of the most illustrious of German specialists is of peculiar interest:—"From the commencement of the reforms," says Griesinger, "the conviction gained root, especially in Germany, that *the first condition of success in treatment was the separation of the curable from the incurable insane.* . . . . Whilst in certain foreign asylums—as, for example, Salpêtrière—different departments of the same institution have for a long time been set apart, the one for cases requiring active treatment, and the other for such as had become quite chronic, in Germany, and occasionally in England, another principle has been adopted—the erection of special institutions, quite separate, for curable cases and for incurables (Sonnenstein, Siegburg, Leubus, Winnenthal, &c.)."—"Mental Pathology and Therapeutics," B. v., chap. ii., S. 5, New Sydenham Society Trans. After the adoption of this system of quite dissociating the curable from the incurable had been tried for some time, another "plan was formed, and in several cases carried out, of constructing two separate establishments, each complete in itself, but situated within the same grounds, and under the same medical superintendence, and having in common many economical arrangements (chapel, storehouses, kitchen, baths, &c.) . . the so-called 'relativ verbundenen' asylum." (*loc. cit.*). Having glanced at the history of this movement, Professor Griesinger continues: "In this system there is, at all events, one other institution required to which, out of the relatively connected ('relativ verbundenen') chronic asylum—if this is not to become of stupendous proportions—a regular draft can again take place of all such as are absolutely hopeless"—(*loc. cit.*)—in which remarkable passage the necessity for some triple division of all establishments for the insane, such as that recommended in the report under review, appears most distinctly to be set forth. Dismissing absolutely the notion of congregating the insane of all classes, the great specialist of Berlin sums up the question of the comparative advantages of the dissociated and the relatively associated system in the following sagacious sentences:—"Whether, then, is it better to erect asylums which shall receive curable lunatics mingled with a certain select number of incurables, or such as are destined entirely for curable (recent) cases, and from which all who become incurable are again rejected? This is a question which cannot be answered in a general way. The solution of this, like so many practical questions regarding asylum concerns, depends very much upon the population of the country, upon the number of lunatics already in asylums, upon the possibility of making use of the existing buildings, upon the pecuniary resources at one's disposal, upon the special aims which it is intended to combine with their erection (*e.g.*, clinical instructions), and most of all depends, in the end, upon the style of execution and the spirit which is imparted to the whole by those charged with the direction of such matters."

On the whole, then, it appears that the need of a due classification of the insane under treatment is felt everywhere. From Dr. Burman's paper we discern that the feeling of some great English authorities is in favour of the pavilion (partly associated, or "relativ verbundenen") system, while from the same source we gather that French opinion is rather in favour of the dissociated system. From Dr. Griesinger's great work we find that the first of German alienists, after an experience of the working of both systems, declares that the first condition of success in treatment is a due division and classification of patients, but considers that this can be carried out either way in accordance with circumstances which may be called local and accidental.

*(To be continued.)*

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WASHINGTON despatches inform us that the Senate Committee on Pensions has unkindly and impolitely rejected the application for an increase of pension made by Dr. Mary E. Walker. She draws at present 8.50 dols. a month for injury to her eyes, stated to be contracted in the service, although the examining surgeon expressed some doubt as to whether the weakness of the applicant's eyes was caused by exposure, or was the usual accompaniment of advancing age.

IN the principal large towns of the United Kingdom, the rates of mortality per 1,000 last week, were—Brighton 11, Leicester 16, Hull 17, Wolverhampton 18, Bristol 18, Birmingham 18, Portsmouth 19, Leeds 20, Sunderland 21, London 21, Bradford 21, Salford 21, Sheffield 21, Newcastle-upon-Tyne 22, Liverpool 24, Norwich 24, Manchester 28, Nottingham 29, Plymouth 31, Oldham 35, and the highest rate 37 in Dublin.

THE death-rate last week from the seven principal zymotic diseases ranged from 0·8 and 1·5 in Portsmouth and Brighton, to 9·9 and 15·3 in Oldham and Plymouth. Measles showed the largest proportional excess in Plymouth, Nottingham, Oldham, and Hull; scarlet fever in Oldham, Norwich, Sunderland, and Sheffield; and whooping-cough in Plymouth, Norwich, and Salford; 18 were recorded in London from diphtheria. Small-pox caused 11 deaths in London, 3 in Dublin, but not one in any of the other large towns.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 31, 1880.

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## THE ST. JOHN'S HOSPITAL FOR SKIN DISEASES.

IN another part of our present issue will be found a lengthy letter from Dr. Hoggan, late Honorary Physician to the St. John's Hospital for Skin Diseases, Leicester Square, in which he further supports the serious allegations previously made by him in reference to the manner in which the funds derived from patients of the charity are disposed of. The question involved in this controversy is one of the most vital importance, and will bear directly on the estimate in which hospital management is held by the large class of charitable people who are the chief supporters of the hospital establishments in and out of the metropolis. The principle of requiring such patients as are able to pay for the treatment they receive is commendable as being a means of extending the usefulness of the institutions to which they are indebted. But together with the admission must be taken the valid objection that can be raised against special hospitals, on the ground that they are calculated to degenerate into what more than one notoriously is, a recognised advertisement of its staff. For the moment, however, we do not propose to enter on the latter subject, but to comment on the serious nature of the accusations brought by our correspondent against the particular hospital under notice. With the evidence before us contained in Dr. Hoggan's assertions, we are compelled to believe that a serious discrepancy exists between the accounts that *are*, and those that *should be* forthcoming. It has been clearly shown —and even the official disclaimer contains no denial of the statement—that a large income *is* obtained from the paying patients of the St. John's Hospital. Equally clear is it also, that no indication of an equivalent expenditure can be found in the published accounts of the charity; and under the circumstances there is a very sufficient reason for demanding the fullest explanation of the manner in which the surplus moneys have been distributed. The public, who are called on to contribute in aid of a charity, whatever the mode of conducting that charity's operations, have the most perfect right to require that every detail of its working shall be open to inspection. Basing its pretensions to public support on the fact of its *being* a charitable institution—appealing in the name of charity, on behalf of charity, it occupies a special and particular position, and the moment any doubt is entertained of the *bonâ fides* of its claims, from that time it ceases to be a deserving object of public support, and must remain so until it is acquitted of the charge brought against it. We are bound to say that the St. John's Hospital for Skin Diseases is under suspicion, and we must endorse the demand made by Dr. Hoggan that a full inquiry shall be instituted as to the mode in which it has been managed during the last few years. If, as he asserts, its income has been improperly administered—it matters not whether it has been appropriated by one or other of its officers—the subscribing public must be warned against continuing to assist the maintenance of what may be an undeserving recipient of its bounty. The total receipts of a hospital must, plainly, be employed for the purpose of efficiently fulfilling its functions first; and, secondly, in the extension of its benefits, should a surplus be available to this end. The medical officers who accept the post of honorary advisers are debarred from any participation in the income derived through their exertions. Directly from patients able to pay or indirectly by way of annual subscription or donation, all moneys paid to the hospital are contributed for the legitimate purposes *of* the hospital; any other application of such sums can only be deemed a scandalous misappropriation.

In connection with this subject there arise other points for consideration. The importance and success of any public institution is in no small measure due to the countenance it receives from what is denominated "distinguished patronage." The association of well-observed and universally respected names with a movement or with an institution confers respectability on the undertakings initiated therewith. The sanction and approval of the objects arrived at, thus given, is a guarantee to the mass of the people that their benevolence will be excited on behalf of a deserving work. They consequently give without inquiry, in the full assurance that they are rendering assistance toward the fulfilment of the charitable intentions of those whose lead they are willing to follow. We take it that presidents, vice-presidents, and subscribers to any charity would cease to interest themselves in, or remain associated in name with, the institution which should be improperly made the medium of pecuniary gain to any member of the *honorary* staff attached to it. We take it, too, that conduct of this kind would be stigmatised by the most impartial witness as actually dishonest, seeing that the sacred cloak of charity would be employed, under such conditions, as a cover for securing a money payment in respect of services ostensibly rendered without expectation of any material return. And further, we assume that the exalted personages who might be acting in the capacity of honorary officers, would be the first to mark their sense of the importance of preserving the charity distinguished by their approval from the most distant taint of suspicion.

Suspicion has been excited against the St. John's Hospital for Skin Diseases; the accusations brought against the managers of it have been made freely and openly. They have certainly not been met yet in a way that can be deemed satisfactory. On every account it is essential that the whole question raised in Dr. Hoggan's letter shall be minutely investigated, and a declaration and proof of its inaccuracy be afforded by the Secretary beyond that yet vouchsafed. We would suggest to him that until he deigns to present the public with some grounds for a belief in the falsity of the accusations brought by Dr. Hoggan, it cannot, as he too readily assumes, "readily discriminate between the rash and unsupported allegation made by one individual, and the actions and refutations of those constituting the board of management of the charity." The matter has assumed proportions too grave to be met now by simple assertion. Unless the charges are rebutted in the most convincing fashion, not by vague general statement, but by irrefragable testimony, the uneasiness aroused in respect of the sound administration of the charity will result in the withdrawal of the support essential to its continuance.

As we were the first means of drawing attention to the alleged irregularities, we cannot rest satisfied until the most complete answer, one way or other, has been afforded to the allegations.

## ORAL TEACHING OF DEAF MUTES.

By the kind permission of the Duke of Westminster, a most interesting exhibition of the pupils of the "Association for the Oral Instruction of Deaf Mutes" took place at that nobleman's residence a few days ago. With some two or three exceptions, the sixty pupils who joined in the proceedings have been deaf from their birth, and but for the patient care bestowed upon them by their instructor, Mr. Van Praagh, would probably have had to endure through life the additional misfortune of being unable to communicate by speech with their fellow-creatures. The "lip method" of teaching supplies through the eye, and by the mimicry of motion, the lost faculty of hearing; and whilst it facilitates the work of educating the deaf, is by far the best means yet adopted to restore them to the comfort and happiness of social life, and render them useful members of society. When it is remembered that there are upwards of 20,000 deaf mutes in Great Britain, the best method of imparting knowledge is no unimportant object. Mr. Van Praagh showed by questioning his pupils, singly and in classes, how, by his method, they are taught, step by step—first, by watching the motion of the lips, next, the distinct pronunciation of vowels, consonants and words, then to frame sentences, and lastly, to give expression to their thoughts. The elder pupils exhibited the lively interest taken by them in current topics and events by the eagerness and quickness of their replies, and the vivacity of their countenances; the latter forming a marked contrast with the stolid look of deaf mutes, when employing the sign method. We noticed one other peculiarity, that the congenitally deaf mute always answered questions in the same pitch or tone, and entirely without any approach to modulation of voice, whilst those who had become deaf from subsequent illness, occurring at an early period of life, seemed to possess, or more properly retained a good deal of the power of modulating the voice. The great advantage, however, of the lip method over the sign will be more fully appreciated when it is remembered how few persons in everyday life can communicate with, or understand those mutes who use the fingers only, to express their thoughts. The oral system very properly excludes all signs, and aims at giving its pupils the great advantage of making themselves understood orally; thus they are enabled to mix with and become useful members of society. Another marked feature is, that all pupils reside at home with their parents, or with friends, and daily associate with those who are most interested in promoting their welfare and happiness, and who will rigidly enforce the system of lip reading and speaking; consequently they are not subjected to the evils inseparable from life passed in asylums for the "deaf and dumb," which deprive children of all the pleasures of home and consign them to a world of silence and to the society of those similarly afflicted. In addition to the teaching of the speechless, the Association pays special attention to the training of teachers, and for whose service there is a demand; the School Board of London having shown their appreciation of the good work done, by creating four centres, and bringing together 150 children, who were unable to obtain admission into any of the voting charities provided by the liberality of the public for this afflicted class. The Rev. Mr. Stainer is the superintendent of the School Board work; but the Association for the Oral Instruction of the Deaf Mute situated in Fitzroy Square, is under the direction of Mr. Van Praagh, who invites those who feel interested to a public demonstration of his method every Wednesday at 3 p.m. We regret to have to add that the funds of the Association are in a condition the reverse of flourishing, and that the income derived from school fees falls very far short of the expenditure, although things are managed with great care and economy.

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Dr. John Donovan was, on the 18th inst., elected by the Skibbereen Board of Guardians medical officer to the workhouse. He was unopposed for the post, which was recently held by his deceased brother, and previously by his father.

# Notes on Current Topics.

## Fifty-five Years of Practice.

After over fifty years of professional life, Mr. W. W. Pearse, surgeon, of Measham, Warwickshire, recently retired from active practice to a well deserved quiet. It is not often that so long a term is completed in the medical profession, the wear and tear incident to its duties more frequently resulting in a far earlier cessation from continuous work. Mr. Pearse has however, been for more than half a century the constant medical attendant on the sick and disabled in the neighbourhood of Measham, and there is consequently little to wonder at that the occasion of his retirement has been marked by unanimous testimony to his worth, both as a practitioner and as a member of society. Mr. Pearse was officially connected with a large number of friendly and other societies, and at the conclusion of his connection with them he entertained the members at a dinner. It is pleasant to note from the speeches made, and good wishes expressed on all sides, that the lifelong service of a medical man does, at any rate in country districts, meet with the hearty gratitude it is deserving of. And Mr. Pearse will carry with him the satisfaction of knowing that in securing the affection of his patients and friends he has ample proof of the faithful performance of his duties. We are always glad to notice such occurrences as that we have recorded; they are signs of good feeling, and as such should be received in a proper spirit.

## Charge of Forgery against a Medical Man.

We regret to find that a duly qualified and registered medical practitioner has reflected a disgrace on the body of which he is a member, by the commission of an act indefensible on any ground. There is in the case of Mr. Whitefoord an aggravation, moreover, of the actual offence. We have received a pamphlet in which the accused surgeon, though not explicitly denying the charge to which he has pleaded guilty, yet sufficiently insinuates his innocence as to engender a belief in his being wrongly suspected. This proceeding on his part was, to say the least, unwise; and we cannot but feel that the punishment to which he has been sentenced is a fitting one under the circumstances. The reflection will be taken as being on the whole medical profession; but this is scarcely a just way of regarding it. The concoction and delivery of the forged reprieve was a purely personal matter; and with the person of the author of it the disgrace of the proceeding must rest. We cannot but regret that the unpleasantness has arisen, but it may serve some good purpose which may not be just now apparent.

## The Effect of Faradisation of the Neck.

Dr. Katyschen (*St. Peters. Med. Wochen*) says that to confirm the constricting effect on the vessels of Faradisation of the neck experimentally, he undertook an investigation into its influence on the symptoms of inflammatory disease of the ear in conjunction with Dr. Dobrotworsky. Both took an equal part in the work. The investigation gave the following results :—Under the influence of Faradisation of the sympathetic fibres of the neck the inflammatory redness of the membrane in myringitis and catarrh of the middle ear became pale to the degree of the inflammatory redness of the middle ear in perforation of the membrane. The membrane was either quite pale or slightly injected. With the redness diminished or disappeared also the sensations which troubled the patient (pain, tinnitus); the hearing also improved, though it was rarely brought back quite to the normal. The effect continued during the Faradisation, and lasted for some hours after a sitting of five to fifteen minutes. Under the influence of galvanisation of the neck also the inflammatory redness of the membrane became paler, but the effect in this case is little pronounced and not constant; it can be easily proved that here only the closing and opening and vibration of the current have any influence.

## Unjustifiable Officialism.

One of the episodes eventuating in the committal of Mr. Whitefoord illustrates an important shortcoming in the law relating to detention of persons against whom warrants have been issued. Mr. Whitefoord, when arrested, had returned to his surgery to procure a bottle of ergot, in order to assist a woman he was attending in labour. He had delivered one child, and seeing that another was *in utero*, the first having been born dead after extraction with the forceps, he hurried to his house to obtain other assistance. While thus away he was arrested on the charge of forging a reprieve. In reply to his demand to be allowed to complete the case he was engaged over, the officer refused to permit his return to it, even though he offered to go in company with the detective. The woman was consequently unattended for some time, and it is fair to assume that, had she succumbed in the interval a legal murder would have been committed. The occurrence is not by any means one unlikely to be repeated. While, however, the law remains as at present, and shields the ignorant officialism of subordinate minions, it is hard to say what serious mischief may not be produced by it. It was explained in court that it was the duty of the police to detain *any person* against whom a warrant has been issued. The consequence in this single case has proved how necessary it is that some modification of the law as it stands should be made to apply to cases like that in which a woman's life was jeopardised by an unwise observance of discipline as opposed to discretion.

## Devonshire Hospital, Buxton.

The long services of Dr. William Henry Robertson, consulting physician to the Devonshire Hospital, Buxton, are to be recognised in a fitting manner, by the completion according to the architect's plan, and Dr. Robertson's wish, of the new buildings, which are being erected at present. The funds in hand not permitting the addition of a portico and clock tower, as was suggested in the original plans, and which Dr. Robertson was anxious to retain, a special fund to effect this has been opened, to which subscriptions may be paid through Mr. Joseph Taylor, the secretary to the hospital. The suggested improvements will be of great permanent usefulness, and will add much to the attractiveness of the new structure. Dr. Robertson's unceasing interest in the institution he has been mainly instrumental in bringing to the successful position it holds at present has led him to desire this mode of meeting the wish, widely expressed, to afford some recognition of his active benevolence.

## The Influence of Varicella on Vaccination.

On this subject, Dr. A. E. Osborne, of Delaware co., Pa., writes us :—

In your issue for February 14th you mention a case in which varicella had complicated vaccination—the virus lying dormant until the acute disease had run its course. Such cases are certainly interesting, and it might be well to ask of practitioners their experience. I chanced to have a case a couple of years ago, where varicella set in after vaccination (4—5 days) but failed to influence in any way the virus, and I have a case at present in which varicella showed itself on the sixth or seventh day, and and has apparently greatly increased the irritation. Both varicella and vaccination have been severe, and have terminated independently of each other.

## A New Way of Appointing a Professor.

We read in the Chicago medical journals the report of a *concours* for the lectureship on gynæcology in Rush College (Chicago) spring course which has occupied the two evenings of January 6th and 7th. There were six contestants—Dr. E. B. Ellis, of Galesburg, Illinois, who lectured on abscess of the vulvo-vaginal glands; Dr. D. T. Nelson, of Chicago, who lectured on sympathetic disturbances; Dr. W. L. Ransom, of Roscoe, Illinois, who lectured on membranous dysmenorrhœa; Dr. D. C. Camp, of Chicago, lecturing on peritonitis; Dr. A. J. Stone, of St. Paul, Minnesota, lecturing on sarcoma uteri; and Dr. R. Stansbury Sutton, of Pittsburgh, who discussed the subject of dermoid cysts. The choice clearly lay between Drs. Nelson, Stone, and Sutton. The place was offered to Dr. Sutton, on the condition that he came to Chicago to reside.

It seems obvious that the Chicago medical school means to have the best man, or at least he who can talk best. *Oh! si sic omnes.* But then, is there to be a periodical *concours* to prove the continued lecturing capacity of the successful gynæcologist. If not, this method will not save the school from the inevitable prosiness of old age and want of energy.

## Health of Ireland.

The mortality last week, in 20 large English towns, inclusive of London (in which the rate was 20·9) was equal to an average annual death-rate of 21·4 per 1,000 persons living; in Glasgow the rate was 24·2; and in Edinburgh, 26·9.

The average death-rate (for the week ending March 20) in the sixteen principal Town Districts of Ireland was 32·8, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest :—Sligo, 15·0; Galway, 18·5; Wexford, 20·6; Dundalk, 22·4; Londonderry, 23·6; Waterford, 23·8; Newry, 25·1;

Lurgan, 26·9; Queenstown, 28·9; Cork, 30·5; Belfast, 30·6; Dublin, 35·7; Kilkenny, 36·0; Limerick, 38·8; Clonmel, 58·6; and Drogheda, 78·2. The 30 deaths in Drogheda include 16 which occurred in public institutions, and the high death-rate is in part owing to delay in registering several of these deaths. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 4·1 per 1,000, the rates varying from 0·0 in Newry, Galway, Dundalk, Wexford, and Clonmel to 7·8 in Drogheda, where 3 more deaths from scarlatina were registered. The decline in the mortality from scarlatina in Cork has not continued, 8 deaths having been recorded last week against 4 in the preceding week; there were also 3 deaths from measles registered in that city.

In the Dublin Registration District the deaths represent an annual rate of mortality of 37·0.

The number of deaths from zymotic diseases registered was 39, being 7 less than in the preceding week, but 6 over the average for the eleventh week of the last ten years: the deaths from these causes comprise 3 from small-pox, 4 from measles, 7 from scarlatina, 2 each from diphtheria and croup, 3 from whooping cough, 8 from fever (1 typhus, 5 typhoid or enteric, and 2 simple continued fever), 1 from erysipelas, 2 from diarrhœa, &c.

The registered deaths (3) from small-pox are 4 less than in the preceding week, and 1 under the number for the week ending 6th instant. Eleven new cases of the disease were admitted into the Dublin hospitals during the week (being 10 under the number for the previous week); 11 patients were discharged, 3 died, and 48 remained under treatment on Saturday last, being 3 under the number in hospital on Saturday, 13th instant.

Nine cases of scarlatina, 11 of typhus, and 5 of typhoid fever were admitted into the principal hospitals last week: compared with the admissions during the previous week these numbers show a decrease of 13 in cases of typhoid fever.

### Muzzling the Press.

At the Kildysart Board of Guardians last week the exclusion of strangers was discussed, when the newspaper correspondents were called on to leave, but protested. The master and porter were called to remove them. The police subsequently arrived, and orders were given to them to remove the correspondents, who resisted. The police were assaulted outside, where a large crowd had assembled.

### Burial Alive.

In a recent communication to the French Academy, Professor Fort raises again the question of premature interments. One fact he mentions is that he was enabled to restore to life a child three years old by practising artificial respiration on it four hours, commencing three hours and a half after apparent death. Another case was communicated to him by Dr. Fournol, of Billancourt, who in July, 1878, re-animated a nearly drowned person after four hours of artificial respiration. This person had been in the water ten minutes, and the doctor arrived one hour after asphyxia. Professor Fort insists also on the utility of artificial respiration in cases of poisoning, in order to eliminate the poisons from the lungs and glands. The length of time it is desirable to practise artificial respiration in any case of apparent death from asphyxia, Professor Fort has not yet determined, but his general conclusion is that it should be maintained perseveringly for several hours.

### Dr. Farr.

Dr. Farr's appointment to the Order of the Bath has been gazetted, and will meet with the approval of everyone who recognises the highly important nature of the services he has rendered to science in this country. We are glad to learn that considerable progress is being made with the testimonial that is to mark the public appreciation of Dr. Farr's work.

### Royal College of Physicians, London.

Dr. Risdon Bennett, who has been four years President of the Pall Mall Corporation, was on Wednesday last re-elected a fifth time. Than Dr. Bennett no fitter President could be found, but we venture to think it at least inexpedient to confine the highest honour a physician can receive professionally so long to a single recipient. There are certainly a *few* deserving candidates who might be honoured by the office, and who would discharge its duties with dignity. By persisting in the unwise course of quinquennial service, the possible and worthy physicians are being treated in a way they have a right to object to, and we trust the condemnation accorded to the observance of precedent in those elections may result in the wished-for amendment in the future.

### The Naval Medical Inquiry.

A Departmental Committee has been appointed to take into consideration the present condition of the Naval Medical Service, and to find out by what means that service may be made sufficiently attractive to eligible candidates, which appears to be well constituted. It consists of Rear-Admiral A. H. Hoskins, C.B. (President); Dr. J. Watt Reid, Director-General of the Medical Department of the Navy; Mr. W. Willis, Deputy Accountant-General of the Navy; Fleet-Surgeon F. Fegan, M.D., C.B., R.N.; Staff-Surgeon H. C. Woods, M.D., R.N.; Surgeon John Tyndall, R.N.; Mr. W. B. Gurdou, C.B, First Class Clerk, Treasury; and Mr. J. W. Garnell, Senior Clerk, Medical Department, Admiralty, as Secretary.

### The Cork Queen's College Students and Mr. Parnell.

The President of the College has issued summonses to the students who signed the address presented to Mr. Parnell on Sunday at Queenstown, calling on them to appear before the council on the 5th April to account for their conduct.

### The Irish College of Science.

On Saturday week last, before Judge Warren, the case of Galloway *v.* Barrett was mentioned. This is an action to recover damages for alleged slander and libel. The plaintiff had been a professor in the College of Science, and he alleges that the defendant had in certain reports made by him rendered himself liable to these causes of action. Damages are laid at £5,000. Judge Warren granted an order for the discovery of documents.

## The International Congress, 1881.

The Universities, Corporations, learned Societies, and other bodies requested by the Presidents of the English Royal College of Physicians and Surgeons to send delegates to a conference on the subject of holding an International Medical Congress in England in the year 1881, have appointed their several delegates. These gentlemen will meet together on the 30th inst.; Dr. William Colles has been delegated by the Irish College of Surgeons to represent them; and it is hoped that a thoroughly representative Executive Committee will then be appointed to determine on the steps to be taken to insure the full success of the proposed Congress.

## Census for India.

The Inspector-General of Registration, Bengal, has been appointed *ex officio* deputy superintendent of the census operations in that Presidency. The census will be taken throughout India in the early part of February 1881, and already the local government has issued a circular giving instructions to the commissioners of the several districts in Bengal.

A writer in the *Boston Medical and Surgical Journal* points out that the distressing symptoms such as headache, impaired appetite and derangements of the stomach and liver, which sometimes follow the administration of tincture of chloride of iron, disappear when half a grain of chloride of ammonium is added to each minim of the tincture.

Dr. Purjesz, of Pesth, in the *Centralblatt f. prakt. Augenheilkunde*, relates a case of poisoning by 2½ grains of sulphate of atropine which was entirely cured in three hours by the administration of a centigramme of muriate of pilocarpine every five or ten minutes until 16 centigrammes had been taken.

The charter of the Victoria University, Manchester, was on Thursday last laid before and approved by the Queen in Council. Certain formal steps remain to be gone through before the charter is actually issued; but, it is believed, there will be no long delay before the University is duly constituted.

In the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were—in Calcutta 27, Bombay 38, Madras 40; Paris 33; Geneva 29; Brussels 25; Amsterdam 34, Rotterdam 28, The Hague 29; Copenhagen 22; Stockholm 26; Christiania 18; St. Petersburgh 51; Berlin 26, Hamburg 28, Dresden 23, Breslau 33; Munich 38; Vienna 32, Buda-Pesth 39; Rome 48, Naples 52, Turin 40; Venice 24, Alexandria 29; New York 2[illegible] p[illegible] [illegible]00 [illegible] the population.

# Literature.

## ON PHTHISIS AND THE SUPPOSED INFLUENCE OF CLIMATE. (a)

For many years past the attention of the Australian profession has been much directed to the prevalence of pulmonary consumption in their colonies as compared with the mother country; and also as to the comparative immunity from this dread disease believed to belong to persons of European descent born in those colonies. In the five mainland districts of Australia and in Tasmania and New Zealand there is a very extensive gamut of climates ranging from the almost English temperature of New Zealand to the tropical heat of Queensland; and accordingly, as might have been expected, the conditions of pulmonary disease are widely different from those at home, and present considerable difference between the colonies themselves. Some time ago the Medical Society of Victoria investigated this interesting nosological problem, and drew up an elaborate report upon it—the leading conclusions of which were that the phthisical mortality of Victoria was little more than half that of England; and that native-born colonists were comparatively free from the disease. Both these conclusions are fiercely controverted by our author, who pours upon them a shower of statistics, but without shaking, while he to a certain extent confirms, the conclusions of the Victorian Medical Society. We have seldom seen statistics which formed so unreliable a basis of argument; and this the author candidly admits when he regrets the want of "adequate data," and further on expresses his belief that "positive certainty must remain in abeyance pending the results of the coming census of 1881," at the same time adding that the value of these results may be somewhat impaired by the influx of strangers to the International Exhibition. In fact, the statistics appear profoundly unsatisfactory, and the only grains of gold which we have been able to wash out from this mass of numerical *débris* are the following comparisons of certain death-rates from consumption at home and in Victoria. The author states that the phthisical death-rate of England in 1874 was 21·04, and in 1875, 22·24 in every 10,000 of the population; in Scotland in 1873, 24·6; and in Ireland in 1875, 19·29 in the same numbers. When we find that he immediately after admits that the Victorian phthisical death-rate in 1875 was 12·60 in 10,000 (and that before and since it has been less) we are inevitably led to the conclusion that our author has proved the accuracy of the Victorian Medical Society, that "their consumptive death-rate is little more than half that of England." He wishes to compare the death-rate of the city of Melbourne in 1875 (21·46 in 10·000) not with those of London or Liverpool, but with that of England in general, which is, to say the least of it, misleading. Australian medical opinion appears to be with us in this matter, for our author complains that he has been accused of "manipulated figures" and of "a theory invented first and facts made to square with it"—accusations for which the present volume appears to afford considerable justification. The author has, moreover, entirely neglected one most valuable means of solving his problem—viz., the prevalence, or otherwise, of pulmonary consumption among the aboriginal races of Australasia; he constantly alludes to "natives," and always applies this word to colonists of European descent; but of the indigenous inhabitants he is as silent as if they were non-existent. These aborigines present a large and useful field of observation, and there are two great and widely differing races of them. In New Zealand the Maories exhibit a high intellectual and physical type, and are gradually becoming civilised and absorbed into the industrial population; but on the Australian continent the aborigines belong to a much lower ethnological scale, and display but little proclivity to civilisation, except an overpowering predilection for alcohol and tobacco. Still, large numbers of both classes of the indigenous inhabitants are under observation; and syphilis (an undoubtedly imported disease) of a rather bad type is common among them. It appears to us that their liability or otherwise to pulmonary consumption, would be a useful factor in the solution of the difference of opinion between the Victoria Medical Society and our author—we commend it to his attention. He does not appear to believe in the beneficial effect of climate upon consumption, and bases his doubts on the frequent occurrence of the disease in the natives of our best health resorts. No doubt overcrowding, want of ventilation, sedentary labour, and insufficient nourishment may lead to decline in any climate, however favoured; equally certain is it that phthisical invalids, whom no amount of hygienic care would have saved in our damp, cold, variable climate, are constantly relieved or even cured, by early removal to a judiciously-selected health resort.

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(a) "On Phthisis and the Supposed Influence of Climate, with an Analysis of the Phthisical Statistics of Victoria (Australia)." By William Thomson, F.R.C.S., F.L.S. Melbourne: Stillwell & Co. 1879.

Having been obliged so far to speak in deprecation, it gives us corresponding pleasure to express our strong approval of the author's views as to the etiology of consumption and its communicability from person to person, especially among individuals crowded together in near propinquity in ill-ventilated rooms situated in populous centres, and thus breathing over and over again the same air. The author's view (which is an extension of that first put forward by Klebs, of Munich, and mentioned by Dr. Hy. Green in his "Morbid Anatomy") is, that the primary cause of true pulmonary phthisis is an intra-lobular deposit of dead epithelium-cells robbed of their protoplasm, and thus constituting the well-known giant cells. He considers that the cause of this epithelial death is a germ from an already diseased lung which is inspired by the lung of a patient in a condition of health circumstances such as to form a nidus favourable for its reception; and that this germ more easily reaches the apex of the lung, thus accounting for the fact of phthisis being essentially an apex disease. Every practical physician has seen consumption breaking out and ending fatally in persons who have never come in contact with phthisical sufferers, and whose hygienic surroundings had been all that could be desired—and this would rather favour the views of Laennec. Still, we believe that there is truth in the author's theory, and that it will, if pursued, yield good results. Much of his theory is purely inferential; but it accounts for the undoubted communicability of consumption under certain circumstances, the comparative impunity of persons engaged in certain trades, the protective influence of good air, and the beneficial results of sea voyages to certain localities. We respectfully recommend the author to pursue this inquiry and produce a work on the etiology, pathology, and therapeutics of pulmonary phthisis, which will rank with those treatises on Constitutional Syphilis and other branches of medicine which have reflected such credit on the medical press of Australia.

### Literary Notes and Gossip.

NEW medical journals are continually springing up in the United States. The latest candidate for favour now before us is the *Independent Practitioner*, published at Baltimore. This journal, if it continue as it has begun, should be able to hold its own, as it contains good matter, is well edited, and excellently printed. On the principle of "the more the merrier," we wish our new friend all success.

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WE learn that Mrs. Strange Butson, the author of a very pleasant little book, published last winter, entitled "On the Leads," has in preparation a work to be issued by Messrs. Griffith and Farran, named, "The Art of Washing." It is divided into three sections of personal, clothes, and house washing, and the author has aimed at making it practical and useful throughout. The book will be dedicated to the medical profession through Sir George Burrows, as one of its most eminent representatives.

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THE American National Board of Trade have offered prizes to the amount of 1,000 dollars for essays on the adulteration of food and drink. Essayists must keep the following objects in view in preparing the MSS. First, what are the usual deleterious adulterations of articles of food or drink? second, the effect of these adulterations on health and on trade? third, the best means of detecting and preventing their recurrence with the least interference with commerce and with the least expense to the community? and fourth, the reasons for the legislation proposed in the said essay?

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AMONG the numerous prize subjects for essays published by the French Academy of Sciences for 1880-1-2 and 3, we note (briefly) the following:—Botany of the North of France; distribution of marine animals on the French coast; cure of Asiatic cholera; diagnostic signs of death and prevention of premature burial; application of Pasteur's researches to the healing art; physiology of mushrooms; influence of medium on the structure of vegetative organs (roots, stems, leaves); structure and development of the tegumentary system in roots; interior organisation of the various edriophthalmic crustaceans in European seas; coloured parts of the tegumentary system of animals, or the fecundating matter of animated beings.

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DR. CASSELLS, of Glasgow, has reprinted from the *Edinburgh Medical Journal*, under the title "Personal Reminiscences of the International Medical Congress at Amsterdam, 1879," a very graphic and pleasing account of his visit to that assembly. Our Dutch friends seem to have done their very best to give their visitors a "good time," both in respect to scientific work and pleasurable recreation, and to have succeeded in their endeavour. One of the most remarkable features of the meeting was the enthusiastic reception of Professor Lister. The work of English physicians was generously recognised, and Dr. Cassells own labours in the field of otology were well appreciated. The *brochure* is interesting, and forms a pleasing memento of the meeting.

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WE have heard of one or two instances of very rapid sales of medical books during the past day or two. In this column we have noticed the editions of Ringer's "Therapeutics," and Naphey's "Modern Therapeutics," succeeding each other in regular sequence. The sale of Squire's "Companion to the British Pharmacopœia" is, perhaps, still more exceptional; this book has now reached a twelfth edition, and as we understand 5,000 copies constitute an edition of this work, a tolerably correct estimate may be formed of its appreciation. Mr. Thompson Lowne's "Aids to Physiology" is another example; published but a few weeks ago, the first thousand copies are, we hear, already exhausted, and the second thousand rapidly selling. Dr. Weatherley's "Ambulance Lectures" has reached its third thousand in the course of two months; with such examples before us, the generally accepted notion that medical books do not sell, is not strictly correct.

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WE regret to learn that the *Index Medicus* is a financial failure, and that there is a probability of its discontinuance unless more support be accorded during the current year. This monthly publication was started in New York at the commencement of 1879, and has admirably fulfilled the object of its mission, that of being a bibliographical guide and index in all that pertains to medicine and its allied sciences. But the number of subscribers in the past has been too small to recoup the publishers for the outlay incurred in its production. The discontinuance of such an Index will be much deplored by the reading portion of our profession, particularly by authors in these days of compilation; and we sincerely hope such a calamity may be averted by a more liberal accordance of patronage in all English-speaking countries. No public library or society can afford to dispense with the *Index Medicus*, and those which do not at present possess it should hasten to supply the deficiency.

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THE editions of Dr. Ringer's book follow each other with wonderful rapidity and regularity. In many respects this is a good thing, as it enables the author to keep up with the progress of therapeutics. Thanks to the many ardent workers in this field, including Dr. Ringer himself, various new and valuable remedies or new facts regarding old remedies, are being constantly brought to light. Of the excellencies of the book before us (eighth edition) it is scarcely necessary for us to speak, as there are probably few of our readers to whom the former editions are not familiar. As a handbook for students it stands probably unrivalled, though as a book of reference for practitioners it is equalled, if not surpassed, by an American work, Naphey's "Modern Medical Therapeutics," which also almost equals Ringer in the rapidity with which its editions succeed each other. In the present edition Dr. Ringer has successfully endeavoured to include the new facts which have come to light since the issue of the last edition. The book is now a wonderful mine of information on therapeutic lore. Its principal drawback as a work of reference is its apparently arbitrary arrangement, which renders a constant appeal to the index necessary. Some systematic arrangement, alphabetical and otherwise, would improve what is already an admirable work, and one almost indispensable to every student of medicine.

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It is somewhat remarkable how fond the British public (and very likely other publics too) are of trying to do their own doctoring. The art of medicine is one which, like that of acting, possesses peculiar charms for the amateur who, especially when of female sex, is apparently never so happy as when pouring "drugs, of which he knows little, into a body, of which he knows less." In order to minister to this craving, many manuals have been written, professing to teach what is known as "domestic" medicine. This is a somewhat elastic term, and some authors have made it include almost a complete treatise on medical practice, while others have restricted themselves to the consideration of the elementary treatment of simple ailments. One of the best of these manuals of domestic medicine was not long since published by Messrs. Cassell, entitled "The Family Physician," and this work they are now re-issuing in monthly parts, the first two parts of which are before us. It is well done, and on the whole is fairly reliable, but all these books seem to us to tell both too much and not enough. Some weapons are put in the hands of the public which ought to be wielded only by those skilled in their use, and thoroughly aware of their dangerous properties when improperly or too lavishly employed; and, on the other hand, it is obviously impossible in such works as these (even if it were desirable) to impart a complete knowledge of the whole science and art of medicine. For emigrants, and those likely to be far away from medical assistance, this work may prove of some value. Manuals of domestic medicine for use in the homes of our own people in civilised countries are objectionable, and may sometimes prove dangerous.

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New Books and New Editions.—The following have been received for review since the publication of our last list, Feb. 25th: "Indian Notes," by F. R. Hogg, M.D.; "Notes on Diseases of the Testis," by Samuel Osborn, F.R.C.S.; "Index to the first twelve volumes of the Transactions of the Clinical Society of London, 1879;" "Transactions of the Obstetrical Society of London, 1879;" "The Secret of a Good Memory," by J. Mortimer Granville, M.D.; "The Medical Register for 1880;" "Consumption, and its Treatment by the Hypophosphites," by J. C. Thorowgood, M.D., (third edition); "The Elements of Indian Hygiene," by J. C. Lucas, F.R.C.S.; "Beitrage zur Klinischen Geburtskunde und Gynakologie," von Dr. Kehrer; "Notes on Physiology," by Henry Ashley, M.D. (second edition).

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Pamphlets.—The following have been received since the publication of our last list, Feb. 25th: "Aid to the Injured," by the St. John's Ambulance Association; Spence's "Metal," by Granville Cole, Ph.D.; "Ambulance Lectures," by Lionel A. Weatherley, M.D.; "Report of the Liverpool Sailors' Homes and Dispensary, for 1879;" "Hints on Health," by R. Paramore, M.R.C.S.; "The Sixty-sixth Annual Report of the Hospital for Diseases of the Chest;" "The Medical Act Amendment Bill and Medical Reform," by W. E. Steavenson, M.B. Cantab.; "Transactions of the Cremation Society of England;" "Personal Reminiscences of the Amsterdam Medical Congress, 1839," by Dr. Patterson Cassells; "The Truth about Vaccination," by Ernest Hart.

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# Correspondence.

## THE SUPERVISION OF PRIVATE EXECUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I first read your article under the above heading in your issue of March 3rd. After perusing Dr. Kinkead's pertinent letter in the *Medical Press and Circular*, March 17th, I now wish to join that gentleman in his reply to your strictures on the subject.

With some apparent inconsistency, in a preceding article you uphold the Irish prison medical officers, and show their spirited determination to maintain their rights in the face of the Prison Board; and in this article you think them so subservient to that Board as to render their sworn testimony not unimpeachable, or, at least, you think they are apt to view matters through "official spectacles," which, according to your description, seem to be such peculiar aids to vision that I am happy to say they have not yet come into use in the English prisons.

The note appended to Dr. Kinkead's letter, in which you defend yourself from any wish to be discourteous to the prison surgeons, scarcely makes amends for the doubts expressed as to the quality of their evidence in your leader. If the public trust the humanity of prison surgeons, in looking after the prisoners' health, in seeing that they are not put to work above that which they are able to bear without injury to health, and in mercifully interposing when necessary between the prisoners and prison discipline, dietary, punishment, &c., can they not trust the evidence of such men as to whether a murderer has been properly hanged or not.

Dr. Kinkead has clearly pointed out the law in the matter, and shown that prison officials have nothing to do with executions, which entirely rest with the high sheriff, so that the prison officials are in reality representatives of the public.

Prisoners under sentence of death are not harshly treated, as one might imagine from the tenor of the articles which appear in the newspapers, but, on the contrary, I believe throughout the three kingdoms, receive from the prison officials great consideration and exceptional treatment as to diet, &c.; and on the scaffold their suffering is very momentary since the "long drop" has been generally adopted.

On the other hand, there are some of the public who think that murderers receive too much consideration, and that humanity is stretched too far when the death sentence is painlessly meted out at the end of a hempen rope to persons who have cruelly and wantonly shed the blood of their fellow being. The termination of their existence is now brought about in a much more merciful manner than perhaps was ever intended when the sentence "hanged by the neck until you are dead" was framed.

It was my very unpleasant duty to be present at the recent double execution in H.M. Kirkdale Prison, and I can attest to the celerity with which Marwood disposed of the culprits, and I can also assure your readers that a very superficial examination was sufficient to show that there was dislocation of the cervical vertebræ, so that in these cases where the "long drop" is adopted the evidence of your "independent medical man of good standing in general practice" is scarcely required to show what was the immediate cause of death.

In these cases I did not think it necessary to make any dissection, but in a previous instance, where the drop was 8½ feet, I found great laceration of the cervical muscles and ligaments, dislocation between the axis and third cervical vertebra, fracture of the odontoid process, and the spinal cord completely torn across.

According to the law of uniformly accelerated motion, a body will fall 9 feet in three-quarters of a second, with an acquired velocity at the end of the 9 feet of 18 feet, or a velocity at the rate of 24 feet per second. Now, as the momentum of a moving body is the product of the mass multiplied by the velocity, it is very easy to appreciate how quickly dislocation of the vertebræ is caused, and to calculate the force which produced it. The momentum may be reckoned by the following simple rule, viz.: multiply the weight of the body by twice the length of the drop; thus, one of the prisoners to whom I refer weighed 155 lbs., and got a drop of 8½ feet, thus giving a momentum of 2,635 lbs.; the other prisoner weighed 128 lbs. and got a drop of 9½ feet, which gave a momentum of 2,432 lbs. We have thus a force of over a ton weight quickly and abruptly thrown on the muscles and ligaments of the cervical vertebræ, which causes dislocation of the vertebræ and rupture of the spinal cord nearly as rapidly as the nervous impression could travel to the brain and back. Thus death takes place almost painlessly, or at least the pain arising from the sudden arrest of the body in its motion through space, with the consequent dislocation, &c., before the abolition of sensation, must only occupy a very small portion of a second. No doubt the heart continues to beat for some seconds after the severance of the cord, but this is a matter of no moment to the prisoner, as sensation is abolished. In short, although death cannot scientifically be said to be instantaneous, yet practically it may be looked upon as such.

You advocate the admission of reporters, and in my opinion there would not be much objection to their presence if they contented themselves with a statement of their opinion as to whether the execution was carried out humanely or not; and on such conditions the High Sheriff would have granted their admission to the recent executions in Lancashire; but such terms would not suit their purposes. Such a privilege would have met the objects they professedly had in view, but as they refused to accept it I think he acted very discreetly in not pandering to the morbid cravings of newspaper editors for sensational matter to sell their papers.

I am, Sir, your obedient servant,
**James Barr**, M.B., L.R.C.S.Ed.
Medical Officer H.M. Kirkdale Prison;
Physician Stanley Hospital.

Liverpool, March 17th, 1880.

[In commenting on the supervision of private executions we expressed our belief that prison officers are "efficient, kind-hearted, honourable men," and to that estimate of them we adhere; but there is no class of men into which unworthy members may not intrude or that is absolutely exempt from class bias and the influence of authority. Public officials of all classes, lay and medical, ought to be and are subjected to supervision and as a rule submit to inspection without any sense of injured innocence. Rightly or wrongly, the public will not believe that prison officials are like Cæsar's wife, 'above suspicion," and hence various checks on them have been devised. In the case of every prisoner dying in a prison the law directs that an inquest shall be held, and Mr. Barr no doubt gives evidence at such inquests frequently, without feeling that his humanity is called into question by the investigation. We advocated the provision of an additional security for public confidence in the proper conduct of private executions, and Mr. Barr is certainly not entitled to infer from our remarks that we are disposed to throw discredit on the testimony of prison surgeons. Our reference to official spectacles was liable to objection we should have thought rather on account of its triteness than on that of its dubiety. Two perfectly veracious men may take entirely different views of one occurrence because they observe it from different standpoints. We desire to have private executions viewed from the public as well as from the official standpoint. No one impugns Sir Garnet Wolseley's truthfulness because he and Dr. Russell take irreconcilable views of the conduct of certain troops in the Transvaal. No doubt, as Mr. Barr says technically the High Sheriff is responsible for the execution of a capital sentence, but that sentence is invariably carried out in the presence of prison officials and under their superintendence, and indeed under certain circumstances their active co-operation might be required. The prison surgeon is legally required to be present at them, and he must therefore see them through "official spectacles" and cannot be recognised as a representative of the public. We must emphatically demur to Mr. Barr's suggestion that there is any portion of the public animated by a desire to add torture to the death penalty; and the very fact that a prison surgeon should have so misconceived public sentiment shows more strongly than anything that we have said how important it is that the clear light of popular opinion and feeling should be brought to bear on prisons. Mr. Barr's exposition of the law of "uniformly accelerated motion" is most sound and interesting, but between the statement of a law and the practical application of the same there is a wide difference; and it has been, we believe, at executions supposed to be scientifically conducted in accordance with this law, that shocking misadventures have occurred. In one instance in Dublin the head was torn from the body; in another at Leeds the rope broke, and the wretched convict had to undergo the bitterness of death twice over.—Ed. M. P. & C.]

## ST. JOHN'S SKIN HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is a remarkable circumstance that when for the first time the managers of St. John's Hospital venture to reply, through their secretary, to the many serious allegations I have made regarding sums of money they have received and not accounted for, they do not offer a single fact to disprove what I have said in this respect in any of my former letters. They endeavour, indeed, to throw dust in the eyes of the public by stating that I have never asked leave to inspect the books, nor communicated with the auditors, as if either of these things had any bearing on the truth of my allegations. They also endeavour craftily to call off attention from all the main issues on the question of disposal of funds by making my remarks about a vice-president the chief subject of their reply. As far as the correctness of that remark is concerned, as shown by the letter I publish, I have nothing to modify, and the letters published by the managers will principally be held to show that when, after many years ignorance of the fact, Lord Shaftesbury was made aware that he was a Vice-President of St. John's Hospital, his first step was to withdraw from it.

When I estimate that from payment by out-patients alone £2,174 11s. 8d. is still unaccounted for by the managers, it is no answer to me or to the public to say that Messrs. Kain, Bullen, Eldredge, and Co., of Chancery Lane, are the auditors (*honorary*), who have checked all the books of the charity, including the medical officers' register, so prominently referred to by me. As their names have been brought forward, I publicly call upon those gentlemen to state, on their professional honour, that they have added up the sums recorded in that register of out-patients for the year 1878, and when the result is added to amounts received from bath-patients and in-patients it only amounted to £111 14s., stated on page 13 of the last report as the amount received from payments by patients.

When Mr. Mercier says that I omitted to communicate with the auditors before making the rash statement regarding the £2,174 14s. 5d., he says what is contrary to fact. I personally posted to them a copy of my last letter in the *Medical Press*, which states, in reference to the £111 14s., that "that figure was less than it ought to have been by at least £1,000;" and I further added, "as in the case of a similar item mentioned in my last letter, the serious question is what has become of the balance?" The foregoing was surely communication sufficient to rouse the professional honour of the honorary auditors. I admit that it was impossible for the auditors to form an exact opinion of the number of out-patients treated from the entries in the out-patients' register, but that difficulty did not exist in respect to the sums received, except as regards monthly tickets. In fact, one of the exquisite arrangements for ensuring that payments from out-qatients should not go astray—at all events, before they reached the hands of the treasurer, Major Charles Mercier, was one by which the medical officers were made to form a check upon the matron. In the absence of the secretary or clerk, which happened very often in my experience, the matron received the payment, giving printed tickets equivalent to receipts to the patients, who had to peesent them to the medical officer in attendance, the amount thus received being entered by him after each reception in the out-patient register. But it is evident that although intended as a check upon the matron, it was equally a check upon the treasurer. These I presume are the numbered receipts referred to by Mr. Mercier, and it is precisely upon them that I base my allegation. If space will permit I shall offer two examples as illustrations of what I have said regarding the mixing up of patients and payments which forced even me to form an estimate only. This confusion, as far as I can recollect, existed only in the register of receptions of my former colleague, Mr. John L. Milton, M.R.C.S., senior surgeon to the hospital, the only member of the medical staff who forms part of the board, and is also, I believe, co-trustee with Major Charles Mercier in the property of the hospital. On the 3rd April, that officer states at the end of his reception, that there had been 121 paying, and 1 free, patients treated. But although the 121 may be used for swelling the total number of patients treated, it only certifies that £6 1s. was received on that occasion; and as some patients pay from two to five shillings a visit, only from 60 to 80 patients had really been treated, and for the rest shillings had counted as patients. Again, on April 23rd the same officer certifies that 101 paying, and 8 monthly ticket patients had been treated, but here again the

101 only means that £5 1s. were received, independently of the receipts from monthly patients, whose individual payments were represented by a variable number of shillings. Now although the two sums I have mentioned represent specially favourable results, one has only to recollect that the same officer has 100 such out-patient receptions per annum, and that he had six colleagues, each holding out-patients' receptions, and when the amounts thus received from them all are added to payments from in-patients and bath-patients, what surprising effrontery, is it not, to represent the grand total as £111 14s.

Surely the foregoing remarks will make it evident to Mr. St. Vincent Mercier and his superiors that it was quite superfluous and unnecessary that I should apply for leave to inspect the books of the charity, or how far I omitted to do so when it was in my power; but as the general tone of their letter will lead the public to suppose that inspection of the books is attainable, I accept the implied challenge, and request the board to forward the register of out-patients to the offices of the Charity Organisation Society, in the presence of whose officials, being impartial persons, I shall be glad to inspect and point out the evidence of my allegation. If the board neglect or decline to do this let them no longer beat about the bush in the matter. Let them remain silent as in the past, and the public will know what to think of them, if it has not already formed its opinion.

In this letter I have endeavoured to keep to the point already raised in your columns, and for that reason I have not referred to other allegations which have already been made officially, and will yet have to be answered. Finally, it may be well that I should shortly allude to the former remarks of Mr. Mercier in your issue of the 6th, that the charges brought by me against the management of the hospital were "carefully investigated some months ago, and were pronounced to be absolutely without foundation, and unworthy the further consideration of the board." I cannot say that I am painfully impressed by that information which I hear for the first time, and the public will also know what to think of a board who constitute themselves sole judges of accusations against themselves, and pronounce their own acquittal and my condemnation in the pompous terms you have kindly reproduced.

I am, Sir, yours, &c.,

George Hoggan, M.B.
Formerly Physician to St. John's Hospital
for Diseases of the Skin.

7 Trevor Terrace, Rutland Gate, S.W.
11th March, 1880.

## THE SURGEONCY OF ST. VINCENT'S HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The editorial comments in your last issue relative to the appointment to the vacancy in the above hospital have been widely endorsed in medical circles, and have given rise to several important questions—viz., Who selected the juvenile Dr. Kehoe? Who were his competitors—their names, status, qualifications, experience, &c.? On what principles was he selected? What part did the staff take in the matter? Was the appointment made chiefly for the welfare of the patients? or to increase the number of pupils, and so add to the income of the staff? Was clerical influence a considerable factor in the election? Is the reputation of really distinguished members of a hospital staff enhanced and public confidence increased by the adoption of fledglings as colleagues in preference to men of mature knowledge, experience, and culture?

Answers to the above would be most becomingly given by the head of the staff of St. Vincent's Hospital, Dr. Mapother, who is also at present the representative of the surgical body in Ireland—the President of the College of Surgeons. It is hoped he will speedily favour the profession with a full and detailed reply, as a great principle is involved in the matter, and a large body of the members of the profession are determined that a reform on the subject is imperatively demanded.

I am, Sir, &c.,

Dublin, March 22, 1880.
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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

A meeting of the students attending the Royal Infirmary Medical Classes was held on the 25th inst. in the class-room, for the purpose of distributing the prizes to the successful students. The chair was occupied by Dr. Eadie, and amongst those present were Professor Gairdner, Dr. Tannahill, Mr. Gourlay, &c. Letters of apology were read from the Lord Provost and Mr. King, of Levernholm. The chairman, at the outset, hastily congratulated the students on the amount of good work which they had accomplished. He felt sure that from the high standing occupied by their teachers, they had done everything in their power, and done it conscientiously and well. No medical school could be more favourably placed than that in connection with the Royal Infirmary with an hospital containing 500 beds, and with 700 operations performed last year. In the treatment of these cases they saw principles put into practice which were first tested and illustrated. The teaching class was unusually strong. They had five separate courses of lectures in addition to those which were absolutely required for lessons, and it was gratifying to find that all the teaching power of the school was being appreciated in the proper quarter. He concluded by wishing them every success in their medical studies, and trusted they would do credit to the Glasgow Royal Infirmary. The prizes were afterwards delivered to the successful students.

Faculty of Physicians and Surgeons.—The Faculty of Physicians and Surgeons gave a highly successful conversazione on the 19th inst. in their hall, St. Vincent Street, Glasgow. The numerous company embraced members of the profession from throughout Scotland and the North of England. The company was received with characteristic dignity and grace by the venerable President as they assembled in the hall from 8 to 8.30 p.m. Beside the President were the other officials of the Faculty. In introducing Professor Forbes, Dr. Buchanan formally, in the name of his colleagues, gave the guests a hearty welcome. He expressed the interest which the Faculty took in the welfare of its licentiates, and the pleasure afforded by meeting old familiar faces from time to time. He humorously alluded to his intention of moving that the corporation assume the prefix "Royal," to which its antiquity well entitled it. Professor Forbes in a series of brilliant experiments demonstrated Crookes' experiments with radiant matter. Dr. Munro, of Kilmarnock, in a neat address, showed remains of lake dwellings found near Kilmarnock, and gave some very instructive information of an archæological nature. On the "ground floor" there was a collection of books on botany and natural history from the Faculty Library, and arrow-heads exhibited by Dr Macklin, from Livingstonia. In the library refreshments were served. In the council rooms microscopes were shown by Dr. Foulis and Mr. Fleming. Dr. James P. Cassells exhibited the audiphone, the principle of which, the President maintained, was as remote as the time of Hippocrates, while the present application was interesting. Dr. James Dunlop exhibited Sayre's apparatus for spinal affections, Dr. Adams his new gas stove, and Mr. Clark some really magnificent dissections. Dr. MacEwan contributed casts of limbs before and after osteotomy. Various other physiological and surgical appliances were displayed. Carriages were ordered at 10 o'clock, and a very pleasant and intellectual evening then brought to a close.

UNIVERSITIES PARLIAMENTARY ELECTIONS. — Mr. Asher and Dr. Campbell are prosecuting a vigorous canvass for Glasgow and Aberdeen; and Mr. Bickersteth, of Liverpool, and Dr. Playfair for Edinburgh and St. Andrews. All the candidates, as was naturally to have been expected, are anti-medical reform. Curiosity is expressed as to how Mr. Bickersteth can reconcile the duties of a large practice with those of a Member of Parliament.

MINTO HOUSE MEDICAL SCHOOL.—At a meeting of the lecturers of this School, held on the 26th inst., Mr. Geddes was unanimously elected to the vacant lectureship on Natural History. Mr. Geddes was formerly Demonstrator of Physiology in University College, London, and more recently of Zoology in the University of Aberdeen. He has just returned from a zoological and palæontological expedition in Mexico.

AMBULANCE LECTURES, OR "WHAT TO DO IN EMERGENCIES."—This course of lectures, given by Dr. A. G. Miller, F.R.C.S.E., in connection with the Edinburgh School of Cookery, was brought to a close on 19th inst., when a lesson on bandaging was given to the pupils. These lectures have excited much interest in Edinburgh, and were attended by about 230 ladies. In consequence of these numbers the class was divided into two for the practical lessons on bandaging, at which Dr. Miller was assisted by twelve lady pupil teachers, whom he had previously trained for the purpose.

## Medico-legal Intelligence.

### HOUSE OF LORDS.—TUESDAY, MARCH 23RD.

TRICHINOSIS ON BOARD THE CORNWALL TRAINING-SHIP.—Earl Beauchamp, in answer to Lord Thurlow, said that the Secretary of State, having consulted the Local Government Board, had undertaken an inquiry as to the sickness that had existed on board the training-ship *Cornwall*. The inquiry had been carried on in a very careful and laborious manner, and the result was a report that the sickness had resulted in one death only. At first, the sickness was believed to be fever; but it was in the end found to be due to trichinosis. The report would be laid upon the table, and it was a most interesting document.

### HOUSE OF COMMONS.—FRIDAY, MARCH 19TH.

THE CASE OF ACTING STAFF-SURGEON ALLEN.—Reply to Mr. Sullivan (who put a question for Mr. O'Shaughnessy), Mr. W. H. Smith said: Mr. Marcus Allen, while a patient in Haslar Hospital in 1878, was recommended for survey by Dr. Watt Reid, on the ground that he was suffering from an incurable disease, but one which nevertheless was not beyond remedial measures. This survey, however, was not then ordered by the Medical Director-General. On Mr. Allen's discharge from hospital he was appointed to a Coastguard cruiser. In accordance with the practice of the service, he was medically surveyed in London, and not at Haslar, as he had requested, and was reported fit for active service. On this, he requested permission to resign, as not equal to the responsibilities of the position either mentally or physically. His resignation was accepted, and he never joined his ship. It is not customary to give compensation to officers who resign, nor to reconsider their cases with a view to their readmission into the service, for which an Order in Council would be required.

## MEDICAL INTERESTS AND ELECTORAL DUTIES.

ON Monday morning last it was announced that Dr. Robert Dyer Lyons would offer himself as a candidate for the representation of the City of Dublin, and for some days previously the candidature of a member of our profession was spoken of, Mr. Porter, Surgeon to the Queen in Ireland, having—we understand—been solicited to accept nomination in the Conservative interest, and Dr. Robert MacDonnell, F.R.S., being spoken of as a candidate on the part of the Liberals. Dr. Lyons has been formally accepted and approved by the leaders of his own party, and will certainly go to the poll.

It is, however, as a member of our profession that we would speak of him, and it is as one of our brethren that we would urge the medical electors of the City of Dublin to forget their political predilections as far as they can, and stand together in support of a new representative of our profession in Parliament.

As to the *personnel* of Dr. Lyons, there can be no question that he is, in all respects, worthy of representing medical interests. He is a gentleman by birth, property, education, and manners, a good speaker, a clear-headed man, and—as far as we know—sound in his views of medico-political questions. He has filled the position of Vice-President of the Irish College of Physicians, and occupies a high rank as a practitioner and as a man of science.

Thus it will be admitted that, as regards his personal qualities, public and professional, Dr. Lyons is fully entitled to claim the suffrages of his medical brethren, and that, if he should be elected, he will not be likely either to discredit or misrepresent our profession when he speaks on their behalf in the House.

As to the political aspects of Dr. Lyons' candidature, it is not our right or our desire to offer an opinion, and we are obliged to restrict ourselves, in this connection, to pointing out how far medical interests ought to outweigh mere political party in the minds of the medical electors of Dublin. There never was a moment when the medical voter was more urgently called upon to subordinate party views to the good of the profession; and, we will add, never a moment when there was less reason for subordinating medical interests to the squabbles of contending factions. When Sir Dominic Corrigan was elected to represent the Dublin citizens, there was imminent upon the election the great test question of the Irish Church Disestablishment, and we then felt with many of Sir Dominic Corrigan's medical co-citizens, that it was not to be expected that the strong feeling of the medical voters upon this great question should be merged in the less strong desire to return another medical representative to Parliament. Moreover, there was then no special urgency for increasing medical influence in the House, for there was no medical question of much importance then on the *tapis.* To-day the circumstances are reversed, for there is no overwhelmingly important question of public policy under judgment, and no contest of parties which medical men can control in the remotest degree; but, on the other hand, there are medico-legislative questions impending, the gravity of which we do not exaggerate when we say that the whole fortune, prosperity, and social status of our profession hangs upon them. The past Parliament had before it at its dissolution the three Medical Reform Bills, one or other of which is to be the Magna Charta of our profession for the next twenty years—a Bill or Amendment of the Irish Medical Charities, which proposes a settlement—in the interests of the medical officers —of the long complained-of abuses of medical relief, superannuation, and drug supply; a Bill for the reconstruction of the Irish birth and death registration system; a Bill which will revolutionize the Irish County Infirmaries: and besides these measures, there are motions on hand respecting the public health of Ireland, the assimilation of the vaccination systems of the sister kingdoms, besides the stock legislation upon vaccination, contagious diseases, and vivisection, which are to be found in every session of Parliament. Are we not right in asserting that in a Parliament so pregnant with medical affairs, there ought to be increased medical representation? and are we not justified in urging, nay, in entreating our medical brethren in Dublin, to join together in doing for themselves, if possible, what Governments, or parties, never have done and never will do for them?

Can anyone tell us what allegiance Irish medical men owe to the successive Governments of Dublin Castle? What have they done lately with reference to prison surgeons? Have they granted to the Irish medical and surgical profession its fair share of honourable distinctions and decorations? Have they acted fairly or even honestly towards the medical officers of health for Ireland? How have they dealt with Surgery, and the Irish College of Surgeons, in their selection of the Senate of the New University? To be brief—can anyone give us a reason why medical men, as such, should sink their own interests at the solicitation of any Government of Ireland, no matter what its party? If not, we think that every medical voter in Dublin will maintain his own self respect, and enhance the respect due to his profession, by voting for a medical man and disregarding merely political clamour.

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## THE ELECTION OF AN EXAMINER IN THE IRISH COLLEGE OF SURGEONS,

To fill the vacancy caused by the death of Dr. O'Leary, M.P., will take place to-morrow. Dr. Jacob has not, as was expected, come forward for the office, but Dr. Benjamin G. MacDowel, formerly Professor of Anatomy in the University of Dublin, has resigned his office of Councillor, and seeks the Examinership. The other candidates are Dr. Gogarty, Dr. Kendal Franks, Mr. Abraham, the College Curator, Dr. Spencer, its Assistant Librarian, and Dr. G. M. Foy.

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## A MUNIFICENT BEQUEST.

**Mr. Francis Wise** has presented £5,000 to the Home for Incurables, Cork. The Home requires about £3,000 more to complete it, and when finished will be one of the finest institutions of the kind in the United Kingdom.

## THE CLERK TO THE BOYLE BOARD OF GUARDIANS.

We have received a communication from the Clerk of the Boyle Union, referring to our criticism of the manner of his conduct, and to the latitude permitted to him by his Board, which criticism was appended to a report of the proceedings of the Board copied by us from a Roscommon paper into our Irish Supplement of the 24th.

In our remarks, to which the Clerk objects (and which we refrain from re-publishing to-day in consequence of such objection), we protested against the discourtesy with which the Clerk habitually treated the medical officers of the Union, and we expressed our surprise that the members of the Board should permit such a tone to be assumed in their presence by their subordinate officer. Finally, we expressed our opinion, that upon the question in issue the Clerk had by unacquaintance with the law, misled his Board.

We have not assailed either the Clerk's position or character as a public officer, and—for aught we know—he may be extremely efficient. But we hold to our opinion that it is unseemly and intolerable for an officer in his position to obtrude either before their faces or behind their backs, observations insulting towards the physicians and surgeons over whom *he* is not the censor, whoever may be.

The Clerk infers that the extract from the local paper which we published is not accurate. We are emphatically assured by the reporter that it is so—but if the Clerk can satisfy us that there is a substantial error therein, we shall be ready to express regret for that error, though it was not made by us. Otherwise we must retain our opinion.

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# Obituary.

## DR. PATRICK BARRETT KEARNEY.

We regret to record the death, after a very short illness, of the above esteemed physician. Dr. Kearney was a pupil of the College of Surgeons, Dublin, School, and qualified in medicine and surgery in the Edinburgh College in 1856, after which he entered the Army Service. During his ten years of military medical life he was chiefly on foreign service. Always ready at the call of duty, anxious and attentive to those entrusted to his professional care, Dr. Kearney was most popular in the service, and from which, owing to delicacy of health, he was invalided home on half-pay. He afterwards accepted the medical officership of the Ballycrory and Belmullet Dispensary District, in Newport Union (Mayo). The arduous duties of that extensive district soon became too much for his impaired constitution, and caused him, to the deep regret of all classes, to resign the appointment. Since then, though not in robust health, he often acted as *locum tenens* for some of his Poor-law medical friends, and on all occasions proved himself a thorough master of his profession, ever zealous in the faithful discharge of his duties, and scrupulously watchful of the interests of him for whom he was acting, always thoughtful and sympathising, especially with the poor, whose call at a moment's notice at night or day he was ever ready in his wonted cheerfulness and kindly feeling to obey. Dr. Kearney was a member of an old and respectable family, and was grand-nephew of the late Dr. John Barrett, Vice-Provost T.C.D. By all to whom Dr. Kearney was known he is deeply and sincerely regretted. His funeral took place on the 22nd inst.

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## NOTICES TO CORRESPONDENTS.

**Dr. Roberts**, Manchester.—"Lumleian Lectures" to hand; too late for present number. Many thanks.

**The Last Fee.**—The *Leisure Hour* for April relates an anecdote at the expense of a physician of eminence, that a wealthy citizen, who frequently required his visits, was in the custom of having the gold always ready in his hand to electrify the doctor when he felt his pulse. One day it happened, on the doctor's making his stated call, that the servant informed him, "All is over!" "Over?" re-echoed the doctor, as the remembrance of the accustomed fee flashed on his mind. "Impossible! he cannot be dead yet; no, no; let *me* see him, some trance or heavy sleep, perhaps." The doctor was introduced into the sable apartment; he took the hand of the pale corpse, applied to that artery which once ebbed with life, gave a sorrowful shake of his head, while, with a trifling *legerdemain*, he relieved from the grasp of death *two guineas*, which, in truth, had been destined for him. "Ay, ay, good folks," said the doctor, "he *is* dead; there's a destiny in all things," and, full of shrewd sagacity, turned upon his heel.

**Dr. Pearse**, Plymouth.—Letter on "The Pathology of Starvation" will appear in our next.

**Dr. H.**—The place is venerable through age, but objectionable on principle. The assumption is in all such cases that the best man possible receives the appointment. Sometimes, however, the best man is kept in the enviable rank so long, that others pass him by, and the consequences are then as you describe them. The remedy is with the electors.

**Provincial.**—We have seen the pills in use; they are highly efficient. The usual dose is 1-10th gr., but Messrs. Newbery supply also ⅛, ¼, ½, and 1 gr. pills. Apply to them.

**Dr. Curran**, Warrington.—The printer has been instructed to send you reprints of your papers.

**Quæstus.**—We wonder where you were born. 1. The information is to be found in any shilling dictionary. You need not get a special work by any means. 2. The disease is not uncommon in Derbyshire, and it is always associated with constitutional disturbances, effect and cause being almost indistinguishable. 3. We should conclude by operation; but until the case has been actually reported on, no opinion can be given that will be of value.

**Dr. Martin.**—Letter will appear in our next.

**Hostis.**—Torbay is in Devonshire. The disturbance is certainly a local one merely, but it involves the consideration of principles so important in hospital management that it is deserving of much more than mere local notice. The question is likely to attract a good share of public attention, and that is our reason for referring to it. We shall do so in greater detail in our next issue. The review you refer to appeared last September. To your last question, the *XIXth Century* for April.

**University of Oxford: Faculty of Medicine.**—Candidates for the several examinations in medicine are informed that in conformity with the statute passed on Dec. 17, 1879, examinations for the first (or scientific), and for the second (or practical. part), and for the certificate in State Medicine and Public Health, will be holden during Trinity Term next—*i.e.*, at an early date subsequent to May 15. Notice will be given in Easter Term stating the days and hours of each examination. Intending candidates are requested to forward to the Regius Professor of Medicine, "Medical Department, Museum," their names, addresses, standing, and the date of passing their final examination in Arts.

**Medico-Political.**—Letter declined with thanks. The *Medical Press and Circular* has no politics and cares for no party, inasmuch as no party has acquired any special claim on medical votes.

**Odontological Society of Great Britain.**—Monday, April 5, Ordinary Meeting.—Discussion on paper, "Deformities of the Upper Jaw: an Attempted Classification of them," by Oakley Coles.—Casual communications from Mr. H. Sewill and Mr. Geo. H. Harding.

### ADVERTISING CARDS.

*To the Editor of the* Medical Press and Circular.

Sir,—Your issue of the 17th inst. contains an allusion to a notice inserted under my name in a local paper. In reference thereto, I beg to state that I had nothing whatsoever to do with the insertion of the notice in question; neither was it inserted by my desire. I have already caused the suppression of the paragraph quoted, and I can only attribute its publication to a friendly but misdirected show of zeal in my behalf.

Trusting you will, in justice to myself, publish this letter in your next issue,

I remain, yours faithfully,

Monaghan, March 22. Joseph Langan.

[*** We are glad to receive this disavowal.—Ed.]

**L.R.C.P.**—We have not heard if the Lectures are to appear in book form. We have been favoured with abstracts for our columns.

**Thermometer.**—The same individual.

**F.R.C.S.** will find the election referred to in another column.

**A Student.**—Yes; the author is an examiner at the College.

**Ignoramus.**—He must be a Fellow to qualify himself.

**Lunacy Certificates.**—A correspondent writes:—Would you kindly let me know through your columns if a medical practitioner is entitled to the charge of £2 for certifying in a case of lunacy? I certified in a case, and when my account for that sum was presented to the committing magistrate he refused to sign it, as the dispensary doctors in the Union only charged £1 1s. in similar cases, although I see from the Act 38 & 39 Vic., &c., £2 is the specified sum.

[It is discretionary in the magistrates to allow a fee to any amount they please, not exceeding £2, or no fee at all. But it has been the rule to allow £2 in all cases in which the medical man has had to travel a distance to discharge the duty.—Ed.]

As a further contribution to advertising medical literature we reprint the following gem:—

A CARD.

DR. CAHALAN

(Late Surgeon St. Vincent's Hospital, Dublin)

HAS taken up his residence at 138 Albert Terrace, Falls Road (lately occupied by the late Dr. Heaney), and will commence practice immediately.

Hours for Consultation—Morning, 9 a.m. till 12 Noon.

Consultation Gratis from 1 p.m. till 2 p.m. Evening, from 5 p.m. till 9 p.m.

Vaccination with Pure Lymph at the Surgery.

Belfast, 23rd March, 1880.

[This gentleman may have been a resident student or house-surgeon to St. Vincent's Hospital; but we can vouch that he never was what he represents himself. St. Vincent's and its staff must not be allowed to receive undue honour by its association with Dr. Cahalan. By-the-way, the "Dr." is set down in the "Medical Directory" as nothing but a Licentiate in Surgery.—Ed.]

◆

### VACANCIES.

Birmingham Queen's Hospital.—Resident Physician. Salary £50, with board. Applications to the Secretary before April 8.

Celbridge Union, Lucan Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, April 12.

Edinburgh University.—Examinership in Clinical Surgery. Applications to the Secretary before April 5.

Keighley and Skipton Joint Sanitary District—Medical Officer of Health. Salary, £[illegible]00. Applications to the Clerk of the Board at Skipton by April 3.

Kells Union, Kilskeer Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, April 5.

Mater Misericordiæ Hospital.—Resident Surgeon. Salary, £100, with apartments, &c. (See Advt.)

Sheffield General Infirmary.—Assistant House Surgeon. Salary, £80, with board. Applications to the care of the Secretary before April 10.

South Shields.—Medical Officer of Health to the Borough. Salary, £300. Applications to the Town Clerk by April 1.

◆

### APPOINTMENTS.

**Bridgford**, C. T., L.K.Q.C.P.I., Medical Officer to the Bray Dispensary District.

**Cheyne**, W. W., F.R.C.S., Assistant Surgeon and Demonstrator of Anatomy to King's College Hospital.

**Doyle**, C. W., M.B., C.M., Medical Officer for the Fifth District of the Norwich Union.

**Frazer**, A., M.D., Medical Officer to the Drumkeeran District of the Manorhamilton Union.

**Graves**, T. W., M.R.C.S.E., House Surgeon to the Glamorganshire and Monmouthshire Infirmary, Cardiff.

**King**, T., M.R.C.S.E., Assistant House Surgeon to the Female Department of the London Lock Hospiral, Westbourne Green.

**Lloyd**, T. L., L.R.C.P., Medical Officer for the Fifth District of the Drayton Union.

**Maudsley**, H., House-Surgeon to University College Hospital.

**Murray**, H. M., Ophthalmic Assistant to University College Hospital.

**Sharples**, W., M.R.C.S.E., Resident Surgeon to the North Cambridgeshire Cottage Hospital, Wisbech.

**Shearman**, P. E., House-Surgeon to University College Hospital.

**White**, J. R., M.B., L.R.C.S., Medical Officer to the Nos. 2 and 6 Districts of the Ongar Union.

**Williams**, D., M.B., B.Sc., Physician's Assistant to University College Hospital.

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## Births.

**Dickson.**—March 20, at 33 Albany Street, Edinburgh, the wife of Frank K. Dickson, F.R.C.P.E., Wye House, Buxton, of a son.

**Lyle.**—March 23, at 19 Westbourne Square, Bayswater, the wife of Wm. Vacy Lyle, M.D., of a daughter.

## Marriages.

**Humphreys—Cobbold.**—March 20, at St. Saviour's, Paddington, Noel Algernon Humphreys, to Gertrude, second daughter of T. Spencer Cobbold, M.D., F.R.S.

## Deaths.

**Nash.**—March 24, at his residence, 59 Pulteney Street, Bath, Joseph Nash, M.D., also of Brockley Hall, near Bristol, and Major 1st Somerset Volunteer Engineers, aged 58.

**Roberts.**—March 23, at 47 Queen Street, Edinburgh, Wm. Alfred Roberts, M.D., aged 70.

**Smith.**—March 5, at The Wiglands, Hanslope, James Smith, M.B., C.M., aged 28.

**Sykes.**—March 17, at Queen's Road, Dalston, of pneumonia, George Sykes, M.D., aged 49.

**Thomson.**—March 20, at Berkeley Square, Bristol, Charles Edmunds Thomson, F.R.C.S., aged 78.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 7, 1880

## CONTENTS.

PAGE

The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1-80. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture I.—Part I. .......... 275

### CLINICAL RECORDS.

La Salpetriere Hospital, Paris. Under the care of Dr. Voisin—Epidemic of Erysipelas .......... 278

### TRANSLATIONS,

On Some Pathological Conditions of the Tympanum, causing the Nervous Phenomena attributed by Flourens and Goltz to the semi-circular Canals. By Dr. Bonnafont, of Paris. Translated by W. Douglas Hemming, F.R.C.S. Ed. .......... 273

### SPECIAL.

British Dental Association .......... 280

PAGE

### TRANSACTIONS OF SOCIETIES.

Surgical Society of Ireland—

Partial Dislocation of Spine .......... 280
Chicken-Bone in the Larynx .......... 280
Amputated Foot .......... 280
Calculus .......... 281
Knee joint .......... 281
Antiseptic Surgery .......... 281

### LEADING ARTICLES.

The Chair of Materia Medica in the University of Glasgow .......... 282
The Non-Representation of Surgery in the Senate of the New Irish University .......... 284
The Rejection of Mr. James Lowther 286

### NOTES ON CURRENT TOPICS.

The Vacant Irish Baronetcies .......... 286
The Cost of Honesty .......... 287
Vaccination Prosecutions .......... 287
Election to the Council of the Irish College of Surgeons .......... 287
The Representative of the Queen's University in the General Medical Council .... 287
The Election of Examiners in the Queen's University .......... 288

PAGE

Chrysophanic Acid in Psoriasis, Herpes, &c 288
Modern Surgery .......... 288
Election of Examiner in the Royal College 288
Condensed Milk .......... 288
Treatment of Infantile Intertrigo .......... 288
Association of Surgeons Practising Dental Surgery .......... 289
Bromide of Ethyl for Local Anæsthetic .... 289
The Trichinosis Scare .......... 289
International Medical Congress .......... 290
The Pathology of Starvation .......... 290
An Eye Doctor's Jubilee .......... 290
Gresham Lectures .......... 290

### SCOTLAND.

Registrar-General's Returns—Anderson's College—Closing of the Winter Session —Aberdeen—Medical Appointment ..... 291

### LITERATURE.

Skin Diseases. By Malcolm Morris ....... 201
The Electrical Excitability of the Skin ... 292
Paget's Clinical Lectures and Essays ..... 292

### CORRESPONDENCE.

The Pathology of Starvation .......... 293
Election of Dr. Lyons .......... 293
Obituary .......... 203
Notices to Correspondents .......... 294

# THE Lumleian Lectures ON THE DIGESTIVE FERMENTS AND THE PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,
Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

## Lecture I.—Part I.

Digestion has been usually regarded as the special attribute of animals. They receive into their alimentary canal the food which they require for their sustenance in a crude form. It is there subjected to the action of certain ferments which transmute its elements, by a peculiar chemical process, into new forms which are fitted for absorption. Looked at in this restricted sense, plants have no digestive function. They possess no alimentary canal nor any vestige of a digestive apparatus. But when the matter is examined more profoundly it is seen that plants digest as well as animals, and that the process in both kingdoms of nature is fundamentally the same.

In order to understand this generalisation—which was first propounded by Claude Bernard, and constitutes one of the most important fruits of his splendid labours—it is necessary to recognise digestion under two types or conditions—namely, a digestion which takes place exteriorly at the surface of the organism, and a digestion which takes place interstitially in the interior of the organs and tissues.

*Exterior* digestion is that common process with which we are familiar as taking place in the alimentary canal of animals, by which the crude food introduced from without is prepared for absorption.

*Interstitial* digestion, on the other hand, is that more recondite process by which the reserves of food lodged in the interior of plants and animals are modified and made available for the purposes of nutrition.

These two types of digestion are essentially alike both as regards the agents, and the processes by which they are carried out—and although one type of digestion is more developed in the animal kingdom and the other type more developed in the vegetable kingdom, both types are represented in the two kingdoms—and bear witness to the fundamental unity of the nutritive operations in plants and animals.

I shall only be able to indicate in outline the facts and arguments on which Bernard sought to establish these propositions.

### *Exterior Digestion.*

We all know that the alimentary canal is simply a prolongation of the external surface; that the skin is continued, at either extremity, without a break, into the alimentary mucous membrane. Accordingly, the processes which take place in the digestive tube are, strictly speaking, as much outside the body as if they took place on the surface of the skin. Upon this inner surface, if I may so call it, are poured out the digestive juices, charged with the ferments which are the special agents of the digestive processes. This is the common condition of exterior digestion as it occurs in animals—but it is not the only condition. Among some of the lowest members of the animal series a permanent alimentary canal does not exist. In the amœba any portion of the exterior is adapted for the reception of food. The morsel sinks into a depression formed on the surface at the point of impact—it is digested in this improvised stomach, and the indigestible portions are expelled through an improvised anus.

Among plants exterior digestion is a much less prominent feature than among animals, but examples of its occurrence and evidence of its importance are not difficult to point out. In the lowest orders of plants-fu and saprophytes, which are devoid of chlorophyll—exterior digestion is probably a function of prime necessity. In all likelihood their carbon-containing food is only absorbed after undergoing a process of true digestion. The transformation of cane-sugar by the yeast plant is a striking example—though a distorted one—of exterior digestion. Cane-sugar is a crude form of food both to plants and animals, and requires to be transformed into invert-sugar (a mixture of equal parts of dextrose or grape-sugar and lævulose or fruit-sugar) before it can be made available for nutrition. The yeast plant is no exception to this rule; and when placed in a solution of cane-sugar it is under the necessity of transforming that compound into invert-sugar before it can use it for its profit in fermentation. This transformation is effected by a soluble ferment attached to the yeast cell, which can be dissolved from it by water. We shall see later on that a similar ferment exists for a similar purpose in the small intestine of animals—having the same property of changing cane-sugar into invert-sugar.

Even among the higher plants exterior digestion is not quite unknown. The function may be said to be foreshadowed in the excretion of an acid fluid by the rootlets of some plants which serves to dissolve and render absorbable the mineral matters in their vicinity. But genuine and most remarkable examples of this type of digestion occur among the so-called insectivorous plants, of which Mr. Darwin has given so interesting an account. In the sundews, the plant, by a peculiar mechanism provided on its foliage, seizes the insects which fortuitously alight on its leaves. A stomach is extemporised around the prey, into which is poured out a digestive fluid. The prey is digested, and the products absorbed, in essentially the same manner as in the gastric digestion of animals.

### *Interstitial Digestion.*

Both animals and plants lay up reserves, or stores, of food in various parts of their tissues for contingent use, so that if you suddenly withdraw from them their food-supplies neither animal nor plant immediately dies—it lives for a certain time on its reserves. But before these reserves can be made available for the operations of nutrition they must first be converted from their inert and mostly insoluble state into a state of solution and adaptability to circulate in the nutritive fluid which constitutes the alimentary atmosphere of the protoplasmic elements. This conversion of inert store-food into available nutriment is brought about certainly in some, presumably in all cases, by the same agents and processes as the digestion which takes place in the alimentary canal of animals; and it is this identity in the agents and the processes which Bernard insisted on as the proof of the fundamental identity of the two kinds of digestion.

The storing up of food is carried on to a larger extent in the vegetable than in the animal kingdom owing to the intermittent life of most plants. In their seeds, tubers, bulbs, and other receptacles are laid up stores of albumen, starch, cane-sugar and oil—designed primarily for the growth and the nutrition of the plant or its offspring—but which are largely seized on by animals and utilised for their food. Owing to their more continuous life animals store up food less than plants. Nevertheless, they accumulate stores of fat in various parts of their body—of animal starch (glycogen) in their livers and elsewhere—and of albumen in their blood. Birds also store up large quantities of albumen and fat in their eggs.

The transformation of store food has been followed out most completely in regard to starch, its congener glycogen, and cane-sugar. Bernard worked out this subject with marvellous minuteness and success. It has long been known that the transformation of starch into sugar in germinating seeds was effected by diastase; and that a similar ferment, existing in saliva and pancreatic juice, performed the same office on the starchy food of animals. It has also been proved that the stores of starch laid up in the tuber of the potato and in various parts of other plants are changed at the periods of budding and growth in the same way and by the same agent. Bernard showed that animal starch or glycogen is stored up largely not only in the liver but in a variety of other situations, and especially that it is widely distributed and invariably present in large quantities in embryonic conditions. In juxtaposition with the glycogen is found a diastatic ferment which transforms it into grape-sugar, as it is required for the active operations of growth and nutrition.

The stores of cane-sugar which exist in the beetroot and in the sugar cane are transformed or digested in like manner into invert-sugar when the plants enter on the second phase of their life—the phase of inflorescence and fructification. Here, again, it has been proved that the converting agent is a soluble ferment—the same ferment which, as already mentioned, is attached to the yeast cell—and the same ferment which exists in the small intestine of animals for a similar purpose.

The transformation of store proteids and fats has not been followed out with the same success as that of starch and cane-sugar. But the evidence, as far as it goes, and analogy point to the conclusion that the stores of albuminous and oily matters contained in the seeds, bulbs, and other receptacles of vegetables are subjected to a digestive process before they are made available for the nutritive operations of the plants, and that the changes thus effected are of the same nature and accomplished by the same agents as those which take place in the digestion of proteids and fats in the alimentary canals of animals.

I have, I think, said enough to show the scope of the evidence and the analogies from which Bernard deduced certain far-reaching generalisations, which I have ventured to summarise in my own language in the following propositions:—

1. Digestion, or the process by which crude food is changed into available nutriment, is a function of capital importance in every form of active life. 2. This function is exercised partly on food brought into proximity with the surface of the organism (exterior, chiefly intestinal digestion) and partly on reserves of food laid up in the interior of the organism (interstitial digestion). 3. The agents concerned in this function and their mode of action are essentially the same whether the organism be a plant or an animal—and whether the action takes place in the interior of the tissues,—or on the general or intestinal surfaces.

### *General Characters and Properties of the Digestive Ferments.*

The essential work of digestion is carried out by a remarkable group of agents, called soluble or unorganised ferments. These are found dissolved in the several digestive juices or secretions, which are thrown out on the path of the food as it travels along the alimentary canal. The physical and mechanical processes to which food is subjected in the mouth and stomach, are all purely introductory, or preparatory, and are solely intended to facilitate the essential work of digestion, which consists in the action of the digestive ferments on the alimentary principles.

The number of distinct ferments employed in the digestion of the miscellaneous food used by man is not accurately known, but there are at least seven or eight of them. The accompanying table presents in one view a scheme of the several digestive secretions or juices—and the ferments which they contain—together with an indication of the action of each ferment on the several alimentary principles.

An examination of the table shows that a long and complicated series of ferment-actions is required to accomplish the digestion of our food. Starch is attacked at two points—in the mouth and in the duodenum—by two ferments, salivary and pancreatic diastase, which are substantially identical. Albuminous matters are also attacked at two points—in the stomach and in the small intestine—but here the two ferments, pepsin and trypsin, are certainly not identical. The ferment, of which the only known characteristic is to curdle milk, is found in the stomach and in the pancreas—and I think also in the small intestine. The bile is not known to possess any true ferment-action, but it assists its alkalescent reaction and by its physical properties, in emulsifying and promoting the absorption of fatty matters. The ferment which transforms cane-sugar, strange to say, is not encountered until the food reaches the small intestine.

TABLE OF THE DIGESTIVE JUICES AND THEIR FERMENTS.

| DIGESTIVE JUICES. | FERMENTS CONTAINED IN THEM. | ACTION ON FOOD MATERIALS. |
|---|---|---|
| Saliva .. .. | Salivary Diastase or Ptyalin .. .. | Changes Starch into sugar and dextrine. |
| Gastric Juice .. | *a.* Pepsin .. .. | Changes Proteids into peptones in an acid medium. |
| | *b.* Curdling Ferment | Curdles the casein of milk. |
| Pancreatic Juice | *a.* Trypsin .. .. | Changes Proteids into peptones in alkaline and neutral media. |
| | *b.* Curdling Ferment | Curdles the casein of milk. |
| | *c.* Pancreatic Diastase | Changes Starch into sugar and dextrine. |
| | *d.* Emulsive Ferment | Emulsifies and partially saponifies fats. |
| Bile .. .. | ? .. .. .. .. | Assists in emulsifying fats. |
| Intestinal Juice | *a.* Invertin .. .. | Changes cane-sugar into invert sugar. |
| | *b.* ? Curdling Ferment | Curdles the casein of milk. |

The known digestive ferments all belong to the class of soluble or unorganised ferments. They are sharply distinguished from the insoluble or organised ferments, of which the type is yeast, in not having the power of self-nutrition and self-multiplication. All living organisms possess this power either in a dormant (potential) or in an active (kinetic) state. Soluble ferments cannot therefore be said to be alive—but they are exclusively associated with living organisms and take an essential part in their vital operations.

The digestive ferments are all the direct products of living cells and may be regarded as detached repositories of cell-force. They are quite unknown in the domain of ordinary chemistry. Their mode of action bears no resemblance to that of ordinary chemical affinity, and has a distinctively physiological character. They do not derive their marvellous endowments from their material substance. They give nothing material to, and take nothing material from, the substance acted on. The albuminoid matter which constitutes their mass is evidently no more than the material substratum of a special kind of energy just as the steel of a magnet is the material substratum of the magnetic energy, but is not itself that energy. This albuminoid matter of the ferment may be said to become charged, at the moment of elaboration by the gland-cells, with potential energy of a special kind—in the same way that a piece of steel becomes charged with magnetism by contact with a pre-existing magnet. The potential energy of the ferment is changed into the active form (*i.e.*, becomes kinetic) when it is brought into contact with the alimentary substance on which it is designed to act.

The chemical and physical characters of the digestive ferments appear to be tolerably uniform. In composition they resemble proteid substances, and contain carbon, oxygen, hydrogen, and nitrogen in the same or somewhat similar centesimal proportions as albumen. But as not one of them has yet been obtained in a state of absolute isolation and purity, this is, strictly speaking, a matter of inference rather than an ascertained fact.

They are all soluble in water; they are all diffusible, though with difficulty, through animal membranes and parchment paper. They are also capable (all those I have tried) of passing through porous earthenware by filtration under pressure; but some of them pass through readily, and others with the utmost difficulty and only in the smallest proportions.

They are precipitated from their watery solutions by absolute alcohol—but unlike other proteids (peptones excepted) they are not truly coagulated by alcohol. When the alcohol is removed the ferments are still found to be soluble in water and to retain their activity unimpaired.

They are coagulated and rendered permanently inert by the heat of boiling water; and when in solution they are coagulated and destroyed by a heat of about 160 ° Fahr. (71° C).

Each digestive ferment has its special correlative alimentary principle, or group of principles, on which alone it is capable of acting. Diastase acts exclusively on amylaceous substances. Pepsin and trypsin act only on the azotised principles—the emulsive ferment of the pancreas is only capable of acting on fatty bodies—the inversive ferment of the small intestine has no activity except on cane-sugar.

The changes impressed on alimentary principles by the digestive ferments are not, chemically speaking, of a profound character—and they affect much more the physical state of these principles than their chemical composition. In the main they are processes of deduplication and hydration—and the result is to render the substances operated on more soluble and more diffusible—to diminish their colloidal state and to make them approach or even to reach the crystalloid state. This does not appear to be an invariable event however. Cane-surgar is a marked exception—it is converted in the small intestine into invert-sugar (a mixture of equal parts of grape-sugar or dextrose and fruit-sugar or lævulose)—but invert-sugar, though more highly hydrated than cane-sugar, is neither more diffusible nor more soluble.

Although the mode of action of digestive ferments is special and peculiar, the results of that action are not peculiar, but can be obtained in other ways by ordinary chemical forces. By long continued boiling in water—and more rapidly by boiling with acidulated water—starch is converted into dextrine and sugar, and albumen is changed into a substance resembling peptone. The peculiarity of the action of ferment consists in this: that the ferments are able swiftly and without violence to produce changes which by ordinary chemical agencies can only be produced either by strong re-agents, or by long continued and very slow action of weaker re-agents. It is interesting to remark that the changes produced in food by digestion are, in their ultimate results, very similar to, if not identical with, those produced by protracted cooking.

### DIASTATIC FERMENTS—DIGESTION OF STARCH.

The importance of starch as an article of human food has, perhaps, scarcely been duly recognised. If we regard the enormous proportion in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense percentage of starch in these articles, it is probably not too much to say that fully two-thirds of the food of mankind consists of starch.

In the raw state, starch is to man an almost indigestible substance; but when previously subjected to the operation of cooking it is digested with great facility.

Diastase has only a feeble action on the unbroken starch granule, even at the temperature of the body. In the lower animals, and in germinating seeds the starch granule is probably attacked in the first instance by some other solvent, which penetrates its outer membranes, and thus enables the diastase to reach and act on the starchy matter contained within. By the aid of heat and moisture in the process of cooking, the starch granule is much more effectively broken up. Its contents swell out enormously by imbibition of water, and the whole is converted, more or less completely, into a paste or jelly or mucilaginous gruel. It is in this gelatinous form exclusively, or almost exclusively, that starch is presented for digestion to man.

The digestion of starch is accomplished by the saliva and pancreatic juice, both of which are rich in diastase. Diastase also exists abundantly in the liver, and in smaller quantities in the intestinal juice, in the blood, the urine, and apparently in all the interstitial juices. Diastase from all these diverse sources appears to act substantially in the same manner on starch, changing it by a progressive hydrolysis into sugar and dextrine.

If the action of a fluid containing diastase—say saliva or extract of pancreas—on starch paste be watched, the first effect observed is the liquefaction of the paste and the production of a diffluent solution. This change is effected with great celerity—in two or three minutes the stiff paste becomes a watery liquid. This is evidently a distinct act—and antecedent to the saccharifying process which follows. By operating with small proportions of diastase and large proportions of pure starch paste it is possible to hit on a moment when liquefaction is complete and saccharification is not yet begun. At this moment the solution yields a pure starch reaction, and no reaction of dextrine nor of sugar. The process of saccharification follows immediately on the heels of liquefaction; and in ordinary manipulations the one process runs into the other.

The speed of the action depends primarily on the proportion of the diastase. By adjusting the proportions of diastase and starch in such degrees that saccharification will be completed in about a couple of hours, the successive steps of the process can be leisurely followed by applying from time to time the appropriate tests.

If you test as soon as liquefaction is complete you get a pure blue with iodine and a slight reaction of sugar with Fehling's solution. In a few minutes the sugar reaction becomes more decided; and although you still get a pure blue with iodine in the ordinary way of testing, you will get, by greatly diluting the blue solution and then adding more iodine, a deep violent tint—showing the presence of erythro-dextrine mixed with starch. The next step is the total disappearance of the blue reaction with iodine, and the substitution for it of an intense reddish-brown coloration of erythro-dextrine. Bye and bye the reddish-brown colour is replaced by a yellowish-brown—indicating the preponderating presence of a different kind of erythro-dextrine. Meanwhile the sugar reaction goes on increasing. The next step is the entire disappearance of any kind of coloration with iodine. But the action is still very far from complete—the proportion of sugar goes on increasing for a considerable time after iodine has ceased to tint the solution. At length, however, matters come to a standstill, and the proportion of sugar ceases to increase.

The explanation of this series of reactions is impossible on the old view of the constitution of starch. Until recently it was supposed that the starch molecule was represented by the comparatively simple formula $C_{12}H_{20}O_{10}$, and that under the influence of diastase this molecule was resolved by hydration into two molecules—one of dextrine and one of grape sugar.

The researches of Musculus and O'Sullivan have shown that this is not a correct account of the transformation. In the first place it was found that the sugar produced was not grape-sugar (dextrose) but another kind of sugar called *maltose*. It was also found that the dextrines first produced, and which were coloured red or brown by iodine, were progressively changed, with simultaneous production of sugar, into a series of dextrines of a lower type which did not yield any coloration with iodine. To these latter kinds of dextrine the term achroo-dextrines has been applied.

(*To be continued.*)

# Clinical Records.

## LA SALPETRIERE HOSPITAL, PARIS.

Under the care of DR. VOISIN.

### *Epidemic of Erysipelas at La Salpetrière in the Months of January and February,* 1880.

On the 10th of January, L., a servant, was seized at the end of the day with rigors, fever, and pain in the side. At the evening visit there were found to be bronchitic râles on both sides, cough, slight dyspnœa, and such marked rachialgia that the idea of commencing variola at once came into one's head. The temperature, however, was only 38° C.; there was no eruption on the face; the pulse not frequent. On the other hand there had been neither epistaxis nor diarrhœa; no spots, which made us equally discard the idea of typhoid fever. On questioning the patient we found that she had had intermittent fever in Brittany. She was kept under observation some days, as the liver was somewhat enlarged, and quite indolent. Two days elapsed, during which the patient complained only of pain in the head and back; it came on each time that we wished to examine her. At last, five days from commencement of the symptoms, the right cheek and the eyelid of the same side were covered with phlyctenæ and erysipelatous patches, which, on the sixth day, spread to the left side of the face, then to the neck, the ears, and the nucha, without invading the scalp. The patient lay in a small dormitory, situated *above the infirmary* of the patients of the asylum. Her removal to the general infirmary was demanded, where she remained until Feb. 11th. On the point of resuming her work she took ill again.

A few days after, January 19th, I saw at the morning visit a patient named P., who habitually had good health and walked in the garden all day. This woman complained of pain around the orifice of the nostrils; there was a red circle round them spreading up on to the left cheek. In a few days the erysipelas gained ground, invading successively the neck and ears, leaving the scalp intact. It was only slightly painful, and almost apyretic, accompanied by numerous phlyctenulæ, which burst on the sixth day, leaving crusts which dried and fell off. This woman was taken to the infirmary on January 20th. She generally slept in the 6th dormitory, far from the infirmary, to which she never came. Opposite the sixth dormitory is another, the third, reserved for dirty patients. On January 22 an erysipelas occurred here in a female patient, H., recently admitted. As in the preceding cases, this erysipelas was limited to the face, and the slight fever had fallen to 37·5° C., when one evening, about nine o'clock, the patient was seized with suffocative symptoms and violent fever, the phenomena caused by pulmonary embolism. These carried the patient off in a few minutes. The autopsy was not conclusive; there were large fibrinous clots in the pulmonary artery and bronchi, but these did not explain the result.

At the same time, in a building far removed from the wards where the three cases of erysipelas had occurred, there was a fourth in an old lunatic, L., who had pneumonia. She succumbed soon after to this combination of diseases.

This patient when she was taken lay in the first dormitory, separated by a large court from the others.

After this patient three other cases occurred in the asylum infirmary, bringing up the number attacked in this little epidemic to seven. These women slept one in the fifth dormitory, another in the infirmary, while the third passed the day seated in a rotunda near the infirmary. The first of these patient, D., presented no peculiarities except slight wandering, which may be attributed to her mental state, since she had had fever for only forty-eight hours at most. The second, R., already much exfeebled by age and old-standing bronchial catarrh, succumbed on February 10th to typhoid symptoms connected with her general state as much as to the erysipelas. The third, or rather the seventh, P., is on the way to recovery. While finishing this note an eighth patient, J., aged 92, was taken with facial erysipelas. The left eye and the nose, first attacked, were slightly painful; then the erysipelas extended to the left side of the forehead, and to the ear of the same side. It was completely cured.

All these facts, combined with those under the care of others at the Salpetrière, lead us to the conclusion that erysipelas is sometimes contagious, sometimes epidemic. Is not contagion clearly shown by the fact that erysipelas appeared in certain lunatic patients in the infirmary only after the arrival there of patients suffering from erysipelas?

With respect to the epidemic character, can it be doubtful, when we see erysipelas break out sporadically in different dormitories and make the complete tour of the wards, although they are separated from one another by a large central court? Added to this, we may remember that the patients attacked singly in the dormitories had no access to the infirmary, and consequently no contact took place between them and the other patients attacked.

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# Translations.

## ON SOME PATHOLOGICAL CONDITIONS OF THE TYMPANUM,

### *Causing the Nervous Phenomena attributed by Flourens and Goltz to the semi-circular Canals.*

By Dr. BONNAFONT, of Paris. (a)

Translated by W. DOUGLAS HEMMING, F.R.C.S. Ed.,
Bournemouth.

We know, according to the experiments of Flourens, that when the semi-circular canals are wholly or partially divided the animal operated on turns to the right or to the left, or retains equilibrium, but seems affected with vertigo. Thus, on cutting the horizontal canal of the right side in a pigeon, Flourens observed that the bird made a movement from right to left and from left to right; on cutting the horizontal canal of the left side, the movement of the head was so violent that the animal lost its balance. While stationary the animal retained its equilibrium, but as soon as it moved it fell and rolled over. When the vertical canal was cut, the head performed vertical up and down movements.—(Flourens, *Système Nerveux des Animaux Vertébrés.*)

Goltz supposed that the semi-circular canals are the principal organs of the sense of equilibrium in the head, and consequently of the whole body.

The termination of the nerves in the ampullæ and in the semi-circular canals will (said he) be excited by pressure or by tension like the tactile nerves of the skin. The liquids contained in the canals, in obedience to the laws of gravity, will distend most the lowest part. Now the pressure of the liquid varying with the movements of the head, there will result a corresponding special excitation to each part of the head. The perception by the brain of this special nervous excitation constitutes the sense of equilibrium which acts as a regulator of the movements. If a portion of the semicircular canals is involved, the brain receives an inaccurate information of the position of the head, and is incapable of calculating and correctly directing its movements; hence result vertigo and other troubles.

This theory of Goltz seems to me somewhat confirmed by the observations I have collected. Long before this physiologist I had stated and written that the vertigo accompanying certain affections of the membrana tympani could only be explained by the pressure suffered by the stapes, which it transmitted in its turn to the vestibule, and thence to the semi-circular canals, the liquid contained in which was displaced by the pressure exerted. If, as Goltz says, this fluid produces different effects, according to the degree of tension it undergoes and the direction in which it is pressed, it appears to me that the effects are well explained by the theory I have put forth. Thus, I would say the membrana tympani, besides its partial and lateral movements which I first proved and described, has two principal ones—one which draws it away from the internal wall of the tympanum, and the other which brings it near to it.

These movements cannot be made without the participation of the whole chain of vesicles, whence it results that when the membrane is drawn away from the tympanic cavity, it brings with it the handle of the malleus, and successively all the ossicles as far as the stapes. The base of this latter dragged away from the side of the tympanum increases the vestibular cavity, and causes thus a disturbance of the fluid contained in the vestibule, which is transmitted to that of the semi-circular canals. The fluid contained in these canals, in obedience to the law of gravity, falls to the lowest point, and leaves in the canals a vacuum in proportion to the extent of displacement.

Let us suppose, on the other hand, that by some cause, such as a concretion of cerumen at the bottom of the auditory meatus, a polypus, or some other foreign body pressing on the membrane, or even simple contraction of the muscles of the vesicles, the membrane should be pressed into the cavity. The stapes will undergo a pressure which it will exert in its turn on the fluid of the vestibule, and as a result on that of the semi-circular canals; this fluid will then produce an effect by pressure, or tension, as Goltz expresses it. This much is certain, that if we exert slight pressure upon the stapes with a probe vertigo is produced, which disappears on the cessation of the pressure.

Such are the two physiological conditions of the auditory apparatus, which may give, perhaps, an explanation of the nervous phenomena which Goltz sought to explain by simple inclinations of the head, which would so displace the fluid as to cause it to exert pressure merely by the effect of its weight.

It seems to me difficult to allow that the cephalic oscillations alone, and in the normal condition, can be capable of sufficiently displacing the fluid to cause a pressure able to produce such effects. If this were so, the inclinations and rotatory movements to which the head is subject in its various positions, would produce an almost perpetual vertiginous condition.

I have observed two patients in whom, as the result of chronic otorrhœa, the membrana tympani, and the ossicles, except the stapes, had been removed by suppuration. Under illumination I was able to touch the stapes with a probe; the patient was suddenly seized with vertigo, at which I was even somewhat alarmed. But the effect being only momentary, and the patient laughing at what he called his weakness, I repeated the action gently, and produced the same effect.

The experiment was repeated several times, with the same result in both cases.

Looking only at the symptoms from a pathological point of view, I did not think to inquire whether the feeling of rotation which they felt was to the right or to the left, or if the experiment were made in the upright position; the patients would be able to maintain their equilibrium, in accordance with Goltz's theory.

I have since observed many similar cases, caused by inflammation of the membrana tympani and the middle ear, pressure of the membrane from without inwards by hardened wax, by polypi of the meatus, or by an accumulation of mucus in the tympanum, exerting pressure from within outwards communicated to the stapes, and thence to the outer apparatus of the internal ear.

All the patients (most of them *confrères*) experienced vertigo, stumbling, sometimes even vomiting. None felt a rotatory movement, but often a loss of equilibrium. The large number of cases I have collected place beyond a doubt the sympathetic and reflex effects of the membrana tympani.

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(a) Annales des Maladies de l'Oreille, du Larynx, &c.

## Special.

### BRITISH DENTAL ASSOCIATION.

We are glad to report the steady progress of this Association, which has been in existence one year. The most important step which the Association has yet taken and one which is likely to be followed by the most beneficial effect upon the future of the dental profession in every respect, is the recent starting of a journal to represent this special department of surgery. We have received the first copy of the *Monthly Review of Dental Surgery* issued since it has become the property of the Association, and we are glad to find that it shows a vast improvement upon the journals which have attempted to represent the profession during late years. It is, indeed, not much less than twenty years since dentistry was at all fairly represented in this country by a press of its own. About the time of the passing of the Medical Act of 1858, when the College of Surgeons of England obtained powers to grant diplomas in dental surgery, and when the first real movement towards placing dentistry on a recognised footing was made, the leaders of this branch of the profession to promote their objects found it desirable or necessary to establish and maintain a special journal, and their organ was for a time in tone and style all that could be desired. After the measures which were then being promoted had been carried and a pause occurred in the political life of the speciality a reaction took place; and owing to neglect—and, we think, highly culpable neglect—of those whose duty it was to prevent such a state of things, the quality of the dental journal slowly deteriorated until it became in tone so puerile and in style so far below the literary level of even the trade periodical literature of the day that it had in most cases no other effect upon those not acquainted with the real condition of affairs than in their minds to excite ridicule and contempt. We have had ample evidence within late years to prove that one of the main factors in retarding the advance of the profession, or at least in checking the co-operation of medical reformers has been the fact that the dental profession has tacitly allowed it to be understood that the inferior journal of which we speak formed really the mouth-piece of a body of men claiming to be classed among the learned professions, and asking as a right for special recognition by the Legislature. We trust this deplorable condition of affairs is now for ever at an end. With the editorial manner and matter of the first number of the new organ of the British Dental Association no one but a captious critic could find fault, and we feel sure the editors are fully alive to the importance of keeping the *Review* up to the level of contemporary professional literature—its proper position, and the only position in which it can be tolerated as representative of a recognised and special branch of the medical profession.

In a temperate examination of the provisions of the Dentists' Act, the *Review* points out the difficulties which had to be contended against in carrying a measure which should on the one hand not unjustifiably attack vested interests and which should on the other satisfy the aspirations of those who were impatient for the rapid advance of dentistry as a profession; and under the circumstances, and seeing the insuperable difficulties which invariably present themselves in the framing and carrying out of an absolutely perfect Act of Parliament, we admit that the promoters of the Dentists' Act have succeeded in obtaining legislation of which the good effect will vastly outweigh the evil. The Association promises that it will take active steps to purge the Dentists' Register of the names of those unqualified practitioners who have wrongly obtained registration; and it excuses its delay in taking action on the ground that in order that its plans should be more efficacious when put into execution time has been taken cautiously and considerately to mature them. An appeal is also made to the dental profession, on behalf of the Association, for more active and material support; and it is rightly pointed out that unless the profession furnish it with means in the form of liberal donations and delegate a body like the Association to maintain and give effect to the Dentists' Act, the Act may remain in great measure a dead letter, since there is no public body bound to watch over and enforce it. We feel sure that this appeal will receive the response it deserves, and that not only the dentists, but the medical profession generally, will come forward to support measures which cannot fail to benefit the whole mass of the profession in elevating this too long neglected valuable department.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

A meeting was held in the Albert Hall, Royal College of Surgeons, Friday evening, March 12, Dr. Mapother, President of the College, in the chair.

Mr. B. Wills Richardson, hon. sec., read the minutes of the previous meeting, which were signed.

#### PARTIAL DISLOCATION OF SPINE.

The President exhibited vertebræ removed from the body of a lad, æt. 18, who fell on the ice at Earlsfort Rink last St. Stephen's day. Two other persons fell on his neck, and he was, he stated, unconscious for half-an-hour. For a fortnight he remained well, and came for the first time to St. Vincent's Hospital on the 19th February, complaining of fierce pain in the neck and arms, and also palsy of the latter. He walked with his head thrown back and his shoulders crutched up towards the ears. The muscles of the back of the neck were very rigid, but the spinous and transverse processes felt through the skin, and the bodies of the vertebræ felt through the pharynx, seemed in place. In the arms he suffered great pain, and latterly in the legs also. He sank from asthenia on the previous day, great bed-sores forming in spite of every care. Having made a post-mortem examination three hours before the meeting, he found great vascularity and effusion about the membranes of the cord at the sixth cervical vertebra, and partial articular diastasis of that bone, with stretching, but without rupture of the anterior common ligament. It was surprising that life was sustained for nearly eleven weeks.

#### A CHICKEN-BONE IN THE LARYNX.

Mr. Kendal Franks exhibited a piece of chicken-bone which had made its way into a human larynx, and had remained impacted there for twenty-three days. A man, æt. 43 years, whilst sipping hot soup, suddenly felt a hard body enter the throat. Attempts to remove it were unsuccessful. He suffered greatly from spasmodic attacks, but in the morning was somewhat better. On the 9th inst. a sudden hæmorrhage came on, which so alarmed him that next morning he applied at the Adelaide Hospital. Mr. Franks then examined him, and found the larynx inflamed. The right arytenoid was swollen and œdematous, projecting well forwards; the ventricular band was very red; the right vocal cord was slightly red, but moved freely. On the left side a bone was seen sticking anteriorly into the thyroid cartilage, the other end of it being imbedded in the mucous membrane underneath the left cartilage of Santorini, which, with the subjacent arytenoid cartilage, was evidently much displaced backwards. The left vocal cord could not be seen. Attempts were again made to remove the bone with a pair of Mackenzie's forceps, but failed, though it was grasped; it was so tightly impacted it could not be moved. After consultation it was decided to perform laryngotomy. While taking chloroform a spasm came on. He sat up and became sick, when suddenly the bone was ejected. The bone exhibited, evidently part of the sternum of a chicken, is triangular in shape, the sides measuring $1\frac{3}{8}$ inch, $1\frac{1}{8}$ inch, and $1\frac{1}{16}$ inch respectively.

#### AMPUTATED FOOT.

Mr. Wheeler exhibited the foot of a patient removed on the previous day. In November last the patient received a fracture of the fibula and dislocation of the tibia forwards and inwards—in fact, compound dislocation of the ankle-joint. He was treated for this, but he was not aware that his tibia remained out of place until Mr. Wheeler saw him. Of the foot and of the tibia he also exhibited a cast exemplifying the condition of the limb. The question arose as to the propriety of removal or of resection of the joint, but resection was out of the question on account of the patient's constitution, caries having commenced in the astragalus, and again in the end of the fibula.

### CALCULUS.

Mr. **Lambert Ormsby** submitted a calculus which he removed from a boy, æt. 4, under his care in the Meath Hospital. For the last two or three years the boy was suffering from symptoms of stone. The lateral operation having been performed, the stone was removed. He had not examined it chemically, but it looked like lithic acid calculus. It weighed fifty grs.

### KNEE-JOINT.

Mr. B. **Wills Richardson** submitted a specimen of destructive disease of the knee-joint, for which he had amputated the thigh.

### ANTISEPTIC SURGERY.

Mr. **Henry Gray Croly**, who was set down for a communication on "Cases treated by Lister's Method, contrasted with the Mode of Treatment before Carbolic Acid came into Use," regretted his absence from the last meeting, and said he intended to confine himself entirely to his own cases, treated in the same hospital and under the same circumstances exactly since carbolic acid came into use and then to refer to cases before. First, taking a few cases of accident, a compound fracture of the tibia from a tram accident, was a very fair test of the carbolic acid treatment. A boy, æt. 8, was admitted into hospital on the 2nd October last. Over his leg had passed a tramcar, inflicting a compound fracture of the lower third of the tibia, extending about four inches on the inner side of it. There was great contusion, and one large artery requiring a ligature was tied with carbolised gut. From day to day the wound was regularly dressed antiseptically, progressing favourably with a rapidity that surprised him. Another case witnessed was that of a lady who had met with a very severe compound fracture of the leg. The wound, treated antiseptically, united and healed up with extraordinary rapidity, and the patient was walking about well. In his own experience, before adopting the antiseptic treatment, such cases required months to cure, suppuration being prolonged and erysipelas and pyæmia occurring. But since he commenced antiseptic treatment, carrying it out as it ought to be done, he had not seen a single case of blood poisoning or erysipelas. In reference to operations, he had, within the last month, exhibited to the Society the amputated arm of a woman, æt. 70, who, when admitted into hospital, was in such a low state from age and general debility, he considered the question whether or not he should amputate. However, Mr. Tufnell had said, notwithstanding her age, he thought it would be right to give her a chance by an operation. Accordingly, on the 10th ult., he amputated antiseptically, and by the rectangular flap method. From day to day the wound was dressed by the resident surgeon, and, with the exception of one little corner of the flap that sloughed, there was not a single drop of pus. The wound healed by the first intention. Mr. Thomson saw the case, and also another, which he regarded as a great test of carbolic acid. A man, æt. 43, was admitted into hospital on the 4th inst., suffering from an abscess in the ischio-rectal fossa. An incision was made a finger deep into the ischio-rectal fossa, and a drainage tube introduced. Having looked at the case a couple of days since, he found the wound healed and inflammatory action gone. In another case he was assisted by Mr. Tufnell—namely, that of a gentleman who had stabbed himself in the bend of the elbow with a penknife, wounding the brachial artery. For many days he had been treated by the ordinary pressure on the brachial artery and a bandage to stop the hæmorrhage. However, the hæmorrhage broke out again and again, and the blood extravasated into the antecubital fossa. At length the patient was brought to Dublin and placed under Mr. Croly's care. Having cleaned out matter from the bend of the elbow, he got, with considerable difficulty, the two ends of the brachial artery, and dressed the wound antiseptically, with the result of a most rapid recovery. He was also assisted by Mr. Tufnell in the amputation of the breast of a lady for a scirrhus tumour. According to Lister's treatment, the incision was prolonged into the axilla, and the glands were removed, a drainage tube being inserted. The edges were approximated and kept in position by carbolic sutures. From the day of the amputation until the patient was able to go out they had not seen a drop of pus, but of course there was a serous discharge from the drainage tube for the first two or three days. Within the last three weeks he had, in private practice, operated for strangulated femoral hernia. The intestine was deeply congested, and there was a very unhealthy piece of omentum, so that the case was not a favourable one. The wound healed by first intention. With regard to incisions, the first case in which he carried out Lister's treatment as it ought to be carried out was one of excision of the elbow-joint. On the 7th April last a girl was admitted under his care with her arm stiff and straight, the result of an old fracture, and perfectly useless. He advised resection of the joint. The joint was excised by a single incision. At the end of a few days there was nothing but a line on the elbow where the carbolic sutures had been, and passive motion having set up, the girl was sent to the country. Contrasting excision of the elbow-joint done some years ago with what occurred in the case mentioned, the result was remarkable. Formerly the patient was kept lying down a length of time with splint, complicated dressings, and bandages, while now the arm could be put on a piece of poro-plastic or gutta-percha, or with a simple splint, and passive motion would very early set up. With regard to operations about the scalp, within the past two months he removed a very large wen from the back of a patient in the hospital, and though in such cases suppuration was likely to occur, by adopting antiseptic dressings the wound healed by the first intention, and the patient was discharged in a few days. Looking back to his early practice, he remembered the great anxiety attending the performance of the operation of amputation or excision, or the removal of a tumour under an apprehension of erysipelas or pyæmia. But now he could not say when he saw erysipelas following an operation in the same wards and under the same circumstances. Heretofore the pain of the dressing was almost as great as that of the operation itself, while now, with the antiseptic spray and gauze treatment there was an entire absence of pain, and in most cases an absence of discharge. He was thoroughly convinced, therefore, of the advantages of Lister's treatment.

Mr. W. **Thornley Stoker**, who had moved the adjournment of the debate on Mr. Stokes's paper, now resumed it, expressing his assent to the principle of antiseptic surgery as led and taught by Mr. Lister. It was, he held, almost a duty with one occupying the position of surgeon to a large hospital, where he saw in his own practice and that of his colleagues, sufficient to enable him to form an opinion, to express his convictions, even though what he said amounted to nothing more than a "yes" or "no;" and his opinion was a very strong "yes" indeed. While he agreed with nearly all that had fallen from his colleague, Mr. Stokes, on the subject, he dissented from him as to the use of thymol. He was too strong and too true an adherent to the use of carbolic acid to have any lingering affection for thymol as an antiseptic, having formed an unfavourable opinion of it. Those who advocated, as he did, the use of carbolic acid as an antiseptic, must take with great reserve the statements made by those opposed to that agent, because it must be remembered that many people who professed to use carbolic acid as an antiseptic did not carry out in their entirety the hundred small precautions that every true votary of antiseptic surgery must employ. And nothing pointed more strongly to this than the remark made at the last meeting by a surgeon of eminence (Mr. Wharton), who advocated an intermediate course, thereby not fully appreciating the principles Mr. Lister so ably taught and practised. His observation of carbolic acid had led him to appreciate its value very strongly as an antiseptic agent. He could compare very favourably what he saw now with what he saw in hospital a few years ago—there was not as much erysipelas or blood-poisoning following operations as in the old days. Within the last month there were admitted into the hospital several cases of erysipelas. He did not hesitate to say that five or six years ago not one surgeon would have touched an important case of operation during the prevalence of such a complaint, and yet now, whilst erysipelas was going on several capital operations were performed. In spite of the occurrence of that dreadful disease, they had not had a single operation attacked by it.

Mr. **Lambert H. Ormsby** said he would debate the question in a practical form by dividing operating surgeons into two classes—namely (1) those who are firm believers in the Listerian method of spray and gauze, and (2) those who believe in and adopt antiseptics in a modified form. To the latter class he himself belonged, because he did not believe in all the minute details enjoined by Lister to be necessary, and also for the purpose of debate it was useful to express simply his own individual convictions. He had found equally favourable results occur with more simple forms of antiseptic dressings. It did not in his opinion matter whether carbolic acid, thymol, salicylic acid, or solution of chloride of zinc were used so long as complete cleanliness in the dressing was aimed at as the chief point. Statistics of successful cases treated by complete Listerism were, he thought, worse than useless, and proved nothing unless the cases cited were compared side by side with similar cases of amputations or other capital operations treated on the non-antiseptic plan as regards age, hygienic and constitutional conditions, nature of accident, disease, and form and size of the operation. About two months ago, in the Meath Hospital, he removed a woman's leg below the knee by circular amputation for fungous hæmatodes attacking the muscles of the calf, her age being 62. The after-dressing was carried out by a modified form of antiseptic treatment, such as carbolic lotion, and subsequently with Condy's solution. There was a good secretion of pus. However, the wound was entirely healed in six weeks. At the same time his colleague, Mr. Hepburn, removed the limb of a young man, æt. 25, for diffuse suppuration into the knee-joint resulting from an injury. He performed Teale's amputation at the lower third of the thigh, carrying out complete Listerism. The wound healed in four weeks without any formation of pus. Surely these two cases should not be compared with each other, as youth should necessarily tend to the favourable result in the one, while age and all the depreciating influences of a cancerous constitution should tend to an unfavourable result in the other, no matter what line of dressing was adopted. Again, as regards expense, Listerism must be objected to: there were so many things required—the steam-kettle, the protective, the gauze, drainage-tubes, &c., involving an outlay of 1s. 2d. each dressing. Of course such a consideration would not influence some operating surgeons; but for a long-continued dressing in a number of cases it was an objection. He believed Mr. John Wood, in conjunction with the late Sir Wm. Fergusson, had carried out complete Listerism in their cases at King's College Hospital, and before six months elapsed they spent £50; so that on the score of expense they had to give it up, as the managing committee of the hospital requested the surgeons to pay for their own dressing if they continued that method. The result was that Mr. Wood adopted a more simple line of action, with less expense and equally successful consequences. The operation of ovariotomy was frequently mentioned to prove the great value of complete Listerism. No doubt the results appeared most favourable, but whether attributable to Listerism or another source, who could tell? For his own part, he believed these results were due not to the spray and gauze, but to a more improved treatment of the pedicle—the great care taken in the manipulation of the abdominal viscera, and the vigilance of a trained nurse, the isolation of the patient in pure air away from all depreciating influences, and in the removal of the ovarian tumour the precaution to allow as little disturbance as possible to the internal organs—in short, attending carefully to "the toilet of the peritoneum." Of 100 cases recently reported to the Medico-Chirurgical Society by Mr. Lawson Tait, he considered those did better in which he did not carry out complete Listerism than those in which the treatment was carried out in its integrity. Assuming the bacterian theory, and that the air contains myriads of putrefactive germs, how would the disciples of Lister account for the formation of deep-seated matter, such as lumbar psoas, or empyemic collections of pus where no air could possibly penetrate from without? Or, again, why was it that some external wounds exposed to the air healed by the first intention, while others exposed to the same air healed by granulation and cicatrisation? But as Paget mentioned, it seemed that cases must be divided into ill-doing and well-doing. In reference to the cases of compound fracture, he had lately had two—one of the thigh, and the other of the tibia. These were treated by lint saturated in the blood issuing from the wound and kept in position, so as to hermetically seal the wound against atmospheric influences. Both were healed in five weeks without a drop of pus, and the lint was never disturbed until it accidentally dropped off. Mr. Croly had also mentioned the value of the Listerian method in excisions of the breast. Well, he had seen his colleague, Prof. Macnamara, over and over again remove breasts, allow the wound to glaze exposed to the air for an hour at a time, and then bring the wound together, and yet such cases had healed by the first intention without a drop of pus. When he saw surgeons of eminence adopting, after a careful consideration of the merits of Listerism, a different mode of treatment, he believed they did so, not from personal bias, but because they secured equally successful results by much less complicated means. Such was the practice of Mr. John Wood and Mr. Jonathan Hutchinson, Mr. Morant Baker and Mr. Savory, Mr. Spence, of Edinburgh, and Sir James Paget. In a discussion on the subject of antiseptic surgery, the latter mentioned that from 1847 to 1857 he lost about 15 per cent. of his cases from circumstances depending on his operations; for the next ten years, 10 per cent.; and from 1867 to 1877, only 5 per cent., the decrease being attributable, not to the adoption of Listerism, but to complete care of the patient—simple dressing, perfect sanitation of hospitals and private houses, good nursing, and the constant attention of the surgeon.

Mr. WHARTON said his observations had been misunderstood. While advocating Listerism he had mentioned that in a recent case—up to when Listerism had been adopted by himself and Mr. Hepburn—when he saw suppuration established and continuing to increase, he changed the special mode recommended by Lister, because he could not come to any other conclusion than that it tended to increase the suppuration.

Mr. STORY, speaking from an ophthalmic point of view, considered there were great advantages in dealing antiseptically with operations. The process he had read of as recommended was first of all to wash the part with 2½ per cent. solution of carbolic acid, and drop some into the eye two or three hours before the operation, so that the organ would thereby become covered. When he thought of adopting the treatment he proceeded to try it on his own eye, causing the most excruciating pain; and he was not astonished to find the experience of some English surgeons was, that when going to operate the eye was in a state of ecchymosis. He then adopted a modified form of antisepticism. It seemed to be impossible to destroy the germs by any antiseptics which would not set up inflammation. So he had neglected to deal with any bacteria except germs which might exist in the conjunctiva itself. It was important that the air in which a cataract operation was performed did not contain germs capable of fructifying; for if suppuration occurred the eye was lost. On that account he had been in the habit of using Lister's spray. The treatment he adopted was to wash the outside with a weak solution of carbolic acid, 2½ per cent., and all the instruments with 5 per cent. solution, and then operate under Lister's spray, covering up the eye with simple dry absorbent. It was perfectly useless bringing forward statistics of isolated cases, a long series of entries of cases being necessary to form any conclusion.

Dr. ROBERT McDONNELL thought the question of antiseptic surgery resolved itself into two points quite distinct, while they had confined the discussion to one of them in a very unsatisfactory way. As regards the practical part, they must determine the advantages of antiseptic surgery entirely by statistics, but he thought that such as had been brought forward by Mr. Croly were not of any real value. To be of value the facts must be carefully collected and set side by side, each scale being as nicely balanced as possible, instead of the mere rule of thumb fashion of former times, stringing cases together as a test of a new system. In many of Mr. Croly's cases the antiseptic plan, it appeared, had been carried out by the resident surgeon. He did not throw the slightest aspersion on the care with which it was done; but in determining the important question at issue they must have the facts brought forward with more accuracy than where the cases were handed over to others. What he considered to be an immensely important part of the discussion had been untouched—namely, the scientific phase of the question. He believed the great step they owed to Prof. Lister was simply this—that he had imported into practical surgery the modern and received theory which had been now for a long time adopted by chemists with regard to decomposition, namely, that organic fluids were set going and worked through the means of organic germs, either vegetable or animal, causing the excitement of those decompositions. Having brought that theory prominently forward, and adopting it as a working hypothesis, he said—"I do all that human skill can do to prevent the decomposition of the animal body." Of those opposed to that theory he would ask—What was their working hypothesis? What did they suppose to be the thing which made the difference recognised in surgery from time immemorial between a compound fracture and a simple fracture? In each blood was diffused into the tissues; in each there was an elevated temperature by which to promote decomposition, but in the one decomposition was liable to produce fever and ill results, while in the other it was quite exceptional for those results to follow. Of this Lister had given a rational explanation and a good working hypothesis. What his hypothesis was to surgery, the undulatory theory of light was to the physicist, the Darwinian theory to the zoologist—the working hypothesis, which practical men of science work under for a time, to cast aside as soon as they are found to be out of harmony with the admitted facts of the case. On the question in hand the facts had still to be accumulated, for they ought, without the slightest disrespect to the commencement that had been made, to set about the task with more care and elaborateness before they could arrive at any positive conclusion on the subject.

Mr. **Wm. Thomson** was glad that Mr. Ormsby had broken in upon the monotony of assent that had up to the present characterised the discussion. He had very good-humouredly said he thought there ought to be some expression of opinion on the other side, and declared himself as one of the modified antiseptic surgeons. However, from what he had himself seen in his own practice and that of his colleagues and others, he was coerced to take the view that antiseptic surgery as practiced by Lister merited approval, and ought to be adopted by all surgeons. With what had fallen from Dr. Robert M'Donnell as to the importance of judging of the question in a very exact way he quite concurred, but at the same time there were so many fallacies lurking about the comparison of statistics that they were not always reliable, while the experience of a surgeon looking back a great many years, and comparing the knowledge he then gathered with the like knowledge gathered at a later period, enabled him to form a very good idea of what the contrast was in result. For his own part, he could look back to the time when, as yet a very junior surgeon and a pupil at the Richmond Hospital, the old methods were taught and carried out by his revered teacher, and, comparing what he then saw with what he now knew, he could not help coming to the conclusion that there was a vast difference between the two systems. One of the objections to Listerism was that its adherents put it forward as the sole system of antiseptics. That was a fallacy. What the adherents of Listerism put forward was this—that there was no other system of antiseptics which could approach it in certainty of result. It had been also asked—Why is it that all the cases that are exposed to operation do not become putrid? why do the patients themselves not become subject to pyæmia? Well, the only answer he could give was this, putting it in rather an American fashion—Why is it that all the unprotected people who go into a fever ward, or breathe the atmosphere of a small-pox hospital, do not take small-pox or any other of the fevers? The reason was simply that there was a certain amount of resistance in every person to those noxious influences, and that when the vital resistance becomes depreciated, then the person might be the subject of any of those fevers. Again, it had been objected that some operations, and particularly those about the face, heal up without any suppuration, and by immediate union. Mr. Ormsby had mentioned some cases of breast amputations by Mr. Macnamara, thus selecting the particular class of cases which most frequently healed without any suppuration, even although not treated on the Listerian principle, as pointed out by Mr. Lister himself—firstly, because the parts are very vascular; and, secondly, being in a position in which the surgeon can fix them almost absolutely—two conditions promoting union. Very recently Professor Nägele had made an interesting discovery, namely, that bacteria were killed in organic fluids of a certain density, and lived in similar fluids of a less density. Where the serum was of a low specific gravity the condition existed for the propagation of bacteria in the wound; whereas, in other cases, where the patient was of good physique and strong vital power, the probability was that the fluid exuded might be of a specific gravity of greater density, and so kill the germs as quickly as they fell upon the wound. Mr. Ormsby, referring to ovariotomy, had mentioned a number of cases in which Mr. Lawson Tait had performed the operation with the most beneficial results, and without the use of antiseptics. All he could say in reply was that he was quite willing to put the experience of other antiseptic obstetric surgeons against that of Mr. Lawson Tait. When they had the experience of Mr. Spencer Wells, who was a prince of ovariotomists, and Mr. Thos. Keith, of Edinburgh, who, in the first 50 operations had 11 deaths, in the next 8, in the next 6, in the next 4, and in the last 50 none, the last 72 being done under antiseptic precautions—he could not withhold from any patient the advantages that he believed antiseptic surgery offered in absolute security against immediate mischief and prolonged suppuration. It took a great deal of experience to get into all the details of Lister's method, but when mastered there was no doubt that they afforded advantages that surgery had hitherto never known.

Dr. T. **Darby** said that all the speakers had tacitly admitted the truth of the germ theory as applied to the living body, whereas all the experiments, as far as he was aware, that led to the foundation of the theory, were experiments on dead organic fluid, and so far as the speeches had gone, they had been singularly deficient in giving credit to any influence of vital action. It appeared to him that the germ theory was by no means established, and before dealing with any particular process of of treatment they ought to settle whether the germ theory was well founded or not. There was not an hospital surgeon of experience who had not seen gangrene of a limb or of a lung. If there was one disease more offensive or horribly disgusting than another it was gangrene of a lung, and yet patients had recovered from these attacks without symptoms said to evidence blood-poisoning. Therefore he thought the germ theory was the basis on which to carry on the discussion if it was to be practically useful. For his part, he does not believe in the germ theory of disease.

Mr. **Rawdon Macnamara**, jun., said he had been resident surgeon in a small hospital in the North of England, where one of Lister's pupils was his senior, and for the last two or three years Listerism had been carried out in its entirety as the most preferable way of operating, being followed by less erysipelas and less disagreeable results than attended the old method.

On the motion of the Vice-President (Dr. M'Clintock), seconded by Mr. Wheeler, the further debate on the subject was adjourned.

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"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, APRIL 7, 1880.

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## THE CHAIR OF MATERIA MEDICA IN THE UNIVERSITY OF GLASGOW.

The incumbency of a chair in a Scotch University is a position sufficiently pleasant and honourable to gratify any ordinary ambition, and it is not surprising that for the chair of *Materia Medica*, now vacant in the University of Glasgow through the resignation of Professor Cowan, a large number of applicants should have come forward. The appointment is the gift of the Crown, and it will be sincerely hoped by all well-wishers of this venerable seat of learning that personal capability, and not either political or social influence, will determine the choice to be exercised. Candidates themselves, on the one hand, should consider whether the direction of their studies, their general education, and possibly their social position, are such that they would be likely to fulfil the duties of any given chair with acceptance. This becoming introspection is unfortunately not always exercised, as there exists a class of individuals sure to turn up when vacancies of the most diverse nature happen, and whose versatility of talent is hardly less remarkable than the audacity of their pretensions. Should the office of Principal become vacant, past experience sufficiently demonstrates that there are medical men in the good city of Glasgow whose modesty would not restrain them from applying for the post. A medical Rip Van Winkle, with a poetical imagination, is a subject for contemplation, either from the risible or weeping standpoint. We can assure people of this description that the office of Medical "Solicitor-General" is a *rôle* which the profession is not slow to contemn, and that this form of cheap advertising is at once as laughable as it is useless. But how is the fitness of the applicant to be arrived at? It will, in the first place, be conceded that in order "to adorn" an university chair, especially at a time when the teaching at universities seems to interested parties to be sacrilegiously assailed, the incumbent of the chair should be an educated gentleman—he should possess a thorough Arts' education, and a knowledge of the French and German languages. In these subjects he should be completely abreast of his best students. It is hardly necessary to say that bad English spelling does not "adorn" the office of a Professor? In the next place the academic aspirant should have given some attention to the subject which he is solicitous of teaching, and should have demonstrated that he is capable of taking a scientific and philosophical grasp of it, for as Professor Hæckel so aptly observes, "In medical, as in all other scientific learning, the highest aim does not consist in seeking to accumulate a vast chaotic mass of isolated items of knowledge, but in a general comprehension of the science, its aims and problems. The teacher should, above everything, guide the pupil to this general knowledge, and then it will be easy to him, by the aid of proper methods, to acquire mastery in each individual and special branch. Thus in Medicine, as in every other science, he is not the best qualified who has loaded his memory with a confused mass of undigested facts, and has flung them all together into his brain without any order; but on the contrary, he who has practically digested a considerable number of the most important facts, and has critically co-ordinated them to a harmonious whole." To have poisoned an ass does not necessarily imply the qualification requisite to teach *Materia Medica* as it ought to be taught! The Universities can ill afford at the present moment to weaken their influence, particularly the University of Glasgow, whose reputation is not quite of the purest in connection with its Professoriate. The ostensible object of testimonials is to impress the patrons of chairs that applicants possess the requisite qualifications, and a word may be said upon them. It is needless to say that so far as concerns the possession of a sufficient classical education, a foreign testimonial—one, by the way, highly prized, as an unknown language has a Mesopotamic effect—must necessarily be useless; and as for the license of statements made as to professional qualifications, by men both at home and abroad, it is of such a nature as to bring testimonials into contempt in the eyes of all sensible people. It is surely not necessary in these times to parade society in the stage toggery of a fourteenth century courtier. The readiness with which people—respectable people—will give testimonials, and the extravagance of statements to which they commit themselves, are phases of human nature which have scarcely been sufficiently investigated. A Glasgow teacher of former days was wont to say to the testimonial seeker, "You know more about yourself than I do; put your opinion of yourself and your qualification on paper, and I'll sign it!" The present appointment is an important one, and the profession and the public will look forward with some anxiety as to the choice of the Crown.

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## THE NON-REPRESENTATION OF SURGERY IN THE SENATE OF THE NEW IRISH UNIVERSITY.

Some weeks since we called attention to the fact that, so far as anyone yet knows, the surgical profession has been completely ignored by the Irish Government and Mr. James Lowther in the constitution of the Senate of the New University. At this moment all that is known of the *personnel* of that Senate is that it has been decided upon, and that the list was to have been submitted to Parliament immediately after its assembly, if the present Ministry remained in office. It leaked out, however, that several Fellows of the Irish College of Physicians had been asked to serve on it, and that no single surgeon had been paid such a compliment, notwithstanding that surgical licensing is one of the special functions of the new University. This state of things was brought under the notice of the Council of the Irish College of Surgeons, who immediately addressed to the Lord Lieutenant a remonstrance against this injustice, and a claim for the due recognition of the surgical profession. We need not enter upon the arguments put forward by the College, nor comment upon the weakness of the reply of the Irish Government, which are sufficiently set forth in the correspondence which we append.

We ask our readers to take the trouble to read the letters, and to form their own judgment as to the fairness of the pretensions of the Irish surgical profession to representation on the Senate.

[No. 1.]

*From the Secretary of the College Council to the Under Secretary :—*

Royal College of Surgeons in Ireland,
Dublin, 5th February, 1880.

Sir,—I have it in direction from the President and Council of this College to inform you that the probable construction of the Senate of the Royal Irish University has been brought under their consideration, and that whilst it would appear that it is contemplated to place upon that body several Fellows of the College of Physicians, yet that not one Licentiate or Fellow of this College practising surgery has been selected for that honour. I am also directed most respectfully to draw your attention to the serious character of the omission, inasmuch as that the issuing of surgical qualifications is amongst the contemplated functions of the new University, a fact which would render it of the highest importance to have on the forthcoming Senate some gentlemen familiar with the absolute requirements of sound surgical education and examination on the part of candidates for surgical qualifications. And in conclusion I am directed most respectfully to remind you that this College, which, as expressed in its charter, was originally founded for the purpose of "providing a sufficient number of properly educated surgeons as well for the service of the public in general as for that of our army and navy," has hitherto never failed in the efficient discharge of that duty, and also to inform you that from the foundation of the Queen's University up to the present moment the authorities of this College have uniformly assisted the Senate of that University in the conduct of their examinations by placing at their disposal their museums and halls.

From a perusal of the enclosed copy of a letter received by the then President of this College, you will perceive that the Government of that day did not feel themselves justified in ignoring this College when founding the Queen's University.

I have the honour to be, Sir, &c.,
J. Stannus Hughes, Secretary of the Council.

The enclosed letter was an official communication from Sir Thomas Redington, Chief Secretary at the time of the foundation of the Queen's University, submitting a draft of the charter of that University, and asking the opinion of the College of Surgeons thereon.

[No. 2.]

*From the Under Secretary to the Secretary of the College Council:—*

Dublin Castle,
17th February, 1880.

Sir,—I am directed by the Lord-Lieutenant to acknowledge the receipt of your letter of the 5th instant, complaining by desire of the President and Council of the Royal College of Surgeons in Ireland, that the College is not represented on the Senate of the new University; and I am to state that His Grace regrets that the omission complained of was not brought earlier under his notice, as it is not now in his power to remedy it—the thirty-six senators authorised by the Act to be appointed having been already selected.

His Grace hopes, however, that the omission will not injuriously affect the issue of proper surgical qualifications by the new University, as he understands that the Senate will count among its members a Fellow of the Royal College of Surgeons in England (Dr. Redfern), a member of the same College (Dr. Cruise), and two licentiates of the Royal College of Surgeons in Ireland (Dr. Banks and Dr. Lyons), who are surgeons, although not practising surgery.

His Grace desires me further to state that he is not aware that any Fellow or Licentiate of the Royal College of Surgeons in Ireland, practising surgery, is on the Senate of the Queen's University in Ireland, and that if the College had applied to be furnished with the draft charter of the new University, His Grace would have been very happy to have complied with their wishes.

I am to add that in the event of any vacancy occurring among the senators, the appointment to which shall be in the gift of the Crown, His Grace will be prepared to consider the claims of the Royal College of Surgeons to a representation upon the Senate.

I am, yours, &c.,
T. W. Burke.

[No. 3.]

*From the Secretary of Council to the Under Secretary:—*

Royal College of Surgeons in Ireland,
March 4, 1880.

Sir,—I am directed by the President and Council of the Royal College of Surgeons to acknowledge your letter of the 17th inst., and to express their great concern that His Grace the Lord Lieutenant should not conceive it to be within his power to remedy the injustice done the Royal College of Surgeons in Ireland by the omission to provide for its due representation in the Senate of a University to which the granting of surgical degrees in Ireland has been entrusted. I am to remind you that the names of those whom it is intended to appoint to seats on that senate have never been made public, and therefore as this College had no official cognisance of the proposed appointments, and was not aware—until receipt of your letter—that the full number of senators had been selected, it was not open to it to bring this circumstance under His Grace's notice at an earlier date. The Council has done so now as a matter of duty to the College, because it had become a matter of notoriety that certain physicians had been requested to act as senators, while no such communication had been made to any practising surgeon, nor any intimation given to this College on the subject.

The President and Council respectfully submit that, the relation of this College to surgical education in Ireland for nearly 100 years, and the extent and importance of its function as a qualifying and educational body, entitle it to consideration in the formation of the Senate of a new University, even although the opportunity was not afforded to it to press its claims to such consideration.

I am desired to remind you that in the Senate of the Queen's University, surgery was, from its foundation up to a recent period, represented by Sir Philip Crampton and by Mr. Adams, both former Presidents of this College, and during the whole period of their service as senators, councillors of this College, and it certainly was not with the knowledge or approval of this College that the seat vacated by Mr. Adams was filled up by a gentleman who was not a practising surgeon. The Council avails itself of this occasion respectfully to suggest to His Grace the advisability of remedying the want of representation of surgery in the Senate of the Queen's University, by the selection of one of the Fellows of this College practising surgery to occupy one of the seats on the Senate now vacant.

While fully admitting the high position, as physicians, of the gentlemen selected as medical members of the proposed Senate, the President and Council cannot recognise in them a sufficient competency to represent surgery in Ireland or this College, none of them being practising surgeons; nor do they conceive that any of the gentlemen named in your letter would lay claim to such a representative function, especially as the practice of surgery is held by the College to which most of them belong as being incompatible with their position as physicians. I am, therefore, desired again to represent to His Grace that, if the Senate be constructed without other representation than that which the Council believes to be proposed, the Faculty of Surgery in Ireland, and the interests of this College, will be absolutely without a representative advocate.

While thanking his Grace for expressing readiness to consider the claims of this College in the event of a vacancy occurring in the Senate of the new University, the Council regrets that the possible appointment of a representative of this College is at so indefinite a date, and it trusts that his Grace may see fit to reconsider his decision, expressed in your letter, before the names of senators are finally approved.

I am, Sir, yours, &c.,
J. Stannus Hughes, Secretary of the Council.

We do not regard the ignoring of the surgical profession by the Irish Government as anything more than a mere bungle, the result of that slap-dash inconsiderate method of doing business which, since the departure of Sir M. H. Beach, has characterised the public administration of Dublin Castle. If the Government which was guilty of the bungle remained in office, it would seem that the omission of surgery from its representative place in the new Senate would have been, for the present, irremediable, and the College would have had to content itself with the foregoing protest.

As, however, unexpected contingencies have, it may be said, cancelled Mr. Lowther's list of the new Senate, the chance will probably be afforded to the College to renew its remonstrances to more willing ears, and we are quite sure that its Council may be depended upon to do so, if that chance should present itself. It has already vindicated the dignity of the College as far as it could, and, if the Senate had not been selected by Government in this secret way, it would certainly have insisted, so far as it could do so, on a proper recognition of surgery. Possibly the moment is coming when it can insist, and we doubt not it will do so, if circumstances make it possible.

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## THE REJECTION OF MR. JAMES LOWTHER.

On the 13th of February, 1878, we took occasion—in bidding farewell to Sir Michael Hicks-Beach—Mr. Lowther's predecessor in the Irish office—to express our unqualified admiration for the manner in which he had performed the duties, and our great regret that the Irish Government should lose his services as its responsible minister. We do not think that we are venturing too far within the political arena—from the limits of which we desire to keep as far as possible—when we give expression to an opinion as to the career of a Chief Secretary, for really it is upon the capability and industry of that minister that the progress of Irish medical affairs chiefly depends. Mr. James Lowther, having had over two years of the government of Ireland, has lost his seat in the House and his public office at one blow, and we regret to say that our retrospect of his conduct as a minister does not inspire us with a shadow of regret that Ireland should lose him, or of pity for his misfortune. What Mr. Lowther may have been as a politician we leave others to say. As a minister charged with Irish medico-sanitary legislation, he was, without rival, the worst Chief Secretary who has occupied the Irish office within the memory of existing generations.

That an English gentleman of bucolic tastes and education should be wholly ignorant of the subjects which he was called to handle, and the duties with which he was entrusted when he was appointed Chief Secretary, is not the ground of our complaint. Such, indeed, is the usual *status quo* of the Irish minister. But Mr. Lowther brought to the discharge of his functions as *the* Acting Governor of Ireland, the additional characteristic of a contemptuous indifference to his duties, and a truculent disposition to give to himself as little trouble as possible, and to others as little civility as was compatible with decency. Restricting our retrospect of his two years of office to matters within our own special cognisance, we cannot, after diligent search, call to mind a single act done by him in furtherance of sanitary or medical progress in Ireland, while numerous occasions present themselves to our mind on which his influence was exerted to throw difficulties in the way of domestic legislation of this class. The only measure within this domain which he ever passed was the Vaccination Amendment Act, for the drawing of which the Irish Medical Association deserves all the credit, for the passing of which Mr. Meldon is chiefly to be thanked, and for the delaying and spoiling of which the Chief Secretary merits all the credit. A Bill for the Amendment of Birth and Death Registration in Ireland, drawn also by the Irish Medical Association, lay in Mr. Lowther's pigeon-hole for a year and-a-half, though already approved by the department concerned with it, and eventually had to be introduced as a private measure simply because that gentleman would not give himself the trouble of looking over it. As head of the Irish Local Government Board he is responsible for the obstruction offered by that Board to sanitary improvement, and, in the same way, he is answerable for the outrageous incompetency displayed by the prison authorities in their relations with their medical officers, while his effort to prevent the Dublin Sanitary Commission from investigating the causes of the extraordinary death-rate of the city will be recollected by all sanitarians to his discredit.

In fact, the late Chief Secretary neither knew his business nor would take the trouble to learn it, or allow those who knew it to afford him information. He was to the present Ministry what Mr. Ayrton was to the last Cabinet, and we therefore cannot but congratulate the medical profession in Ireland upon the hope now held out to them of having in control a minister who may think it worth his while to attempt performance of his duties.

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# Notes on Current Topics.

## The Vacant Irish Baronetcies.

Many weeks have passed away since, with the death of Sir Dominic Corrigan, the Irish medical baronetcy became vacant, and a much longer time has gone by since Sir Philip Crampton's death left Irish surgery without a fully-titled representative. We should be pleased to know when Lord Beaconsfield proposes to advise the Queen to fill those vacancies in the scanty roll of honour of the profession? and what reason can there be for withholding longer than is necessary the choice of an Irish physician and surgeon to receive the decorations thus set free? Some of the Irish press have joined us in representing the great injustice which is done to the profession in Ireland by thus placing them on a level below that of the profession in England and Scotland, and we have already pointed out that baronetcies and knighthoods have been granted with no unsparing hand to English and Scotch physicians and surgeons, while Ireland is now absolutely unrecognised by Royalty by the conferring of any of the decorations which have been distributed at the other side of St. George's Channel.

We fully understand that these honours are supposed to be left to Her Majesty's taste, and that the Queen must not be hurried nor her favours importunately solicited, but we know quite well that, in reality, professional decorations of this sort are a part of the patronage of the Minister; and when that patronage is persistently withheld without any apparent reason, we cannot but think that a slight to the profession in Ireland is intended.

If the choice of a medical and a surgical baronet for Ireland be long delayed we should suppose that the dignified course for Irish physicians and surgeons to adopt would be to meet together and join in an emphatic protest against the slur put upon them by the Minister who advises her Majesty, and we hope that, whatever may be the right course to pursue, the profession in Ireland will not allow itself to be deprived, as it has been in the case of the surgical baronetcy, of the share of public honour which it is in every way entitled to demand.

### The Cost of Honesty.

THAT it pays best to be blind to a good many things, especially to abuses, is an accepted axiom, and probably few have in this respect lost more of the "loaves and fishes" than the proprietors of the MEDICAL PRESS AND CIRCULAR. To satisfy everybody is of course impossible, and it not infrequently happens that the same post which brings us congratulatory letters on our impartiality and fearless exposure of abuses, brings also the request of some aggrieved individual to withdraw his name from our subscription list. Recently we have devoted space to two letters of Dr. Hoggan, a former member of the staff of St. John's Hospital for Diseases of the Skin, containing serious and unrefuted charges against the administration of that so-called charity. We have no feeling in the matter, and would gladly accord space to a contradiction of these accusations, were it advanced; but the matter has now found its way into the columns of the lay press, and has assumed the character of a public scandal. The only communication we have received from any one now connected with the hospital is from Mr. J. L. Milton, M.R.C.S., Senior Surgeon and Director-General, who, in consequence of our having given insertion to the letters of Dr. Hoggan, "declines ever to send another advertisement to the Journal." Here again, is another severe bereavement for us, and a flat contradiction that "honesty is the best policy;" nevertheless, with all humility we hope to survive the loss, and to continue in the same straightforward course initiated by the honoured founder of this Journal nearly half a century ago, assured of the support of all right-minded and honest men.

### Vaccination Prosecutions.

AT the Limerick Union the week before last the superintendent of vaccination reported that in consequence of some legal point raised by counsel for Mr. Joshua Jacob, who contend that the orders of the magistrates were illegal, as they had not been formally served on Mr. Joshua Jacob—and which were submitted by the magistrates for the opinion of the law adviser—he was compelled to discontinue the issuing of summonses until the points raised had been decided. He was glad to be able to inform the board that the law adviser had given his opinion that the proceedings instituted by the guardians were in strict accordance with the provisions of the Public Health Act, and he now applied for authority to institute summonses against other parties.

### Election to the Council of the Irish College of Surgeons.

THE appointment of Dr. Benjamin McDowell to the Court of Examiners of the College has made it necessary for him to resign his seat as a councillor, and upon a requisition to the President for a new election—the 15th of April has been fixed for the choice of a successor to Dr. McDowell. Mr. Corley, of the Richmond Hospital, who was formerly on the Council of the College, and Mr. Frederick Alcock Nixon, of Mercer's Hospital, are the candidates who have as yet announced their intention to compete.

### The Representative of the Queen's University in the General Medical Council.

The Senate of the University at its meeting on Tuesday elected Dr. J. T. Banks—who, a few days since, was honoured by being appointed Her Majesty's Physician in Ireland—to succeed Sir D. J. Corrigan as the representative of the University in the General Medical Council. Previous to the death of the late representative, some doubt existed as to whether the Senate had power to elect a representative inasmuch as the University was dissolved by the lately passed Irish University Act, and no special provision was made in that measure for the exercise of such power. No doubt the Senate satisfied itself of its competency, which—in our reading of the new Act—was not seriously in dispute, for it has now made the election. It was expected that Dr. Redfern would have succeeded Sir Dominic Corrigan, but we understand that, on the contrary, that gentleman was the mover of Dr. Banks's appointment. The new representative of the Queen's University is in professional rank and qualities entirely suited to the office, and his appointment will be generally approved, though, perhaps, those who desire to see a root-and-branch reconstruction of the Medical Council would desire to see the office filled by a more pronounced reformer than Dr. Banks can be expected to be. We are not aware that, on the two leading points of conjoint examination and direct representation, he has ever expressed decided views, but, as he is the successor of Sir Dominic Corrigan, who was one of the very few staunch reformers in the Council, and as he was ex-President of a College which has declared emphatically for such reformers, we entertain the hope that his votes will not be given along with those of the obstructive majority in the Council.

### The Election of Examiners in the Queen's University.

A MEETING of the Senate of the University was held at Dublin Castle on Tuesday, March 30, his Grace the Duke of Leinster, Chancellor, in the chair. The following were appointed Examiners in the Faculty of Medicine:—Examiner in Medicine: Denis C. O'Connor, M.D., Professor of Medicine, Queen's College, Cork. Examiner in Surgery:—William Thomson, M.D., Surgeon to the

Richmond Hospital. Examiner in Midwifery: William K. McMordie, M.D., Belfast. Examiner in Materia Medica: George F. Duffey, M.D., Physician to Mercer's Hospital, Dublin. Examiner in Medical Jurisprudence: Matthias O'Keefe, M.D., Professor of Materia Medica, Queen's College, Cork. It will be observed that, with the exception of Dr. Duffey, the new Examiners are either Professors in the Queen's Colleges or intimately related to the Queen's University.

## Chrysophanic Acid in Psoriasis, Herpes, and Pityriasis.

Dr. Neumann (*Geneesk. Com. der Nederl.*) has tried the effect under different circumstances of chrysophanic acid in psoriasis vulgaris, herpes tonsurans, and pityriasis versicolor. In slight cases three or four applications were sufficient to effect a cure; in old standing cases the application had to be repeated for several weeks and then produced a certain and favourable effect. The parts of the skin covered with patches of psoriasis take a pale colour under the chrysophanic acid, clearly defined, and only slowly return to their normal colour. In pityriasis and herpes tonsurans vasculosus success was equally rapid. Chrysophanic acid is especially commendable in this affection, because, besides its activity, it possesses other valuable qualities; it is inodorous, and causes no pain or disagreeable symptom. The brown colour caused by friction with it disappears of its own accord in a week or ten days. Washing with benzine hastens its disappearance. Dr. Adams has also established the curative value of chrysophanic acid in a number of cases of psoriasis, some of very long standing. He advises that it should be dissolved in collodion and spread on linen. In some cases alizarine may be employed with success. This substance is much less costly, causes less reaction, but acts also more slowly. Zarisch has employed pyrogallic acid in ointment (1 to 9), or solution (1 per cent.), on cotton wool. The results are favourable, but generally have been slow; sometimes when chrysophanic acid causes symptoms of irritation, or is not borne by the patient, pyrogallic acid may be substituted with advantage. The latter causes brown stains which last a long time.

## Modern Surgery.

In the *Times* for April 1st there appeared an admirable and lengthy article on "Modern Surgery," the work being a terse and comprehensive review of the improvements introduced within recent times in the treatment of bodily injuries. We hail with exceeding satisfaction such evidence as the publication of this and similar articles in the lay press affords of the growing intelligent appreciation in which the art and skill of the surgeon are held by the non-professional public. It is fair to assume that the desire for information like that contained in them is desired, else would it be improbable that room would be allotted for their appearance in the organs which expound for the masses. That the people, or at any rate, the educated classes, do regard the profession with a feeling of deeper and truer sympathy now than formerly, is amply apparent; and it is eminently satisfactory to reflect that improvement in the status of our calling is thereby efficiently advanced. We cannot, in the space at our command, deal in detailed examination with the *Times'* article, but we heartily commend it as an admirable essay on modern surgery.

## Election of Examiner in the Irish College of Surgeons.

On Thursday last the seat on the Court of Surgical Examiners of the College, vacated by the death of Dr. O'Leary, M.P., was filled, Dr. Benjamin J. McDowell being elected thereto. The other candidates were Drs. Gogarty, Kilgariff, Franks, and Foy, Mr. Abraham and Dr. Spencer having withdrawn their names. Dr. McDowell occupied up to a recent period the chair of Anatomy and Chirurgery in the School of Physic of the University of Dublin, and was considered to have thus acquired a pre-eminent claim to a Surgical Examinership.

The general election of the entire Court, and of the Examiners in General Education and in Midwifery, will take place on the first Tuesday in May, that day being fixed by the Charters of the College.

## Condensed Milk.

In a recent case of sclerema, the subject of a coroner's inquest, the medical evidence concerning the virtues of condensed milk was somewhat at variance. Dr. W. E. Steavenson, of the Children's Hospital, Great Ormond St. stated that he was in the habit of ordering condensed milk for some of the patients in that institution, and had no reason to consider it deleterious. On the other hand, the medical man who had attended the deceased child strongly condemned its use, and asserted that he had seen many children who, while they seemed to fatten on the milk, at the same time gradually lost strength and died. Perhaps this question of condensed milk had a closer relation to the production of sclerema than has hitherto been thought. The etiology of the disease is somewhat obscure. It is suggested by Dr. West, who calls it *induration of the cellular tissues*, that it may be due to an unexpanded condition of the lungs; and in most cases some evidence of pulmonary collapse is discovered by examination after death. Dr. West, however, goes on to say that in many instances it may be a consequence of the disease rather than its cause. It was suggested at a late meeting of the Pathological Society that sclerema might prove to be some derangement of the fat-forming function of the body, that instead of fat being formed containing the proper proportion of olein, stearin, and palmatin, from some unexplained cause a substance is produced containing a large proportion of stearin and palmatin, resulting in a compound which is solid at the ordinary temperature of the body. Should this theory prove to be correct, and it appears a very probable one, the source from which fat is derived becomes a very important element in the question. There is little doubt that the origin of fat in infants is the casein contained in milk; and the proportion of casein in human milk as compared with that contained in cow's milk is very little more than one-half. It is the usual practice when rearing infants on cow's milk to dilute the food with about one-third of water, it being, in a pure condition, too heavy to be borne by the child's stomach. The proportion of casein in condensed milk must be very much increased indeed, for it consists of little else, the water having been driven off during condensation, and only sugar added for its preservation. May not this preponderance of casein in condensed milk be a cause of the production of sclerema in children. It is conceivable that this fat-forming substance, given in excess, may lead to the production of a fat in the human body materially differing in consistency to that normally found. Another important point in the history of sclerema is its appearance, as a rule, in children who have not been suckled. Although very rare in England and the United States, it is often met with in the foundling hospitals of the Continent. It would be interesting to hear whether condensed milk is much used in those institutions as a food for their inmates.

### Treatment of Infantile Intertrigo.

INTERTRIGO being almost always connected with a bad state of nutrition in the child, we must direct our attention to this subject. Local treatment is not the less indispensable. Wertheimber, of Munich (*La France Médicale*), advises washing the child with warm soap and water, giving it bran baths, and powdering the healthy skin with lycopodium, or a mixture of equal parts of oxide of zinc and subnitrate of bismuth. On the affected parts he prefers the unguentum diachyli of Hebra, with olive oil. In old-standing cases, he makes application three or four times a-day of a solution of bichloride of mercury (five centigrammes to one hundred grammes of water).

### Association of Surgeons practising Dental Surgery.

MR. FRANCIS FOX read a paper before the above Association on Wednesday, March 17th, on "Irregularities of the Teeth and their Surgical Treatment." In it he briefly described the early progress of dentition, pointing out that the process of calcification is always slow, and that the growth of the body is thereby constantly liable to interference; and "that the alveolar portion of the jaw is developed with each dentition, so that a previous alveolar structure can have little to do with the position of the succeeding teeth, except as it may present an obstacle to their outward progress in consequence of its non-absorption." It is important to note, Mr. Francis Fox insisted, that the base of the jaw as distinct from its alveolar portion remains in adult life what it was in childhood; any contraction, therefore, to which it is subjected in early childhood will be perpetuated, "and no subsequent development in the posterior regions will tend to expand it." Irregularities of the teeth were stated to be due to several causes, among them being want of proportion between the size of the teeth and the jaws, interrupted development of the jaw bones, from such accidental circumstances as retention of temporary teeth, the presence of supernumerary teeth, "thumb-sucking," or hypertrophy of the tongue. Heredity, too, has an influence, the capacity of the bones showing a marked decrease *pari passu* with advancing civilisation. Dealing with the treatment of dental irregularities, Mr. Fox showed the necessity of removal in many cases, but laid stress on the recuperative powers of nature, to which often seemingly bad cases may be safely left. The body of the essay was devoted to a consideration of the different forms in which irregularities of the teeth present, and the modes of treatment advisable to be adopted in each. A discussion followed, the President (Mr. W. A. N. Cattlin), Messrs. E. Bartlett, Gaine, Parron, and others joining therein. It was announced that at the next meeting, April, 21st, Mr. Christopher Heath will read a paper on "Thirty-five Years' History of a Maxillary Tumour."

### Bromide of Ethyl for Local Anæsthesia.

AT a recent meeting of the Paris Surgical Society (*La France Médicale*), M. Terrillon brought forward bromide of ethyl as a local anæsthetic. He says it is a neutral, non-irritating substance, always chemically pure. It may be used for obtaining local anæsthesia in the form of spray, in just the same way as ether. He tried it first on a thermometer; the refrigeration was much more rapid than with ether. In man the spray may be continued for a long time without causing the irritation of the wound produced by ether.

### The Trichinosis Scare.

ON Saturday last Dr. Spencer Cobbold, an acknowledged authority on Entozoa, delivered a lecture in London, at St. George's Hall, on "Trichinosis, and the Dangers arising from the Consumption of Flesh Food." The lecturer premised that on such a subject no statements ought to be accepted as authoritative unless the person making them had become sufficiently acquainted with the subject on which he dilated; but there were very few persons who had busied themselves in such a manner as to understand the question at issue. Officers of health and meat market inspectors required practical instruction about the parasites found in the flesh of animals. When this was commenced in a certain state of impurity the parasites were not mature, but about twenty-four hours after the person had taken a meal from it larvæ in great numbers arrived at maturity, and took up residence in the system, and disease was produced. Persons skilled in the use of the microscope might be mistaken. In connection with the alleged outbreak on board the *Cornwall* training ship, some of the professional and other journals were saturated with letters containing alarming statements. Lord Thurlow might feel his mind relieved when the contents of some of the reports were made known; for in some of the cases of the outbreak of alleged trichinosis, the presence of parasites was wanting. As to the larval trichinæ, on being subjected to a certain degree of heat they might be considered to have perished, and he hoped that the careful examinations which had been made would dispel the unnecessary alarm into which the public had thrust themselves. As to errors of interpretation on the part of official inspectors at home, mistakes were of frequent occurrence; there was amount of fussy interference in relation to this question, and honest dealers ought not to be so severely punished for taking to market meat which they believed to be free from deleterious contents. Meat in a certain condition was not dangerous; it was simply worthless for its purposes. Every inspector of meat ought to be specially instructed so as to have the requisite knowledge, and to be able to use it properly. The whole system needed reform, and a great work remained to be accomplished.

### International Medical Congress.

We are glad to note that the scheme which we referred to some weeks since, to hold an International Medical Congress, has assumed definite shape. A meeting of delegates from the Universities and other corporations was held on Tuesday, March 30th, at the Royal College of Physicians, London, to decide on the preliminary details. The following resolutions were carried at this meeting, Dr. Pitman being requested to continue in the post of honorary secretary:—

1. That an International Congress be held in London in 1881.

2. That it be held between the 4th and 15th of October.

3. That a general committee be formed, to consist of the delegates, with power to add to their number, who shall have authority to make necessary arrangements for organising and working the Congress, and who shall report from time to time as may seem necessary to the delegates for the information of the bodies by whom they have been appointed.

4. That the following gentlemen be requested to act on the general committee:—W. Bowman, Esq., Dr. M. Duncan, Dr. Farr, C.B., Sir Wm. Gull, Prof. Humphry, Sir Wm. Jenner, K.C.B., Prof. Lister, W. MacCormac, Esq., Sir Jas. Paget, Prof. Rolleston, Dr. Sieveking, John Simon, Esq., Drs. Storrar, A. Thompson, Hermann Weber, and Erasmus Wilson, Esq.

### A Substitute for Oil Silk.

In the *Boston Medical Journal* for November 27 it is stated that Dr. Keen, of Philadelphia, has after many trials succeeded in having fabricated, by Seabury and Johnson, of New York, a paper coated with a combination of paraffin and caoutchouc. It is expected that the "waterproof paper" thus produced will supersede everything of the kind, being far superior in its qualities and far less expensive than oiled silk, oiled muslin, taffeta oiled silk, paraffin paper, waxed paper, and gutta-percha tissues. It is impermeable to water after an exposure of at least seventy-two hours, and even after being repeatedly crushed and crumpled in the hand; it is impermeable to air even when bruised; it does not absorb water or discharges; it may be used with the hottest dressings that can be borne; although very flexible, it is strong enough for all ordinary wear, especially since it will be used only once; and its cost is many times less than that of similar dressings, the price being four dollars for a roll of a hundred yards. In the Lister dressings it will prove very economical as a substitute for the macintosh cloth.

### The Pathology of Starvation.

In connection with Surgeon-Major Curran's articles on the Pathology of Starvation, a letter in our correspondence column, written by Dr. W. H. Pearse, of Plymouth, will be read with interest. Dr. Pearse is a most competent authority on the subject of starvation, and the treatment of emaciation, he having seen very extensive service abroad as an officer attached to the Government Emigration Service. In 1866, Dr. Pearse published, through Messrs. Churchill, a work entitled, "Notes on Health in Calcutta and British Emigrant Ships." In this he details his vast experience, and affords information which has served as the basis of much important work since it first appeared. Dr. Pearse's conclusions regarding the Irish peasantry will be valuable in directing the efforts now being made to reduce the distress existing among them.

### Improved Caustic Sticks.

Dr. Sawostizki called the attention of the Moscow Surgical Society to an improvement in the preparation of sticks of nitrate of silver. It consists in melting together five parts of nitrate of silver with one part of nitrate of lead, forming an argentum plumbo-nitricum. Sticks formed of this are preferable to those of the ordinary nitrate, as they are not easily broken and can be pointed just like a lead pencil.

### An Eye Doctor's Jubilee.

We learn from the *Berlin. Klin. Woch.* that Geh. Sanitätsrath Dr. Mooren, one of the most celebrated ophthalmologists in Germany, has recently celebrated at Dusseldorff a rare form of jubilee. He has entered on his list his 100,000th patient, having performed 16,765 great operations, 3,700 of the number being for cataract. The town celebrated the event with festivities.

### Compulsory Examinations for Colour-Blindness.

The Secretary of the Treasury for the United States has issued an order to the local steamboat inspectors, directing them not to give new licences to pilots, or renew old ones, without a preliminary examination for colour-blindness. The examinations are to be made by the United States Marine Hospital Service, and are free of charge.

### Gresham Lectures.

Dr. E. Symes Thompson, Gresham Professor of Physic, will give four lectures on Digestion and Indigestion, in Gresham College, on the evenings of April 6, 7, 8, and 9. The lectures are free to the public, and commence each evening at six o'clock.

Miss Mary Wasey, who recently died at Prior's Court, Chievely, near Newbury, has bequeathed £3,000 to the Royal Berkshire Hospital at Reading, £2,000 to the Bath Hospital, £2,000 to the Cancer Hospital at Brompton, and £2,000 to the Consumption Hospital, Brompton.

On Thursday last the President of the Royal College of Surgeons in Ireland, Dr. Mapother, was presented by the Vice-President, acting on behalf of the Members of the Council of the College, with a handsome set of salt-cellars made in the form of cradles, in commemoration of the birth of a child to him during his year of office.

Fever is again rampant in St. Petersburgh; the latest accounts give a most deplorable description of the inhabitants of the poorer parts of the city. Everywhere the drainage is wretchedly bad, and in some cases none is even attempted. One hundred and sixty deaths from this cause alone occurred last week. In Paris small-pox is the prevailing epidemic; fifty deaths were reported last week, whereas but eight occurred in the United Kingdom.

It has been announced that His Royal Highness Duke Theodore of Bavaria, who recently took the degree of Doctor of Medicine at a German university, has received the certificate enabling him to practise as a surgeon without being required to undergo the additional, or State, examination to which intending practitioners are ordinarily liable under the German law. If H.R.H. means to practise, we think he would have been wiser not to accept the exemption from the *staats examen*.

In the principal large towns of the United Kingdom, the rates of mortality per 1,000 last week, were—Brighton 12, Portsmouth 18, Leicester 19, Wolverhampton 20, Hull 20, Leeds 20, Newcastle-upon-Tyne 21, London 21, Salford 22, Sheffield 22, Oldham 23, Birmingham 23, Bristol 23, Sunderland 23, Bradford 23, Liverpool 24, Norwich 24, Manchester 24, Glasgow 25, Edinburgh 26, Nottingham 27, Plymouth 32, and the highest rate Dublin 37.

The death-rate last week from the seven principal zymotic diseases ranged from 0·0 and 0·4 in Brighton and Portsmouth, to 6·1, 6·6 and 8·4 in Dublin, Nottingham, and Plymouth. Measles showed the largest proportional excess in Plymouth, Nottingham, and Hull; scarlet fever in Sunderland, Norwich, Salford, Dublin, and Nottingham; and whooping cough in Newcastle-upon-Tyne, London, and Salford. Only 10 deaths were referred to diphtheria, of which 5 were recorded in London, and 2 in Dublin. Small-pox caused 4 more deaths in London and Dublin, but not one in any of the other large towns.

In the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were —in Calcutta 33, Bombay 41, Madras 45; Paris 34; Geneva 38; Brussels 29; Amsterdam 31, Rotterdam 26 The Hague 30; Copenhagen 22; Stockholm 26; St. Petersburgh 57; Berlin 24, Hamburg 28, Dresden 22, Breslau 35; Munich 36; Vienna 35, Buda-Pesth 40; Rome 39, Naples 50, Turin 38; Alexandria 36; New York 26 per 1,000 of the population. Small-pox caused 55 deaths in Paris, and fever 160 deaths in St. Petersburgh.

The Evening Meeting of the English Pharmaceutical Society will be held this (Wednesday) evening. The papers announced are—"The Volumetric Determination of Alkaloids," by Mr. J. C. Thresh; "The Histology of Araroba, or Goa Powder," by Mr. T. Greenish; "Experiments on Taraxacum Root," by Mr. J. B. Barnes; "The Composition of Tonga Root, a Reputed Remedy for Neuralgia," by Mr. A. W. Gerrard; and "The Action of Potassium Chlorate on Ferrous Iodide," and "The Quantitative Estimation of Syrup of Iodide of Iron," by Mr. R. H. Parker. As, however, it is not probable that there will be sufficient time on Wednesday next to read and discuss all these papers, it has been arranged that the meeting at its close shall be adjourned to Wednesday, April 21st.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending with Saturday, the 27th March, 1880, the death-rate was 24·2 per 1,000 of the estimated population. This rate is 0·3 above that for the corresponding week of last year, and exactly the same as that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 15·6 per 1,000, and the highest in Edinburgh, viz., 26·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·4 per 1,000, an increase of 0·1 on the preceding week. No deaths resulted from these diseases in Greenock during the last two weeks. Over the whole eight towns measles and whooping-cough continue to be most prevalent. A male child, three months old, died in Dundee from confluent small-pox. Acute diseases of the chest caused 165 deaths, being an increase of 35 on the number recorded last week.

Anderson's College.—Closing of the Winter Session.—The medical classes in connection with Anderson's College were formally closed on the 1st inst. by the distribution of prizes to the successful students. Mr. J. L. K. Jamison, President of the College, occupied the chair in one of the class-rooms, and he was supported by the Professors of the Medical Faculty of the College, together with Mr. James Napier, Mr. John MacGavin, &c. The chairman, in his introductory remarks, said it would interest the managers and trustees of the College to learn that the medical classes had been largely attended during the past session, more so than they had been for many years, while the enthusiasm on the part of the students had been very great. He then addressed the students on the importance of attention to their studies, in view of the duties they would require to undertake in the future. The prizes and certificates of merit were then awarded by the professors to the successful students, and the proceedings were brought to a close by a vote of thanks to the chairman.

Aberdeen.—Medical Appointment.—Dr. James Mackenzie Booth has been elected one of the medical officers of the Aberdeen Dispensary, in room of Dr. James Simpson, who has received an appointment in India after passing first in a medical examination recently held under Government direction.

# Literature.

## SKIN DISEASES. (*a*)

We gladly welcome this addition to our list of text books, believing that it will meet a want, long felt by students in medicine, for a concise and handy companion whilst studying a perplexing class of diseases.

Mr. Morris tells us that his object has been to supplement

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(*a*) "Skin Diseases." A Manual for Students and Practitioners. By Malcolm Morris. London: Smith, Elder, and Co. 1879.

existing treatises upon a subject which it is difficult to condense and arrange, and one therefore which has proved tedious to the student. He has well carried out his intention. After a rapid survey of the anatomy and physiology of the skin, illustrated by plates, there is an excellent chapter on classification, the author adopting a modification of Wilson and Hebra's, whilst the remainder of the work is taken up with a detailed description of the various forms of skin disease. His method and arrangement will be found most convenient to the student.

In describing each variety he adopts a uniform method, commencing with a definition and then considering symptoms, forms, diagnosis, prognosis, morbid anatomy and treatment. It has the great merit of being well adapted to the requirements of modern student life, and therefore cannot fail to be useful. We anticipate for it a wide circulation, and hope that it may only be the prelude to something more original from the same pen.

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## THE ELECTRICAL EXCITABILITY OF THE SKIN. (a)

The names of Drs. De Watteville and Tschiriew are so well known in connection with electric experiments, that we need hardly say that a conjoint paper from their pens must necessarily interest us.

In this short paper they have endeavoured, firstly, to indicate the conditions which any rational method must fulfil which pretends to give us accurate results as to the electrical excitability of the cutaneous nerves; these conditions will be found to depend partly upon the behaviour of the electrical current, partly upon certain anatomical peculiarities of the skin. Secondly, to criticise in the light of the principles set forth, the chief methods hitherto proposed to estimate the electrical sensibility. Thirdly, to propose a new method more simple and rational, and state some of the results already obtained from its application.

By a very interesting series of original experiments the authors have ably carried out their threefold object, and produceda paper of very great practical interest to the medical electrician.

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## PAGET'S CLINICAL LECTURES AND ESSAYS. (b)

The second edition of Sir James Paget's classical essays has been enriched by the addition of four lectures dealing with the symptomatology and treatment of gouty affections; and also by an essay "On Some of the Sequels of Typhoid Fever." The value of these papers is on a par with the other essays in the book, which have probably done more to stimulate an earnest love for the details of professional work than any other collection of papers to be found in the literature of English Surgery. The peculiar fascination exerted on the reader of Sir James Paget's work is one that it is difficult to shake off; it leaves an enduring impression of something higher and nobler in the routine of a practitioner's calling than is derived from the ordinary run of text-books and manuals; and it is probably by this power of infusing a living interest into technical studies that the author of the work before us has done so very much to influence the progress of surgery in the only legitimate direction of advance, by insisting that is on "science for science' sake."

The colloquial style of the work lends a peculiar charm to it; but at the same time it adds increased emphasis to the advice conveyed in its pages; and sometimes it is possible to feel a little doubt as to the advisability of making explicit statements such as that contained on page 31, where in speaking of chloroform the author urges "that the administration of chloroform is unattended with danger in the majority of cases in" which a timid operator might be inclined to dispense with it, and he adds, "but there is no need to give chloroform; and ether is quite safe." The vast experience of Sir James Paget may enable him to lay down the law where he is the operator concerned, but we venture to think that the unlimited confidence likely to be engendered in the young practitioner who seeks guidance from his pages, may lead to dangerous results, possible to follow from the adoption of the principle he finds expounded there. It cannot be gainsaid that deaths under anæsthesia do occasionally occur; and frequently, too, when even a "reasonable man" would see nothing to contraindicate operation. We refer to this particular passage, because it is an admirable example of the plain, lucid description of our author, and because it illustrates the only evil likely to follow from his teaching.

The plain, practical lessons of the volume are conspicuous on every page; and just those points that do not readily present themselves to the undiscriminating are insisted on as possessing their share, often no mean one, of importance. For instance, on page 44, the common error of supposing that difficult urination necessarily implies a strictured urethra, as ordinarily understood, is exposed; and a few brief sentences enforce the necessity of a careful and accurate diagnosis prior to an attempt to remove what often has no existence, "a fixed condition of the urethra." And on the next page we are told "to look upon first catheterism as involving a risk of trouble about as great as that of amputation of a finger or a toe, or the removal of a small tumour in a person of the same age." How often is this risk taken into consideration by the "rough and ready general practitioner?" One of the most absorbingly interesting papers is that on "The Calamities of Surgery." It cannot be read too often, nor known too well. The lectures on Strangulated Hernia, too, contain the essentials of treatment put in a way that fascinates the attention, and excites the keenest interest in the mind of the reader.

We could wish, did space permit, to go in detailed examination through this work of a master-mind; we must, however, be content with what we have already said, only adding that the student or practitioner who takes to heart the maxims and instructions contained in Sir James Paget's essays, will provide himself with a store of material that will not only assist him in actual practice, but will open up before him as well a view of professional life, in which the nobility and dignity of the surgeon's art are reflected at every point.

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# Correspondence.

## THE PATHOLOGY OF STARVATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The papers by Surgeon-Major Curran in late numbers of the *Medical Press and Circular* on "The Pathology of Starvation," as seen in famine districts in Ireland, has recalled my remembrance to some experience in India. The conditions seem parallel, and with your permission I will shortly state some results of an anxiously bought experience.

Mr. Curran quotes Mr. Stewart Trench, that in the Irish famine '47-8 it was not so much that people were found dead on the roads "from sudden deprivation of food," but that "they sank gradually from impure and insufficient diet." This is a most important remark, because in regions of famine it is not so much that some may die in short periods from actual want of food, as that the whole community of the poor, over a long period, is gradually reduced or semi-starved; it is in this great class that disease and death appear; varied types of disease, such as dysentery, diarrhœa, chronic bronchitis, and scurvy will remain and be fatal to those who have been far from actual starvation, but who have been, month after month, living very hard.

At the end of 1865 I was in charge of a large number of natives of India from Orissa and Bengal; they were labourers, and amongst them were women and children; famine had prevailed in the province of Orissa; but I do not write of the actually starving, but of the general type of labourer not actually incapacitated from work. In these people, the smooth shiny skin of well-nourished natives was gone; it was baggy, dry, and rough; he was dispirited and listless; his diseases were chiefly chronic bronchitis, chronic diarrhœa, dysentery, ulcers, and emaciation. Living in a European house, surrounded by native huts, it was well nigh impossible to sleep during the stillness of an Indian night, owing to the incessant sound of cough from the huts; and this condition remained many months after they had been well fed. I mention chronic bronchial affections particularly, because they were very fatal to children, and slow in being recovered from by adults.

But my chief aim in this letter is to refer to the subject of feeding such vitally and physically reduced beings, and in the hope that my experience may be, perhaps, of some value to those in charge of similarly placed people in Ireland.

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(a) "On the Electrical Excitability of the Skin." By S Tschiriew, M.D. (St. Petersburgh) and A. De Watteville, M.A. Reprint from *Brain*.

(b) "Clinical Lectures and Essays." By Sir James Paget, Bart, F.R.S., D.C.L. Oxon., &c., &c. Edited by Howard Marsh, F.R.C.S. Second Edition. London: Longmans and Co. 1879.

A vast proportion of the natives of India are scorbutic and in varying stages of in-nutrition, and these conditions lead to their fatal diarrhœas, dysentery, &c. I do not mean that they have scurvy in its more severe forms, but they have anæmic bruits, the arcus senilis forms at from 30 to 35, the gums become puffy and recede from the under incisors, diarrhœa and dysentery prevail, the small intestine very commonly contains great numbers of lumbricii, whilst they have a passion for fruits, lemons, and tamarind. When first I was placed in medical charge of large numbers of natives, I had great anxiety to obtain reliable knowledge as to how best to feed and manage my people from old Indian local officials and medical officers. I do not remember a single Indian official, lay or medical, but who insisted on the great denger of over-feeding the reduced and vitally-feeble native; I was continually told that he had always been accustomed to a spare diet, and that he could only do well on such. I was told that his diarrhœa and dysentery would be induced and sustained if he were too well fed; it was sought to be impressed on me that a free use of vegetables would cause cholera! It is obvious that if the native or any other "poor" animal is gorged with food that evil would follow; but this is not what was meant; it was urged that these diseases would arise if he were well fed; that there was more danger in over-feeding than in under-feeding. I was not long in finding this to be a fatal error. At the commencement of my Indian service I ordered the native full rations of his accustomed food with fear and trembling; old Indian officials were against me; but living amongst my people in the close intimacy which Eastern manners allowed, I soon saw the necessity of good living for them; I gave them a fuller diet than most could ever have had before, and with the best results. But so impressed had I been with the error then prevalent in Calcutta, that good feeding was a danger to the reduced native, that I kept a daily record of every case, however slight, which presented, in order that I might thus test my strong opinion that no danger, but good only, occurred to the reduced native from a somewhat sudden and marked improvement in his accustomed diet. I do not wish to argue absolutely from the experience in India to conditions in Ireland; nor do I know that any impression exists in Ireland that a suddenly-given good diet to semi-starved peasants would lead to diarrhœa, dysentery, &c., but I have thought that the Indian lesson might not be without value.

Experience showed that these low-fed and mal-nourished natives get great good from an increased amount of their habituated food, and also that a change of food was not only free from danger, but of great value. As is well known, rice and peas form chief articles of food of the natives of India; natives who previously had rarely or never eaten flour, were at once put on flour rations in lieu of rice; with very rare exceptions they afterwards greatly preferred flour to their accustomed rice. The flour was cooked in native fashion into unleavened cakes, and then buttered. Such cakes, to a medical officer judging by European knowledge, would be pronounced indigestible, but in practice they are found to be of great value; very reduced men, women, and children eat them with avidity, and with the best results. Nor in the main did I find that a full or changed diet was hurtful to those actually suffering from severe chronic diarrhœa. Such cases will often die if not well fed. I kept, during several years, records of such cases, and the impression was forced on me that it was better treatment to allow considerable freedom in the use of the natives' habituated food than to be too careful in insisting on milk and arrowroot diets.

I have continually seen people who were reduced by long-continued diarrhœa, and whose pulse was of the feeblest, and who refused the best kinds of food, take a sudden fancy for some seemingly unfit special article of food. Such a fancy, complied with, often marked the turning point toward recovery. One of my strongest impressions from Indian experience is on this craving after special articles of diet amongst the low-fed natives, whether in their average state of health, or when reduced by chronic diarrhœa. As examples, I may cite the following: the ship *Oasis* left Calcutta in September, 1866, with 446 souls; I had 31 deaths from diarrhœa, dysentery, chronic bronchitis, emaciation, &c., up to the eleventh week; when we put into Table Bay, chronic bronchitis, chronic diarrhœa, and chronic dysentery prevailed. Besides the usual supply of vegetables, I purchased some thousands of lemons; it would be impossible to describe the passion of the people for the lemons; great good resulted from their use. At anchor in Table Bay, the natives caught great numbers of coarse-fibred cray fish, ate them with great avidity, and with good results. Tamarind, which is an extremely acid preserved fruit, is passionately desired by the natives; at the time I write of, a strong and effectual opposition to its use existed amongst some of the medical authorities in Calcutta; I was over and over again told by old Indian officers that tamarind was most dangerous to the native as inducing diarrhœa, dysentery, and cholera. I soon found out the extreme desire which possessed the natives to eat tamarind. Cautiously yielding to their entreaties, I saw not only no harm but great good from its use. I was at first rather startled to see feeble people and chronic diarrhœa cases eat up three or four days' ration at once and ask for more; but I very soon increased the ration of tamarind, and with the best results. The ill-fed native is often very fond of onions; he will eat them raw or cooked, and with great advantage. I took care that every native should receive, twice a week, a ration of raw onions, salt, and ship-biscuit, and that he had in his possession a few chillies.

It was a common thing, twenty years ago, to see Irish emigrants eat up a week's ration of pickles as soon as they got them, but I never knew diarrhœa result.

I often gave natives dinners of soaked or boiled grain (a lentil) seasoned with salt and pepper, and with no bad result. Indeed, chronic diarrhœa cases and feeble natives will often entreat for boiled or parched grain. In fear I at first kept records, but I soon found that the cravings for such-like diets had foundation in Nature's wants, and that it was most important to comply with them.

I once stacked two boat-loads of sugar-cane, intending to issue it in two or three-feet lengths to each person, but the people like mad "rushed" it and blessed me afterwards!

I could multiply examples of the freedom, as regards articles of food, with which semi-starved, or much reduced people, can not only be safely fed, but be much helped toward a return of vigour. A comparatively small amount of apt foods will save and restore a large proportion of the gradually reduced people.

The views and examples I have given in this letter were reached after anxious responsibilities and watching, and although I do not aim to apply without just interpretation an Indian experience to the Irish race, yet I do not doubt but that the same general principles apply to both.

Yours truly,

Plymouth. William H. Pearse, M.D.

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## THE ELECTION OF DR. LYONS.

We hasten to offer our congratulations to Dr. Lyons on his election as one of the representatives for the City of Dublin in Parliament. We referred fully to his candidature in our last, and, sinking political predilections, we are delighted that so intelligent a member of our profession has been selected to increase that very small band by whom alone our common interests can be properly cared for in the legislative assembly of the country. Up to the present time but two others, Dr. Cameron for Glasgow, and Dr. Webster for Aberdeen, have been elected; but this number will, we hope, be swelled by the County and University elections this week.

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## Obituary.

### M. H. STAPLETON, M.B., F.R.C.S.I.

We heartily regret that it becomes our duty to record the death of this very eminent surgeon, which took place on the 30th ult., after a few days' illness with bronchitis. Mr. Stapleton having graduated in Arts in Trinity College, Dublin, became an apprentice of the late Professor Rawdon Macnamara, of the Meath Hospital and College of Surgeons School, and received his diploma in 1831. Having spent the next few years in the Continental schools, especially those of Paris, he succeeded Mr. Adams as Surgeon to Jervis Street Hospital in 1835, and to the time of his death laboured in that institution with extraordinary zeal. He daily devoted hours to the dressing of his own accident and operative cases, and in later years his sound judgment and remarkable memory of cases made his opinion in consultation most valuable to his colleagues.

Mr. Stapleton was one of the Examiners in Surgery in the College of Surgeons for nearly twenty years, and as such was sorely dreaded by the idle, ill-prepared candidates, as he soon distinguished the answers which came of books instead of those derived from steady hospital work. He was especially fond of the Surgical Society, where he was always a sturdy and well-informed debater. His best-known writings were his "Analysis of Ricord's Letters on Blennorrhagia and Syphilis," and an essay on Club-foot. He was one of the first who repeated Stromeyer's operation. For some years he was Surgeon to the Mater Misericordiæ Hospital, and Hon. Professor of Anatomy in the Royal Hibernian Academy. He was likewise a Foreign Associate of the Anthropological Society of Paris. The Fellows of his College and great numbers of the leading citizens of Dublin attended his funeral on last Saturday, the remains being removed from Mounjoy Place to the quiet churchyard at Malahide.

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## NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A Civilian.—Letter unavoidably held over.

Royal Institution.—Tuesday, April 13, at 3 p.m., Prof. Huxley, "Dogs, and the Problems connected with them."

### ERGOTINE IN GOITRE.

*To the Editor of the* Medical Press and Circular.

Sir,—Would you kindly inform me who wrote on the hypodermic treatment of goitre with ergotine? I saw an article in your paper some months ago on the subject, and want to know the strength of the drug used, and how often applied? Pray excuse my trespassing on your valuable time, and believe me,

Truly yours,

Gowran, Kilkenny. John Lever, A.B., &c.

Royal Institution.—Thursday, April 15, at 3 p.m., Prof. Tyndall, "Light as a mode of Motion: Theories of Light and Colours."

A Peril at Home.—A danger which has more than once been pointed out was illustrated in the town of Thaxted, in Essex, a few days ago. A gentleman sitting in the coffee-room of an hotel observed smoke rising from the surface of an uncovered table on the side opposite to where he sat. The table was standing directly facing and under the front window, through which the sun's rays were passing at the time. On examining the spot whence the smoke rose, the surface of the wood was seen to be charred as by fire. A decanter filled with water was on the table in a direct line between the charred spot and the window. A piece of paper was laid on the spot after all trace of fire on the table was removed, and it immediately ignited. Lucifer matches were laid down with the same result. Thus the decanter of water appears to have acted as a lens to concentrate the sun's rays with a power even at this season of the year sufficient to produce combustion.

Royal Institution.—Friday, April 16, at 8 p.m., M. Ernest Renan. —At 9 p.m., Marcus Aurelius.

Hunterian Society.—This (Wednesday) evening, at 7½ p.m., Council Meeting.—8 p.m. Mr. Jacobson will show a Case of Gastrotomy.—Dr. Fletcher Beach, "On Types of Imbecility."

Dr. Cameron.—Communication held over for want of space.

Epidemiological Society.—This evening, at 8 p.m., Dr. G. B. Longstaff, "On some Statistical Indications of a Relationship between Scarlatina, Puerperal Fever, Erysipelas, and certain other Diseases."

The Surgeoncy of St. Vincent's Hospital.—We have been requested to mention that the statement of our correspondent "Alpha" in our last issue that one of the medical officers is the head of the medical staff of St. Vincent's Hospital is not correct.

An Obscure Physiologist.—Letter will appear in our next.

Mr. F. M'Clean.—In our next.

Clinical Society of London.—Friday, April 9, at 8½ p.m., Mr. Nettleship, "On two Cases of Sympathetic Ophthalmitis, setting in three weeks after Excision of the other Eye."—Mr. Marsh, "On some Cases of Bone-setting, with Remarks."—Mr. Barwell, "On Section of the Femur above the Small Trochanter for Angular Anchylosis of the Hip." —Mr. Clutton, "On a Case of acquired Hypertrophy of one Limb."—Dr. Stephen Mackenzie will exhibit a Case of Elephantiasis treated by Elastic Bandages.

Mr. Reid.—Many thanks; have written a private note.

J. P. O.—An unexpected result.

Mr. Shute.—All that has been written on the subject is chronicled in the *Index Medicus*.

A Dental Surgeon.—We are uncertain on the point; it has never occurred to our knowledge. The Registrar could probably satisfy you.

Royal Institution.—Saturday, April 17, at 3 p.m., Mr. James Sully, "Art and Vision."

Obstetrical Society of London.—This (Wednesday) evening, at 8 o'clock, Specimens will be shown by Drs. Galabin, Bantock, Godson, Murphy, and Roper.—Papers: Dr. Godson, "Removal of Fibroid Outgrowth from Fundus Uteri; Recovery."—Mr. Knowsley Thornton, "Removal of Uterine Fibroids by Laparotomy."—Dr. John Williams, "On some periodical Changes which occur in Fibroid Tumours of the Uterus, and their Significance."

Public Health Conference.—In consequence of the Elections, the annual Conference initiated by the Society of Arts in 1876 is postponed until the first week in June.

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### VACANCIES.

Birmingham Children's Hospital.—Resident Medical Officer and an Assistant Resident Medical Officer. Salary, £80 and £40 respectively, with board. Apply to the Hon. Sec. before April 24.

Birmingham Queen's Hospital.—Resident Physician. Salary £50, with board. Applications to the Secretary by April 8.

Celbridge Union, Lucan Dispensary.—Medical Officer. Salary, £100,

Chorlton Union, Manchester.—Assistant Workhouse Medical Officer. Salary, £120. Applications to the Clerk at the Union Offices by April 9.

Claremorris Union, Ballindine Dispensary.—Temporary Medical Officer. Salary, £3 per week.

Cork Street Fever Hospital, Dublin.—Resident Medical Pupil of at least one year's standing.

Jervis Street Hospital, Dublin.—Surgeon to the Institution.

Notting Hill Provident Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Sec., 5 Pembridge Gardens, W., before May 25.

with fees, and £15 as Medical Officer of Health. Election, April 12.

Sheffield General Infirmary.—Assistant House Surgeon. Salary, £80, with board. Applications to the care of the Secretary before April 10.

Worcester County Lunatic Asylum.—Junior Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Sherlock before April 24.

### APPOINTMENTS.

Banks, J. T., M.D., F.K.Q.C.P., Representative of Queen's University, Ireland, in the Medical Council.

Cooper, W., F.R.C.S.E., Consulting Ophthalmic Surgeon to the Hospital for Epilepsy and Paralysis, Regent's Park, N.W.

Duffey, G. F., M.D., F.K.Q.C.P., Examiner in Materia Medica at Queen's University, Ireland.

Donovan, J., M.D., Medical Officer to the Union Workhouse, Skibbereen.

George, G. A., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Workhouse and District of the Dorchester Union.

Hargreaves, M. K., M.B., C.M., Resident Assistant Medical Officer to Shoreditch Infirmary.

Lundy, L. F., M.R.C.S.E., Medical Officer for the Sunbury District of the Staines Union.

Macgregor, P., L.R.C.P.Ed., Medical Officer to the Crossland Moor Workhouse, Huddersfield Union.

McLintock, J., M.B., C.M., Medical Officer for the two Marsden Townships of the Huddersfield Union.

Sturge, A., M.D., Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, N.W.

Taylor, M., M.R.C.S.E., Medical Officer for the Workhouse of the Cannock Union.

Titley, J., M.D., L.R.C.S.Ed., Medical Officer for the Broughton District of the Glanford Brigg Union.

Walmsley, F. H., M.D., Resident Assistant Medical Officer to Leavesden Asylum.

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## Births.

M'Veagh.—March 31, at 1 Rutland Square East, East Dublin, the wife of John Francis M'Veagh, M.D., of a daughter.

## Deaths.

Adams.—March 30, at Bungay, Suffolk, from acute pneumonia, Edward Burman Adams, M.R.C.S.E., aged 54.

Browne.—March 26, at his late residence, Northland Row, Dungannon, James Browne, M.D., late Fleet Surgeon, Royal Navy, aged 81.

Butler.—March 29, at 52 Kenilworth Square, Dublin, Lambert Butler, L.R.C.S.I.

Corbett.—March 25, at the Garrison Hospital, Haslar, Brigade-Surgeon A. P. M. Corbett, M.D., aged 49.

Heaton.—March 25, at Stockwell House, Leek, Charles Heaton, M.D., in his 64th year.

Kingston.—March 27, at his residence, Sunnylands, Bath, Strickland Kearney Kingston, M.D., in his 78th year.

Moylan.—At Malta, Wm. Moylan, M.D., of Rathkeale, co. Limerick.

Robathan.—March 9, at his residence, Main Street, Philadelphia, Dr. J. W. Robathan, eldest son of Dr. Robathan, of Risca, Monmouthshire.

Robinson.—March 28, of typhus fever, after a short illness, Samuel Robinson, M.R.C.S.E., of Skibbereen.

Stapleton.—March 30, at 1 Mountjoy Place, Dublin, Michael Harry Stapleton, M.B., F.R.C.S.I.

Winslow.—April 1, after a few hours' illness, at Sussex House, Hammersmith, William St. John Forbes, fifth son of Dr. L. S. Forbes Winslow, aged nine months.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 14, 1880.

## CONTENTS.

PAGE
The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1880. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture I.—Part II. .......... 295

### CLINICAL RECORDS.

S. Pierre Hospital, Brussels—Under the care of Dr. Loin. Case of Chronic Ulcerative Gastritis—Death—Autopsy ...... 297

### SPECIAL.

The "Graphic" Gallery of Beauty from a Medical Point of View .......... 298
France .......... 300
Establishment of Freezing Apparatus at the Morgue .......... 301
The Dangers of Habitual Headache, and of Intellectual Exertion of the Exhausted Brain .......... 301

### DEPARTMENT OF LUNACY.

PAGE
A Public Asylum Officer on Private Asylums .......... 302
Plain Dealing with Lunatics .......... 302
Report of Irish Lunacy Inquiry Commission .......... 302

### TRANSACTIONS OF SOCIETIES.

Clinical Society of London—

Sympathetic Ophthalmitis setting in Three Weeks after Excision of the Eyeball .......... 303
Bonesetting .......... 303

### LEADING ARTICLES.

The Guy's Hospital Trouble .......... 304

### NOTES ON CURRENT TOPICS.

Medical M.P.'s .......... 307
Belgian Academy Prizes .......... 307
Public Health Conference .......... 308
Fatal Accident to a Medical Man .......... 408
A Drunkards' Retreat .......... 308
Physic and Mystery .......... 308
The Action of Pyrogallic Acid .......... 308
The Health of Ireland .......... 309
Accumulation of Arsenic in the Brain .... 309
PAGE
The New Medical Member for Dublin .... 309
Araroba—Goa Powder .......... 310
Cause of Death in Coal Mines .......... 310
Sir James Paget on Hospitals .......... 310
An Undescribed Fracture of the Fibula ... 310
Distinguished Medical Services in Afghanistan .......... 310
Longevity .......... 310
The Prize at the London College of Surgeons .......... 311
King and Queen's College of Physicians .. 311
Dr. Lyons, M.P. .......... 311
Neapolitan Socks .......... 311

### LITERATURE.

Clinical Lectures on the Diseases of Women. By J. Matthews Duncan, M.D. .. 312
Pathology of Pleuro-Pneumonia .......... 318

### CORRESPONDENCE.

Special Hospitals .......... 314
Supervision of Private Executions .......... 314
Medical Fees .......... 314
Pure Drugs .......... 314
Proceedings of the Council of the Irish College of Surgeons .......... 315
The Appointment to the Co. Dublin Gaol 315
Notices to Correspondents .......... 316

# THE
# Lumleian Lectures
## ON THE
## DIGESTIVE FERMENTS
## AND THE
## PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,
Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

### LECTURE I.—PART II.

(*Continued from page* 278.)

### *The respective shares of Saliva and Pancreatic Juice in the Digestion of Starch.*

THE respective shares of saliva and pancreatic juice in the digestion of our farinaceous food is probably variable and perhaps not quite identical.

As all our farinaceous food is eaten after being cooked, the starch in it is more or less completely gelatinised; it is, therefore, probable that one of the chief uses of salivary diastase in man is to liquefy starch jelly. A very brief contact suffices for this, and it is manifest that the accomplishment of this change is an important advantage in the subsequent operations in the stomach. Our gruels, blancmanges, puddings, and similar farinaceous dishes owe their thick pasty condition to starch in the gelatinous state, and nothing can be imagined more resistent to the rapid permeation of the meal by the gastric juice, and to the pulping of it into a uniform chyme, than the presence of coherent masses of starch paste. If the saliva performed no other service than this it would furnish an important aid to digestion of a meal.

There has been considerable dispute as to whether, and how far, the saccharification of starch goes on in the stomach. My observations lead to the conclusion that this depends on the degree of acidity of the contents of the stomach; and it is known that this varies within very wide limits. When a meal is swallowed it takes some time for the gastric juice to permeate the mass, and the acidity of the gastric contents is for some time very feeble. As digestion proceeds the contents of the stomach tend to become more and more acid. This is a point which each one can observe for himself. The stomach is by no means reticent of its doings. The posseting which we see in infants goes on in a less degree in the adult; and we are perforce made aware, sometimes inconveniently so, by our palates, of the ascending scale of acidity in the stomach. Saliva acts energetically in neutral and in slightly acid media, but its activity is checked and finally arrested when the acidity becomes pronounced. When digestion is proceeding comfortably and normally a certain interval elapses before the acidity of the stomach becomes considerable, and during this interval the salivary diastase continues active, and has time to accomplish a good deal of work. But we must remember that our farinaceous food is, for the most part, not in the most favourable condition for rapid digestion. It is not generally in a state of mucilage—but in the form of a solid paste as in bread, puddings, and pastry. A good deal of it too is imperfectly cooked. Consequently, the larger part of our starchy food reaches the duodenum still unchanged, or only partially changed, and this larger part of the work is consummated by the pancreatic juice in the alkaline medium of the small intestine. I shall have to return to this point in speaking of gastric digestion.

It has been noted as curious that the saliva of man possesses more diastatic power than that of almost any other animal. Among the herbivora, which are such large consumers of starch, the saliva has comparatively little diastatic power; and in some, as in the horse, it is almost or altogether wanting. I apprehend that this is due to the fact that man alone has learnt to cook his starchy food, and that the diastatic power of his saliva has become developed with the opportunity for its exercise. Diastatic power would be thrown away in the saliva of the horse, because he eats his food in the raw or uncooked state, and saliva is without action on raw starch.

### *When can Starch be said to be fully Digested?*

Seeing that in the digestion of starch a number of intermediate products are evolved—the question arises when can the digestion of starch be said to be accomplished? Is maltose the only product absorbed, or are not the dextrines, especially the achroo-dextrines, also absorbed? The dextrines, even those coloured by iodine, are highly diffusible, and pass freely through parchment paper in dialysis. In this respect they contrast strongly with starch jelly, and even with liquefied (or soluble) starch, both of which are undialysable. It seems not improbable that the lower dextrines are largely absorbed. Because if we follow the history of starch after it has been transformed by digestion, and absorbed, we are confronted with the remarkable fact that after absorption the products of starch digestion, or at least a large portion of them, undergo a reconversion in the liver into a substance closely resembling undigested starch. Glycogen, in its essential features, is an exact counterpart of soluble starch. It forms an opalescent solution in water; it is undialysable, and it is transformed by diastase into dextrine and maltose.

It appears reasonable to suppose that it would be an advantage to the economy if that portion of our starchy food which is destined to be stocked in the liver as glycogen, should be absorbed at an early period of the digestion, because the less removed the digested product is from starch at the moment of absorption the fewer steps it will have to retrace in recovering the amylaceous state after absorption.

It is not necessary to suppose that the ascending steps of the reconversion are identical with the descending steps of digestion, but it is probable that they are fundamentally alike, seeing the close similarity of the products at the two ends of the journey. At any rate there is no warrant in the present state of knowledge for the opinion that sugar is the only absorbable product of starch digestion.

### *Absolute Energy of Diastase.*

The notion that the energy of diastase is not consumed in action seems, on *à priori* grounds, to be quite untenable—such a notion contravenes a general principle in physics, that energy in performing work is expended and finally exhausted. It is easy to show experimentally that diastase is no exception to this rule. Payen and Persoz estimated that malt-diastase was able to convert two thousand times its weight of starch into sugar. My own experiments with extract of pancreas indicated a much higher power than this. The following experiment illustrates at the same time the enormous diastatic power of pancreatic diastase and the fact that this power is strictly limited.

A quantity of starch mucilage was prepared, containing one per cent. of pure potato starch—100 cubic centimetres of this mucilage contained exactly one gram of dry starch. The pancreatic extract employed was prepared in the following manner:—Fresh pig's pancreas, freed from fat, was rubbed up with an equal weight of fine sand until it became a smooth uniform pulp. This pulp was spread out very thinly on sheets of glass, and allowed to dry in the open air for a fortnight. It was then scraped off with a knife, and formed a rough shreddy sort of powder. 125 grams of this mixture of pancreas and sand were infused, at the temperature of the room, in 1,000 cubic centimetres of saturated chloroform water, with a little more chloroform added to ensure against decomposition. The mixture was allowed to stand for four days with occasional agitation, and the product was then filtered clear through paper. The extract of pancreas thus prepared proved a very serviceable preparation, and most of my observations on pancreatic digestion were made with it.

This extract was found to be so extremely active that it was necessary to dilute it largely in order to bring the quantities of starch operated on within due compass. Accordingly a dilution was made of one cubic centimetre of the extract in 1,000 cubic centimetres of water. Five numbered phials were then severally charged with 100 cubic centimetres of the prepared starch mucilage—so that each phial contained exactly one gram of dry starch. One cubic centimetre of the diluted pancreatic extract was added to phial No. 1—two cubic centimetres to No. 2—four cubic centimetres to No. 3—six cubic centimetres to No. 4—and eight cubic centimetres of the same diluted extract to phial No. 5. The phials were then corked and placed in a warm chamber, where the temperature was steadily maintained by a Page's regulator at 100° F. (38° C.).

At the end of twenty hours the contents of the phials were examined. All of them were perfectly transparent, and had entirely lost the opalescent appearance of the original starch mucilage, and not a vestige of sediment existed in any of them. The following reactions indicated the progress of the transformation.

No. 1 gave an intense blue colouration with iodine—and when the blue solution was largely diluted and more iodine added, it developed a violet tint which showed the presence of erythro-dextrine—it also reduced the cupro-potassic solution freely.

No. 2 gave a strong blue reaction with iodine, and by diluting and adding more iodine, the colour changed to a deep claret-red, indicative of abundance of erythro-dextrine. This and all the rest gave a strong sugar reaction with Fehling's solution.

No. 3 yielded no blue reaction with iodine, but an intense port-wine colouration of erythro-dextrine.

No. 4 gave no blue reaction with iodine, and only the faintest possible brown colouration with that reagent, showing only traces of erythro-dextrine.

No. 5 exhibited not a vestige of reaction with iodine. It contained neither starch nor erythro-dextrine, but it yielded a strong sugar reaction.

The transformation of No. 5 might be regarded as complete, but the rest still contained starch or erythro-dextrine, or both. Nos. 1, 2, 3, and 4 were restored to the warm chamber and re-examined at the expiration of seven hours. No. 4 no longer gave the slightest reaction with iodine, but Nos. 1, 2, and 3 showed only slight signs of further alteration, and were returned to the warm chamber.

At the end of forty-eight hours from the commencement of the experiment, Nos. 1, 2, and 3 were examined again.

No. 1 showed a strong blue colouration with iodine, and also a strong reaction of erythro-dextrine.

No. 2 no longer gave any blue tint with iodine, but it exhibited an intense erythro-dextrine reaction.

No. 3 only gave a yellowish brown reaction with iodine of moderate intensity.

After a further sojourn in the warm chamber of seventy hours the contents of the three phials were not found to be sensibly altered—they gave exactly the same reactions as before. It was evident that in these phials the diastatic action had run its course to an end within the period of forty-eight hours, and that the solutions had then come to a state of rest—the ferment had liberated all its energy—the limits of its power had been reached—and the task allotted to it was left unfinished. Nevertheless it had accomplished an amount of work which, considering its infinitesimally minute mass, appears marvellous. We shall now endeavour to measure approximatively the amount of this work as indicated by the above experiments.

The original pancreatic extract, when evaporated to dryness in a water-bath, was found to leave a residue of 1·5 per cent. of organic matter. This organic matter included, besides diastase, a quantity of proteolytic ferment (trypsin) and a certain quantity of the milk-curdling ferment. It also included a certain quantity of digested proteid matter—for in making an extract of the pancreas there is always accomplished some self-digestion of the glandular tissue.

Taking into account these various admixtures, it would appear a very liberal allowance to estimate the diastatic ferment as amounting to one-fourth of the total organic matter. This would give us for the original extract a proportion of diastase in round numbers of 0·4 per cent., and for the diluted extract of 0·0004 per cent.

The proportion of diastase added to phial No. 4 seems to have hit off with precision the limit of quantity required to transform one gram (15·5 grains) of starch in forty-eight hours at a temperature of 100° F. (38° C.). The amount of diluted extract added to this phial was 6 cubic centimetres, and on the basis of the above estimate, this represents a quantity of nett diastase amounting to 0·000024 gram. This yields us by an easy calculation, the astounding result that pancreatic diastase is able to transform into sugar and dextrine no less than 40,000 times its own weight of starch!

The speed at which a given quantity of starch is transformed by diastase depends essentially on the proportion of ferment brought to act upon it. In the above experiments the proportion of diastase was very minute in comparison with the amount of starch, and the action went on slowly for forty-eight hours. But if we reverse these proportions and mix a small amount of starch with a large amount of diastase the transformation is instantaneously accomplished.

If a test-tube be half filled with an active extract of pancreas and a few drops of starch mucilage be quickly shaken therewith, you cannot detect the reaction of starch or dextrine in the mixture, however prompt you may be with the testing—the transformation has followed on the admixture as instantaneously as the explosion of the charge follows the fall of the trigger. Between these extremes there are all gradations. This mode of action differs entirely from what is seen in the operation of ordinary chemical affinity. If you add a drop of acid to an excess of alkali, the acid is instantly neutralised and the action comes to an end; and conversely, if you add a drop of alkali to an excess of acid, the action is equally instantaneous; the affinity of the two bodies for each other is a mutual affinity. But this is not the case with the action of diastase on starch. The starch appears entirely passive in the process; all the energy is on the side of the diastase, and this energy can only be liberated gradually. There is something in this strikingly suggestive or reminiscent of the action of living organisms. To illustrate my meaning, let us compare the particles of the ferment to a band of living workmen whose function is to scatter little heaps of stones. If the heaps are few and the workmen many, all the heaps will be scattered at once, and the energy of the workmen will still remain sensibly unimpaired. But if the heaps are millions and the workmen hundreds, and if the workmen are doomed to labour on until they fall exhausted at their task, the scattering of the heaps will go on for a comparatively long time and the process of exhaustion will be a gradual one.

I may here mention that the diastatic ferment does not exist in the saliva and pancreatic juice of young suckling animals—except in minute proportions. Its quantity increases when the teeth are cut. In the human infant diastase does not appear to exist in sufficient abundance to digest starchy matters effectively until about the sixth or seventh month. Until this period it is therefore not advisable to administer farinaceous food to infants.

### DIGESTION OF CANE-SUGAR—INVERSIVE FERMENT.

Bernard first called attention to the fact, already mentioned, that cane-sugar (saccharose) required digestion both in animals and plants before it could be utilised in nutrition. The cane-sugar stored up in beet-root and in the sugar-cane is changed by ferment-action into invert-sugar before it is permitted to circulate in the sap, and take part in the nutritive operations of the plant. He found also that an analogous transformation was requisite before cane-sugar could be assimilated by animals. He states that when cane-sugar is injected into the blood it circulates therein as an inert body, and is in no degree used as nutriment by the tissues, but is, eventually, entirely removed unchanged with the urine. Cane-sugar is, however, an important article of food—and is consumed by us in large quantities every day. And we know that when thus consumed it does not behave like an inert matter—circulating awhile in the blood, and then being eliminated by the kidneys as a waste product. It is evidently absorbed and assimilated—and must, therefore, somewhere or other, be transformed or digested in animals as it is in plants. Reasoning this way, Bernard sought for an inversive ferment for cane-sugar in the alimentary tract; and after searching in the saliva, in the stomach, and in the pancreas in vain, he at length discovered it in the small intestine. In the small intestine he found that cane-sugar was transformed into invert-sugar, and by a similar ferment with that destined for analogous purposes in yeast, in beet-root and in the sugar-cane.

The transformation of cane-sugar into invert-sugar is represented by a very simple equation:—

$$\underset{\text{Saccharose.}}{2C_{12}H_{22}O_{11}} + \underset{\text{Water.}}{2H_2O} = \underset{\text{Dextrose.}}{C_{12}H_{24}O_{12}} + \underset{\text{Lævulose.}}{C_{12}H_{24}O_{12}}$$

The inversive ferment was detected by Bernard in the small intestine of dogs, rabbits, birds, and frogs. Balbiani found it in the intestine of the silkworm. It was recognised by myself in an extract of the small intestine of the pig, the fowl, and the hare. It does not exist in the large intestine.

But although my observations on this subject coincided in the main with those of Bernard, I noted two points which I think merit further attention. The first was that while a piece of small intestine infused in water yielded a mixture which was capable of inverting cane-sugar, the same infusion when filtered through paper until it was perfectly clear had no such power. It seemed as if the inversive ferment did not pass freely, if at all, into true solution, but remained attached to some of the formed elements contained in the intestine. The second point I noted was the extreme slowness of the action. When cane-sugar was added to the unfiltered infusion of intestine, and the mixture maintained at blood heat, it generally took a couple of hours before a reducing effect with the copper test could be obtained. Both these circumstances reminded one of the action of formed ferments, and I could not help thinking that there was here something which required clearing up at some future time.

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# Clinical Records.

## S. PIERRE HOSPITAL, BRUSSELS.

Under the care of Dr. LOIN.

### *Case of Chronic Ulcerative Gastritis—Death—Autopsy.*

THE following case, which was brought before the Anatomo-Pathological Society of Brussels by M. Loin, is interesting pathologically, because it shows a curious type of chronic ulcer of the stomach, and clinically because it reveals the difficulties which may be met with in establishing the differential diagnosis between simple and cancerous ulcer of that organ.

X, æt. 53, lymphatic temperament and enfeebled constitution, was admitted into S. Pierre Hospital, Jan. 19th, 1880. He has been ill for four years. His illness commenced with a sensation of weight in the gastric region. This weight soon changed to pain, which gradually became more severe. It is necessary to say that the appetite diminished, assimilation was disturbed, and the alvine evacuations became irregular. Occasionally the patient vomited black blood; this blood, he tells us, consisted of grumous and black masses. A fortnight ago, however, he had profuse vomiting once of pure blood. From this time there was anorexia, thirst, scanty and difficult stools, and the general state became rapidly worse.

On his admission the patient had a dull yellow tint resembling that of cancer. Objective examination of the gastric region revealed no tumour. Pressure was painful, and under it the abdominal walls became tense. The other organs showed no peculiarity. One had nothing to solve the differential diagnosis between simple and cancerous ulcer but the existence of vomiting of blood, the cachectic hue of the patient, his emaciation, the absence of tumour in the stomach, and the long duration of the malady. At first sight we might have suspected cancer, but cancer of the stomach generally shows itself by a tumour, which in four years would certainly have passed the limits of the stomach and reached other organs. Besides, cancer of the stomach rarely lasts as long as four years, generally causing death before that. More than this, the pain would have been characteristic, and we should have found cancerous detritus mixed with the vomited blood. It might perhaps be said that the emaciation of the patient and his cachectic hue were such as to warrant the diagnosis of cancer, but all chronic maladies situated in the abdomen cause marasmus, and tinge the skin an earthy yellow colour.

For these reasons we diagnosed a chronic gastritis originating from simple ulcer of the stomach, and prescribed the following treatment: ℞ Perchloride of iron, 1 gramme; water, 200 grammes.

The patient continued this remedy up to February 12th, when, owing to intolerance, it was stopped.

The condition of the patient soon became aggravated; his colour became more yellow, the face puffed, and at the same time there were pleurodynic pains in the right side. Wishing to be sure of the condition of the blood, on Feb. 15 and 17 we submitted it to microscopic examination. This showed a high degree of leucocytosis. The red and white corpuscles were almost equal in number.

Two days before death the patient was much oppressed, delirious, and did not reply to questions put to him. Left hemiplegia. The cerebral symptoms increased, and death occurred during the night.

*Autopsy—The Chest.*—Right lung incompletely expanded, emphysematous in its upper lobe, œdematous at the lower part. There was also œdema on the inferior lobe of the left side.

*Heart.*—Weight, 335 grammes; cube, 315 centimetres. Flesh soft, flabby. Measured 13 cent. at its base to 11 cent. ventricular height. Surface of the heart yellowish white, vascular, covered with fat. The expanded ventricles enclosed fairly large clots; orifices dilated; valves healthy. Cardiac substance yellow, friable, stearosed, brownish.

*Abdomen.*—Stomach adherent to liver in pyloric region. On opening the stomach there was found a blackish grumous fluid. On the posterior wall an extensive ulceration of old standing, which had completely perforated the stomach, and attacked the left lobe of the liver. The base of the ulceration covered with mucus, and formed by thickening of the peritoneum, which covers the liver at this part. The edges bare to the extent of 1½ cent., sharply cut, and adherent at the base to the neighbouring peritoneum. Owing to this, although the stomach was completely perforated, the contents did not escape into the abdominal cavity. Near the pylorus the mucous membrane was swollen, and the denuding less extensive. Besides these lesions the abdominal cavity showed no peculiarities; the large and small intestines were anæmic. The meninges were thickened, and the cerebral substance completely ex-sanguine, with no trace of either embolism or thrombosis.

# Special.

## THE "GRAPHIC" GALLERY OF BEAUTY FROM A MEDICAL POINT OF VIEW.

To some persons it may seem sacrilegious or indecent to import medical criticism into the *Graphic* Gallery of Beauty, which, as most of our readers are aware, consists of twelve pictures, painted by artists of high repute, and bodying forth their best conceptions of female loveliness. Here it may be said professional discussions and jargon are out of place. A soul attuned to the harmony of æsthetical and artistic enjoyments can be but vexed and disenchanted by grovelling material considerations. With beauty, at least with the beauty of women, science has nothing to do. With ideals the healing art is not concerned. Leave, then, these pictures undesecrated by dissection, unmarred by diagnostic probings. But such exhortations cannot be attended to, nor the claims on which they are founded allowed, for there is no human interest which medical science can ignore, and least of all, can it be properly excluded from the consideration of the elements that make for perfection in the form and function of our race. A medical man has his ideal of beauty as well as the poet or painter, and labours in his own sphere towards its realisation; and, perhaps, according as his ideal is lofty or base, refined or coarse, will be the ultimate value of his world-work. And the ideals of the doctor and the painter are probably not utterly unlike each other. They must have something in common, for disease is ugly, and ugliness is an expression of disease, while health is lovely, and loveliness is but the music of the hidden orchestra of life, well-balanced, and exquisitely modulated. There may be profit, then, in an exchange of notes between the doctor and the artist, in mutual explanations and criticism, and there can be no impropriety in examining from a medical point of view, the Museum of Beauty that is now being exhibited in Grafton Street.

When we propose to offer a medical survey of the *Graphic* Gallery, we do not, of course, pretend that in doing so we are in any sense the mouth-piece of the medical profession as a whole. There are schools of doctors, just as there are schools of artists. No doubt, in the artistic body very varied estimates of this collection have been formed, and no doubt amongst the doctors who have seen it, opinions regarding it have been contracted, which differ infinitely, and might form the subject of endless disputations. A general consensus of professional judgments on such a subject, in which philosophical and artistic, as well as scientific, theories are involved, is not possible, and we do not affect to have approached to a knowledge, even, of what the verdict of a majority would be. We profess only to set forth such an estimate of the twelve ladies marshalled in this gallery as must certainly suggest itself to many medical minds, and is readily defensible on medical grounds.

From our medical point of view, then, the *Graphic* Gallery is singularly disappointing. Wound up to expect precious additions to our intellectual stores, and delicate thrills of æsthetical enjoyment, we enter it, and find ourselves in the presence of a row of pretentious studies for a book of fashion. Unless we had been told to look out for the ideal, we should never have suspected a striving after it in any, save two of these pictures. They are types of beauty, and as such are neither exhaustive nor of the best attainable kind. But faint traces are discoverable in them, even after careful pryings, of that concentration of essences, and high generalisation of qualities, which are essential to an ideal of beauty. They strike one as specimens, not ideals, as symbols of no great degree of abstraction. There is no flash of revelation in them, none of that "light that never was on sea or shore," but few echoes from an exalted region of abstraction.

It is to be regretted that each artist has not appended to his picture a short description of the method by which his ideal of beauty was arrived at or evolved. To the mental physiologist the value of the collection would thus have been greatly enhanced, and, at the same time, some explanation might have been obtained of the sense of disappointment which it creates. It may be that this is inevitable, and that the ideal of female beauty does not admit of pictorial representation. Mr. Francis Galton has lately been engaged in eliciting the degree and manner in which different persons possess the power of seeing images in their mind's eye, and has already amassed a store of curious information, from which it may be deduced, that numerals, and such abstract conceptions as those which we form of the week and the year, are visualised by some persons, as figures variously shaded and even coloured. But Mr. Galton has not yet ventured to administer any such interrogatories as these. Think of female beauty, and then say, Is the image dim or fairly clear? Is its brightness comparable to that of an actual face? Are the features sharply defined? &c., &c. The *Graphic*, however, has imposed a much more severe task than this upon its contributors, for it has required them to externalise and reproduce in colour, their mental images of an eminently complex and fugacious abstraction. It may well be questioned whether an artist's conception of beauty will submit to be painted, any more than his reminiscence of the flavour of a peach, or his emotional ecstasy when listening to one of Bach's fugues. Hints may be given, outlines indicated, traits adumbrated; but the supreme of woman's beauty, like the supreme of horror and of joy, is, perhaps, best left vague and undefined, to be filled in by the richest and choicest that each individual human life affords. The constituents that enter into such an ideal are innumerable and subtle, and are instantly dissipated by any attempt to grasp them in their entirety. The image cannot be fixed in the field of vision. It comes and goes with meteoric swiftness; it appears and vanishes like a mist-wreathed landscape. How, then, shall the artist make clear to others what he himself only dimly discerns? All this is applicable to the pure ideal; but with reference to the representation of a subordinate or less abstract ideal, such as pencil and brush may delineate with more or less inadequacy, new difficulties present themselves, for a man's conception of concrete female beauty may vary with his age, his state of health, and the season of the year. The style which he admires changes with the fashion of his clothes. He falls in love with a blonde, but marries a brunette, for "his great heart in love can hold them all." Twenty different ideals of beauty float in his imagination, if that faculty is at all fertile; and if he be called upon suddenly to select one of these as his chosen Queen of Beauty, he is placed in embarrassment, which cannot eventuate in any very trustworthy decision. He may have some special preference, but it is as likely that he recognises the diverse excellences of a dozen competitors, and is loath to pledge his allegiance to one, and so do injustice to the others. We feel well assured that each of the *Graphic* artists could have produced a dozen ideal beauties quite equal to the one he has sent to this show, and then we should have had a gross of pretty maidens instead of this meagre dozen. If, however, from his treasury of beautiful ideals, the artist must single out one for special honour, his choice is apt to be determined less by inherent merit then by adventitious circumstances. The ideal that he adopts is perhaps less strictly fair to look on than some of the discarded images; but some associations or sympathies throw for the moment an artificial glamour over it, and he fixes on it, and says, "That best expresses my sentiment of beauty." There is not one of the *Graphic* artists who has not, in his previous work, produced nobler and sweeter ideals of beauty, than this offspring of a set purpose and special commission to paint the beautiful.

Personal predilections must, it is evident, interfere to a great extent with a work such as that which was imposed on the contributors to this Gallery. Familiar faces grow ideally beautiful by the tender influence of affection, and unaccustomed beauty may dazzle us for a little into the belief that it is ideally good, and fashionable beauty makes exaggerated claims on our admiration. It need not be wondered at, therefore, if a majority of the pictures in this exhibition are to some extent portraits idealised, perhaps just a little beyond the point to which idealisation is carried in most portraits. Our ideals are founded on immediate perceptions, and artists must have models on which to hang their conceptions, for but few possess the semi-morbid power of Blake, to project their ideals out of their consciousness, seat them in chairs, and compel them to give prolonged sittings. Models being wanted models are of course selected that approach as nearly as may be to the ideals which it is desired to depict, and if it so happens that the ideals were formed on the models, and the models sit for the ideals, a tolerably complete identification of the two may be anticipated. The subordination of the model to the ideal is the laborious and autocratic triumph which has not, we think, been achieved in a signal manner on this occasion.

But taking the *Graphic* ideals as we find them, let us regard them in other lights than that of mental physiology; and first let us comment on the lesson which they teach that, ideal beauty, as now placed before us, has little in common with intellectual superiority, rude health, or high spirits. To a certain extent we were prepared for this. Traces of sorrow and suffering, and perchance of sin, too, must always mingle with the highest beauty; but surely mental weakness and physical debility are not also its necessary concomitants. Sovereign earthly beauty implies sadness, that sadness that the poet feels; but sadness will not make mere earthliness beautiful; no, nor will delicacy do for refinement, nor inanity pass muster for an emancipated soul. Then when the very highest beauty is not essayed a profuse display of sadness is uncalled for, and minor ideals might well bask in their own loveliness and rejoice in the sunshine of life. The lugubriousness of this Gallery is therefore excessive. Of twelve beauties, only three—those of Messrs. Alma Tadema, Storey, and Perugini—can be said to be in a cheerful mood. The other nine are in various stages of pensiveness down to the deep dejection of Mr. Hopkin's beauty, who has unhappily crossed the line separating common-place despondency from mental disease. This girl, with her downcast eyes, hollow cheeks, hectic flush, and expression of settled gloom, presents us with a vivid picture of melancholia, the accessories of which have not been neglected, for her dress betrays carelessness, and strange to say, there is a fulness of the neck that reminds us of the goitrous enlargement of the thyroid gland so often associated with this variety of mental disease. But it is not simply pensiveness of which we complain in these *Graphic* beauties, but pensiveness associated with feebleness of mind. Theirs is the mournfulness not of knowledge, but of ignorance; not of strength, but of sheer weakness. In Mr. Frank Dicksee's beauty, to our thinking the truest beauty in the Gallery, there is a gleam of lofty thought and the fine firmness of the heroine; and in Mr. Long's Egyptian damsel there is vigour, as well as meditation; but in the other pensive ladies there is blank joylessness. Mr. Marcus Stone's ideal *protégé* is affected as well as sad; Mr. Tissot's is hopelessly vapid; Mr.

Leslie's common-place; and Sir Frederick Leighton's classically vacant. As for Mr. Calderon's beauty, she is not quite awake, but betrays the morning languor and bewilderment of one who listens to the song of birds while half-painful, half-pleasing dreams still reverberate in the brain. The child of Mr. Phillip Morris's imagination, on the other hand, exhibits the emptiness and waxen woe which we remember to have seen in a materialised ghost at a Spiritual séance. But even in the three beauties that we have exempted from the charge of undue depression of spirits, there is not the intellectual force that might be desired. Mr. Perugini's beauty doubtless is energetic and resolute, and exhibits a spice of temper that is refreshing; she is, on the whole, we should say, the most right-minded, sensible, self-reliant woman in the circle. But Mr. Alma Tadema's ideal is simply animal in her mirth; and Mr. Storey's, again, is distressingly destitute of even mediocre mental capacity; this picture represents an unusually good-looking imbecile girl who has just been much gratified by the present of an apple. The shape of her head, her large meaningless mouth, and empty expression betoken mental defect, while her quaint costume might suggest that she is a prize pupil in a public institution for the training of the weak-minded.

We have stated that bodily, as well as mental feebleness, is somewhat characteristic of the *Graphic* Gallery, and the statement is, we think, borne out by the prevailing wanness of complexion. Anæmia is noticeable in several faces, and emaciation in more than one. A certain sickliness accompanies the mental depression to which we have adverted. The pink on Sir Frederick Leighton's canvas is not that of health,—on the ear it creates a suspicion of eczema,—and those are not the hues of robustness that glow on the cheeks of the maidens whom Messrs. Tissot, Dicksee, and Hopkins have called into being. The really painful case of bodily degeneration, however, is found within Mr. Phillip Morris's silvern frame. Here we have a white-veiled girl-bride, almost corpse-like, summoning up disagreeable pathological associations. A fragile scrofulous creature, she turns on us with a wistful gaze unillumined by any ray of hope, and seems to be taking her last farewell of all around her. Her bleared eyes, pinched nose, pallid complexion, and swollen lips indicate, it might be said, only too surely that tubercular disease has already set its seal upon her.

Ideal beauty is confined between the ages of 18 and 26 years; at least, none of the *Graphic* ladies fall short of, or exceed, these limits. Opinions will differ as to the precise age of each, but it will be generally agreed that Sir Frederick Leighton and Messrs. Dicksee and Alma Tadema's beauties are the most matured, and Messrs. Storey's and Morris's the most girlish in the collection. The sanguine temperament is decidedly the favourite one with the artists, and predominates in a considerable majority of the *Graphic* beauties. Five of the twelve have red hair of different tints, three have fair hair, three dark brown, and one black. Light eyes, of course, prevail over dark ones, in nine instances the colours of the iris being what would be called light, and in only three dark. More carefulfy classified, the eyes stand thus: four pairs grey, two blue, one blue-grey, two grey-brown, two brown, one dark-brown.

On some points in the facial development of beauty the artists seem to be tolerably well agreed. Thus, in nine of the ladies here depicted, the nose is straight, in two there is an elevation of the bridge, approximative to the aquiline type, and in one the tip is vulgarly and unmistakably turned up. In all the beauties the upper lip is short, in Sir Frederick Leighton's, indeed, preternaturally so; and in all, the chin is long. Beyond the face, too, with reference to certain points of bodily conformation, a common accord seems to have been arrived at, as for example, with respect to the neck, which in all the ladies in the *Graphic* exhibition, is long and graceful. On other points, however, there seems to be room for much controversy as to what beauty requires, for those rudimentary organs, the ears, vary much in configuration in the pictures we have been examining. They are not visible in two of these, but in the ten in which they can be seen they are scarcely alike in any two. That significant portion, the lobe, varies much in shape, but is adherent to the skin of the cheek in six instances, and free in four, which is rather remarkable, seeing that adherence of the lobe has been regarded as an indication of high breeding, and its pendulous freedom of humble origin; and seeing also that a great majority of the *Graphic* beauties are evidently women of the people with no pretensions to a long line of luxurious ancestors.

## FRANCE.

(FROM OUR SPECIAL CORRESPONDENT).

At the Surgical Society last week M. Guenot read a report of amputation of the neck of the uterus by the thermo-cautery. A woman about 30, married five years, childless, consulted a Dr. Eustache for prolapsus of the womb. On examination the neck was found to be considerably elongated, but not hypertrophied. The body of the uterus was in its normal position. Excision of the exuberant part by the thermo-cautery was decided upon, but unexpected difficulties were encountered during the operation, such, for example, as the issue of dense smoke, which concealed everything and obliged the operator to desist seven different times. It took forty minutes to complete the operation. The patient has not yet been pregnant, but she suffers no longer from dysmenorrhœa. The author concluded the report in declaring that the thermo-cautery is in his opinion an instrument that should not be employed in amputating the neck of the uterus. He would prefer the écraseur.

The above case gave rise to a discussion as to the propriety of employing the thermo-cautery, in which many members took part, notably M. Despres, who considered it bad surgery to extirpate tumours of the mouth or vagina with the instrument in question, on account of the extensive burns that are often the consequence.

At the same meeting a member gave his experiences of the employment of the bromide of ethyl as a local and general anæsthetic. The bromide of ethyl is very volatile, and chemically pure; it can be employed in the same manner as sulphuric ether, that is, in spray. A thermometer placed successively under a jet of ether and a jet of bromide of ethyl, it was found that the latter lowered the temperature more rapidly than the ether, consequently refrigeration is much more rapid and there is no irritation of the wound. Further, the bromide of ethyl is manufactured with the greatest facility. With reference to the general effect of this anæsthetic, M. Terrillon made experiments on animals, from which it was proved that bromide of ethyl acted effectively and without the period of excitement observed in the administration of chloroform.

Dr. Armaingaud (Bordeaux) publishes in the *Journal de Médecine* a case of a man attacked with typhoid fever, complicated by pneumonia, treated with the wet sheet. On the twenty-first day of the fever and the third of the pneumonia (right apex) the patient was enveloped in a wet sheet, which was continued during fourteen hours without interruption, the sheet being changed every hour. The temperature (which previously was very high, 107°) fell to 94°. The pneumonia had all but disappeared. A few days afterwards the patient was convalescent. In three other cases the temperature was 106°. Dr. Armaingaud employed the wet sheet with similar success.

Drs. Rock and Waschmuth (Altona) cite a curious fact observed at the hospital of that town. A man about 50 entered the institution to be treated for typhoid fever. When it was desired to confirm the diagnostic by percussing the spleen, it was found impossible to discover dulness in the region generally occupied by this organ. The patient died, and at the autopsy no trace of a spleen could be found; the splenic artery was likewise absent. The other abdominal organs were normal.

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## ESTABLISHMENT OF FREEZING APPARATUS AT THE MORGUE.

*Report of* PROFESSOR BROUARDEL.

THE *Progrès Médical* has already apprised its readers of the Prefectoral Order of the 6th October, 1879, by virtue of which a committee was nominated with a view to examining the different systems proposed for freezing purposes at the Morgue, and choosing the system which presented most advantages from a scientific, as well as from an economic, point of view.

This committee appointed a sub-committee to examine the different freezing systems capable of being applied to the preservation of dead bodies deposited at the Morgue. M. Brouardel was naturally summoned to give an account of the proceedings of this sub-committee.

The report presents three parts for study: the first deals with the conditions under which the bodies should be preserved; the second relates to the means by which these may be carried out at the Morgue; the third is a comparison of the different methods proposed for cooling the depôt of bodies.

I. Setting out from this principle, that there are grounds for rejecting all methods of preservation in which chemical substances are placed in contact with the corpse, M. Brouardel finds that the putrefaction of bodies can be arrested by placing them in a medium of dry cold air. To attain this end, it is desirable to allow the bodies at first to remain in a chamber at 15° or 20° under zero, then to transfer them to a final place where the temperature will be maintained under 0°.

At the autopsy, indeed, it is preferable that the cadaver should be thawed, but in some special cases, where wounds are in question, for example, the continuance of congelation may be very valuable in preserving the connections of viscera, and allowing the course of any wounding instrument whatever to be followed. Of late, thanks to the prolonged lowness of temperature, M. Brouardel has been able to make several very conclusive experiments at the Morgue upon bodies which he successively congealed and thawed, the result being that the congelation did not induce in the tissues any modification capable of interfering with an examination; the blood did not rupture the vessels which contained it, and the viscera underwent no important change. Besides, freezing is a highly-prized process in histological laboratories. Nevertheless, the muscles and blood present some alterations; the discs of Bowmann become dissociated and the pale blood-globules lose their hæmoglobin which dissolves in the blood.

If the congelation is maintained for several months, the bodies lose a tenth of their weight, and the muscles have no longer the property of putrefying, as the experiments of MM. Tellier and Brouardel show. All these considerations led the sub-committee to adopt the two following propositions: 1. To submit, on their arrival at the Morgue, the bodies which it is desired to preserve, to a temperature of 15° to 20°; 2. To transfer them afterwards into a chamber whose temperature shall vary between 4° and 1°.

II. The exhibition room of the Morgue should contain the apparatus intended to cool and maintain at a low temperature the bodies which may remain a longer or shorter time exposed to the view of visitors. At present the available space for arranging the bodies is sufficiently restricted, and the useless space relatively considerable. It is, therefore, justifiable to alter this vast room in order that it may answer all requirements. With regard to the establishment of the apparatus which will be adopted, M. Brouardel insists upon the necessity of applying some modifications to the soft ground upon which the Morgue is situated by building broad strengthening courses. For the same reason it is expedient to replace the steam motor by a gas motor.

III. Passing in review the different projects which have been submitted to it, the sub-committee, through its reporter, eliminates the processes in which chemical substances are placed in contact with the dead bodies, rejects likewise the methods in which the temperature could not be reduced below zero, and fixes its attention upon methods which utilise the cold produced by this change of state of a body which, passing from a liquid to a gaseous condition, reaches a very low temperature. These last are successively rejected on account of the numerous inconveniences which result from the daily waste of liquids employed, from the possibility of leaks and alteration in the metallic walls of the vessels. Finally, the sub-committee has adopted, for preserving by cold the bodies at the Morgue, the process of MM. Giffard and Berger. In this process the material used is atmospheric air. "Air taken outside is compressed to two or three atmospheres; during the compression the air loses a quantity of heat which is carried away by water baking the walls of the condenser; then this air escapes from the apparatus, and in recovering its volume it undergoes a refrigeration which, at the point of exit, may be lower than 50°." The Giffard apparatus will cost 60,000 francs.

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## THE DANGERS OF HABITUAL HEADACHE, AND OF INTELLECTUAL EXERTION OF THE EXHAUSTED BRAIN.

THE following paper, by Dr. Treichler, of Bad Lenk-Bern, was read in the section of Psychiatry and Neurology, at the fifty-second meeting of the German Association of Natural Historians and Physicians, held at Baden-Baden, 1879. (Pp. 324, 325 of *Tageblatt.*) Dr. Treichler says:—

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse, it reduces many a highly gifted and poetic soul to the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music amongst the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia-mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new though much simpler scientific problems, and while, with regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions:—

1. That what the ganglion cells, when in their full health and vigour, have grasped, remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells, diseased by old age, are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding

and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night-work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot then be really grasped, and confusion is produced as to what has been learnt in a day. The great object of the school, therefore—earnest intellectual discipline, and the formation of the desire for continuous cultivation of the mind—is thereby frustrated.

Confusion in the intellectual powers of an overwrought pupil and his final gain, must be the same as that which would occur in a counting-house, where there were only means for the despatch of 100 letters a day, the daily number requiring attention being from 130 to 150. Confusion in the transaction of business and decreased gains would be the result.

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## Department of Lunacy.

### A PUBLIC ASYLUM OFFICER ON PRIVATE ASYLUMS.

Dr. McDowall, the Medical Superintendent of the Morpeth Asylum for the county of Northumberland, is evidently not disposed to join in the senseless and indiscriminate outcry against private asylums which we commented upon not long ago. In his Report just presented to the magistrates, he says that the public mind has been so inflamed upon this subject that it is almost impossible for it to arrive at an unbiassed judgment. "I at once admit," he observes, "that there are some private asylums where the accommodation is poor, the treatment mean, and the expense excessive; these cannot be too soon got rid of, but there are others conducted in a most enlightened and liberal manner, and where the management is better than in some public institutions." Dr. McDowall then goes on to show that for lunatics of the poorer middle classes there are at present just two possible destinations, private asylums and pauper asylums, and that while the former have their drawbacks, the latter are certainly not without their disadvantages. The association of persons of delicate nurture when insane, with paupers, he considers very painful to them and inimical to their prospects of recovery, and his desire is that the Government should make provision for indigent as well as for pauper lunatics. We are glad to notice that Dr. McDowall is a warm advocate for the scientific investigation and treatment of insanity. He is not content merely to mourn and complain over chronic cases, nor does he think that the lunacy problem is to be solved by the erection of huge and cheap receptacles all over the country, into which asylum refuse may be shot. With quick insight he perceives that, to be perpetually grumbling over hopeless cases and deploring the inefficacy of treatment, is scarcely the way to encourage the consignment to asylums of cases that are still acute and amenable to remedial measures. Are such hosts of failures, it may be asked, the best guarantee for future success? The wise plan is to set to work with these chronic and hopeless cases, and to make the best of them. Cases are often called hopeless when they are full of promise, and the most pronounced chronicity is not incompatible with improvement in many respects.

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### PLAIN DEALING WITH LUNATICS.

In the form of an Appendix to the Fourth Annual Report of the Tower District Asylum, just published, some sensible advice is given to those upon whom it may devolve to effect the removal of insane persons from their own homes to asylums. "No one should be brought to this hospital," says the Appendix, "without having been clearly informed of his destination. If he is too insane to appreciate it, no harm will be done, while if some reason still remains he will understand that at least his friends intend to deal honestly with him. Nor should he be told that his stay will be but for a few hours or days, or that he can go home when he pleases. Such promises give a patient a distrust of the hospital and of those under whom he is placed." Similar instructions might, we think, with advantage be printed on the schedule which has to be filled up prior to the removal of a lunatic to an asylum in this country, for there can be no doubt that a notion still lingers in some quarters that Machiavellian tactics are justifiable wherever insanity exists, and that a patient whose mind is diseased may be properly circumvented into the position which is deemed most conducive to his recovery. Gilded pills are all very well, but the patient should know of the gilding and of the bitterness within, and should not have them presented as imperial and delicious *bonbons*. Much mischief is done to sensitive patients by the startling discovery that they have been entrapped into a madhouse and abandoned there by those whom they have trusted, and the remembrance of such an outrage often rankles in the mind and retards recovery, besides creating estrangement and suspicion after recovery is complete. Compulsion is preferable to chicanery in dealing with lunatics, and plain speaking with kindly firmness will generally obviate the necessity of a resort to either one or the other.

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### REPORT OF IRISH LUNACY INQUIRY COMMISSION.

(*Continued.*)

Returning to the Commissioners' Report, after a digression the length of which we trust will be pardoned in consideration of the importance of the subject, the general tendency of the medical evidence here as elsewhere is strongly in favour of classification. The plan brought forward by the Commissioners is one—to adopt the terminology used above—of dissociated treatment, and of dissociated treatment the witnesses approve. The partly associated system was scarcely considered. Of the twenty-two asylums existing in Ireland two or three at most present the requisite structural facilities. When the present overcrowding has been relieved by the accommodation of idiots and imbeciles in the workhouse auxiliaries, there will be a good deal of vacant space in the district asylums, and long experience has shown that while there is a vacant bed—nay, till overcrowding has reached an almost incredible pitch—it is vain to expect the building of a new asylum. So that if any further attempt at classification than that involved in the removal of idiots and imbeciles is to be made it can—as far as appears—only take one direction, that of dissociation. Nor can this limitation be a matter of great regret when we reflect upon the result of Continental experience as mentioned above.

The following is the summary which the Commissioners give of the evidence of the medical witnesses a little abridged :—" Dr. Hatchell. . . being asked whether the advantage that would result from the classification of asylums would be sufficient to justify an application for power to effect it, replies that he thinks it would. The opinion of Dr. Nugent as to the advantage of such a classification is still more distinct. . . Other witnesses, not less entitled by their position and experience to speak with authority upon such a subject, give evidence still more emphatic in favour of classifying asylums in the way we propose. Dr. Robertson, the Medical Superintendent of the Monaghan District Asylum, Dr. Lalor, of the Richmond Asylum, Dr. Patrick Cullinan, Visiting Physician of the Ennis Asylum, Dr. Daxon, of the Ennis Asylum, and Dr. Berkeley, of the Mullingar Asylum, all men of great experience, approve of the proposal, as does also Dr. MacCabe, one of the Inspectors of the Local Government Board, who, as Medical Superintendent of the Dundrum Criminal Asylum and the Waterford District Asylum has had ample opportunities of forming an opinion upon the subject. Dr. Robertson is of opinion that the classification of asylums in accordance with the provision of the 8th and 9th Vic. c. 107, would "fully meet" the difficulty of providing for the great increase of lunacy. Dr. Lalor is of opinion that the removal of the presumably incurable cases would facilitate the working of the establishment as a curative hospital ; that the interchange of patients, sending the presumably curable to one establishment, and the incurable to another, "would be a great improvement ;" "a wonderful improvement on the present system." Dr. Daxon thinks that if accommodation could be provided elsewhere for a large percentage of the incurable cases of his asylum, the advantages of the asylum as a curative establishment would be very much increased. Dr. Berkeley thinks that the classification of asylums to which we are referring "would be most desirable on the ground of public policy and economy." This view Dr. Berkeley has long consistently entertained, and has frequently urged. . . Dr. MacCabe, asked whether, in his opinion, the classification of asylums appropriating a certain number as curative establishments, and others for the detention and care of presumably incurable cases, replies without hesitation :—"I have not the slightest doubt on the subject. It would enable the existing staff of the asylum to devote themselves to the care of individual curative cases, instead of having their attention distributed over a large number, the vast preponderance of which are incurable. You could give all the care to the curable if you got rid of the incurable." Dr. Patrick Cullinan. . . thinks that the establishment of three classes of asylums—1st, for the curable ; 2nd, for the reception of chronic insane requiring special care. . . . and, 3rd, the workhouse auxiliaries for harmless and incurable, would be based on sound theoretical and technical principles. The last witness to whom we shall refer as favourable to the proposal to classify asylums is one who gives to it the sanction of the highest authority. Sir Dominic Corrigan was a member of the Commission which inquired into the condition and management of Irish lunatic asylums, and took an active part in its proceedings. His opinion, therefore, is not simply that of a witness of the highest professional position and attainments, but of one who has had special opportunities of ascertaining the defects of Irish lunacy administration, and of appreciating any suggestion for remedying them. Sir Dominic Corrigan declared the classification of asylums was 'most desirable.' "

Having surveyed with some satisfaction this formidable array of authorities, the Commissioners proceed to consider more particularly the proposed rearrangement of asylums. They glance at the general statistics of the question (*a*) and very judiciously leaving the completed arrangements of classification to "whatever department may be ultimately charged with the lunacy administration of the country," they merely enter into details of how it can be done for the purpose of illustration. They "take for that purpose the portion of Ireland in which there appears to be at present the most urgent need of asylum accommodation," namely, Ulster.

(*To be continued.*)

# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 9.

E. HEADLAM GREENHOW, M.D., F.R.S., in the Chair.

### Mr. E. NETTLESHIP on SYMPATHETIC OPHTHALMITIS SETTING IN THREE WEEKS AFTER EXCISION OF THE EYEBALL.

Mr. NETTLESHIP read notes of two cases which had occurred in his own practice, and of a third case communicated to him by Mr. Cowell, and alluded to six other published cases.

CASE I.—*Extraction of a Fluid Shrunken Cataract with Corneal Nebula, the result of Ophthalmia Neonatorum, from the eye of a phthisical man, æt.* 20 ; *intra-ocular hæmorrhage* 48 *hours after the operation.*—The eye was excised ten days after the operation, no sympathetic symptoms being then present, and the orbital parts healed as usual. The excised eye was examined microscopically ; inflammatory changes were found in the choroid, optic nerve, and retina, but the ciliary nerves showed only doubtful changes. Twenty-two days after excision (32 after the cataract operation), the sympathetic disease began with failure of sight. When seen a week later there was neuro-retinitis, and shortly afterwards severe irido-cyclitis set in. The eye became glaucomatous, and, in spite of a free iridectomy made six months after the onset, it finally became blind. A prolonged mercurial course, with cod-liver oil, &c., and all the useful local measures, had been first tried.

CASE II.—*Rupture of Sclerotic in a man æt.* 67, *seen one hour after the accident—Blood in Anterior Chamber, but good perception of light—Wound united by a suture, and ice used.*—The eye inflamed, and was excised 19 days after the accident (the patient having refused excision when advised a few days earlier). No microscopical examination. Orbital

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(*a*) Number of patients in the Irish district asylums at the end of the year 1877, 8,183 (*vide* 27th Report of Inspectors). Probably curable, 1,911. Probably incurable, 6,272. Of the probably incurable, 1,360, on what the Commissioners rightly call "a very moderate calculation" (based, we gather, upon the returns furnished by various superintendents), may be removed to the auxiliary asylums connected with workhouses.

parts healed as usual. Twenty-three days after excision (42 after accident), there was some pain in the other eye, and on the 29th day acute iritis, followed in a week by extensive detachment of retina. The eye recovered in two months, and six months later was as good as before, the retina having become reapplied.

Case III. (Mr. Cowell's case).—*Jagged Wound near Corneal Margin, with Adhesion of Iris, in a boy æt.* 11.—Softening of eye and purulent cyclitis; excision 24 days after accident; parts healed as usual. Inflammation of other eye began about 25 days after excision (50 after accident), and he went through a sharp attack of iritis. Numerous adhesions formed, but the eye recovered fair sight (14 Jaeger). Only six published cases were known to the author, viz.: 1 by Pagenstecher, first interval (*i.e.*, between injury and enucleation), 27 days; second interval (*i.e.*, between enucleation and onset of sympathetic inflammation), 8 days, eye lost; 1 by Mr. R. B. Carter, first interval 15, second 41 days, recovery; 1 by H. Schmidt, first interval 28, second 4 days. recovery; 1 by Colsmann, first interval 42, second "a few" days, recovery; 1 by Hugo Müller, first interval not stated, second 5 days, recovery; 1 by Mooren (doubtful), first interval not stated, second two or three months. The cases were of practical importance, and of interest from the light they throw on the mode of origin and rate of transmission of the morbid action in the production of this disease. It might be a question whether the sympathetic disease in these cases was set up by the damaged eye or by the operation for its removal. If the latter, then we should expect occasionally to see it coming on at very long intervals after excision, and this had not been observed. It would probably be equally severe as the ordinary cases, whereas of the nine cases six are known to have recovered: and we should expect some inflammation of the orbital parts to occur between the excision of the damaged eye and the onset of disease in the other, and this had not taken place. Doubtless the process always started from the damaged eye, and had in such cases as these already, before excision, travelled so far beyond the exciting eye as to be out of the surgeon's reach. The mildness of the induced disease in most of the cases quoted shows, however, that removal of the exciting eye, even after its excitant influence has begun to travel, may be of some use by preventing its further action. An interesting point was that the sympathetic disease appeared to begin as neuro-retinitis in no less than four of the nine cases; but this did not necessarily point to the optic nerve as the path along which the disease travelled, for inflammation of the ciliary nerves at their entrance into the eye leading to choroiditis near the optic disc would sufficiently account for the appearances noticed.

**Mr. Spencer Watson.**—The operation for excision of the eye is so frequently performed, that it is important to determine if enucleation does really set up sympathetic inflammation in the remaining organ. He thought Mr. Nettleship had not shown this to be so, since each eye of which he wrote had been injured by disease prior to the immediate lesion which made operation imperative. He concluded that the eye subsequently affected must also have been subject to disease. The after-treatment of all such cases should be cautious, *e.g.*, the remaining eye ought not to be too quickly exposed, as is commonly done. He had never himself met with instances of ophthalmia following enucleation, but had seen many cases in which previous irritation had continued and produced serious results.

**Mr. Nettleship**, in reply, said the cataract in the first case he read had been due to injury; and there could be no reason to imagine any deep-seated disease of the organ. Such a thing was, of course, not impossible.

### Mr. Howard Marsh on

### SOME CASES OF BONE-SETTING.

No. I.—A countryman, æt. 50, dislocated his shoulder. The dislocation was at once reduced, and the arm bandaged to the side. Nine weeks afterwards he came to London for advice. It was found that the limb was so stiff that he could not move the elbow more than two or three inches in any direction, and any movement either on his part or during examination produced great suffering, and he complained of constant severe aching from the shoulder to the elbow. It was noticed, however, that the joint was quite free from heat and swelling. When he had taken gas the scapula was fixed and the humerus was freely rotated on its long axis in the glenoid cavity, and then carried by a series of short jerks through all its normal range of movement. Numerous adhesions around the joint were felt to give way. He now lost much of his pain, and could move his arm freely except in an upward direction. A fortnight after his arm was carried, while he was under gas, freely above his head. After this all his pain ceased, and he recovered the full use of his limb. No. II.—A man, æt. 24, in jumping from a cart, twisted his foot under him. Great pain and swelling followed, and the limb from the instep to the middle of the calf came out "all black and blue." He was laid up for a fortnight, and then took to walking with a stick. Eight months afterwards he came to St. Bartholomew's Hospital. The joint was still swollen, and the seat of severe pain if weight was thrown upon it. He had gone from hospital to hospital, and had been liberally supplied with bandages, elastic stockings, liniments, and the inevitable tincture of iodine, but he got no better. The ankle was found free from unnatural heat—indeed it was unnaturally cold; the skin was bluish and shining, and the outlines of the joint were obscured by brawny swelling. The limb was a little drawn up, and flexion and extension were almost entirely lost. He took gas and the joint was carried in short jerks through all its natural range. Numerous adhesions in the sheaths of the surrounding tendons were felt to give way. Within an hour he walked freely about the ward, and the next morning walked from Hackney to the hospital, and reported himself fit to go to work on the limb. Six months later he came again, with the ankle again out of order. He said he had been quite well till three weeks before, when the joint had become painful and weak. On inspection nothing could be found amiss, and he was advised to have the part strapped, and to rest it. He, however, said he was sure if it were "moved" it would be all right. Gas was given and the joint was carried into full extension and full flexion. Some slight adhesions were felt to give way. He wrote next morning to say that he had been walking on the limb, and found that he could now do so without either pain or limping. No. III. was of a similar character. A man, æt. 45, could bear no weight on his ankle nine months after a severe strain. The joint was quite free from heat. All his symptoms disappeared when the ankle was flexed and extended under gas, and in less than a week he was quite well. No. IV., a lad, æt. 17, of strumous family, was reported to have hip disease. He could bear no weight on his limb, and his thigh was flexed, abducted, and rotated outwards. There was deep-seated pain at the back of the joint on any movement, and tenderness on pressure in this situation. There was no swelling. On examination it was found that the hip-joint was sound, but it was believed there was strumous periostitis of the innominate bone beneath the external rotator muscles. He was told to rest, to have a course of blisters, and to take cod-liver oil. Three months later, as he was no better, he was taken to a bone-setter, who moved the limb. After this he lost all his "pain," and in a week was "all right." Just twelve months later, having in the interval been well, he was, on rising quickly from his chair, seized with the old trouble. He had great pain and felt sick, and the limb became instantly painful if any weight was thrown upon it. On examination the limb was flexed, abducted, and rotated outwards. Movement at once produced painful spasmodic contractions of the muscles, and there was excessive pain on pressure over the sciatic notch. He was put under gas, and the limb was quickly carried through its complete range of flexion, extension, abduction, adduction, and rotation. Directly afterwards, though nothing seemed to give way or to slip, he lost his pain and could freely move his limb. He has had no relapse. While the preceding cases were examples of adhesions, this, Mr. Marsh believed, was one in which one of the external rotators of the thigh had slipped out of its place. He remarked that he had brought the subject of bone-setting forward because, undoubtedly, there were a numerous set of cases which forcible movement could speedily cure, but which had not hitherto been treated as commonly as was advisable by this means. These cases, as they made but little progress under the routine treatment of rest, liniments, and elastic stockings, frequently fall into the hands of bone-setters, by whose manipulation many of them were cured. He alluded principally to cases in which adhesion had formed in and around joints otherwise sound as the result of injury or inflammation. Sir James Paget was the first to draw attention to this subject in a clinical lecture given as long ago as 1867, and since published in the first and second editions of his Clinical Essays and Lectures. In this essay the principles of forcible movement as a means of treatment were very fully and clearly laid down, and were rendered all the more distinct by being brought into contrast with those which regulate the use of perfect rest so essential for joints which were the seat of inflammation, and especially of strumous disease. Displacement of cartilages and slipped tendons might be, and doubtless sometimes were, put right by bone-setters, but he believed the cases of adhesions—especially when they occurred after an injury outside a joint which itself was healthy—offered by far the most numerous instances of improvement after forcible movement, and he expressed his conviction that they were much more frequent in practice than many had supposed. After referring to the classes mentioned by Dr. Hood in his Lectures, the author stated that all he had observed led him fully to accord with the teaching of Sir James Paget, that when joints after injury had remained stiff, "weak," and painful, and yet free from abnormal heat, beyond the usual period of convalescence, and when they had no history of any previous disease, and when a careful examination could detect no evidences of any of the diatheses, such as struma, or severe gout or rheumatism, the patient should be put under gas, and the limb should be carried in all directions through its full range of movement. As to the movement of particular joints, the author had seen good results in the shoulder, the finger-joints, the knee, and the ankle. He had not used the method in either the elbow or the hip, having met with no cases which seemed suitable for it. In conclusion, he stated that if synovitis had been present, movement must be very cautiously employed. In two knee cases lately under observation, in which synovitis had subsided for eight or nine weeks, and the joints had become perfectly free from swelling and abnormal heat, a renewed attack of inflammation, with heat, pain, and considerable effusions had followed manipulative treatment.

Mr. Hulke thought that bone-setters would cease to find extensive support if the profession paid a proper attention to the cases which the quack agents are successful with. The latter surrounded themselves with details which were impossible to qualified practitioners. A year ago a lady was brought to him with a stiff right hip-joint. She was compelled to sit sideways on the left ischial tuberosity, and a bursa was developed in this situation. He advised her to use a ring cushion; but rejecting the suggestion, she repaired to a bone-setter, who reduced the bursa, and declared that a dislocated bone, which he represented it to be, had been reduced. While in the Levant he (Mr. Hulke) had personally proved the utility of moderate force in reducing some stiff conditions of joints. He had accidentally fallen, and sustained an injury which was followed by acute inflammation of the knee-joint. He was in bed three weeks, and on getting up could only limp about. One day, however, he fell suddenly, and severely flexed the limb. On rising he could walk with ease and comfort. We hear nothing of the bone-setter's disasters. These were often so serious that excision was no unfrequent necessity of their production. A case in point had recently been under his own care, in which the patient's life had been endangered through the interference of a bone-setter with a hip-joint the seat of abscesses.

Mr. John Wood explained that the shoulder-joint is a favourable one for the exhibition of the bone-setter's art. A bursa is formed over the deltoid, the tuberosities and acromion, and forcible manipulation of it almost certainly cures the stiffness resulting from its presence. The cases not amenable to treatment are those in which the cartilages of the joints have been affected. In them adhesions broken down always recur. Manipulation succeeds when the injury is *outside* the joint, or connected with a displaced tendon. - This latter condition is difficult to explain without effusion. He had seen many cases which had been treated by bone-setters, chiefly the hip-joint. In these the surgeon deprecates early movement, and it is in them that the bone-setter effects much mischief. The sudden quick jerks recommended by Mr. Marsh ought to be employed with great caution. Fracture occasionally followed sudden and rough violence. The force employed should, he thought, be carefully measured and graduated. In a case of his own, that of an old lady with ankylosis of both knees, manipulation of one joint was followed by rupture of the ligamentum patellæ. The case ultimately did well. He thought many spinal cases cured by bone-setters were purely imaginary diseases.

Mr. T. Smith agreed with Mr. Wood that the best cases for manipulation are those in which the injury occurred *outside* the joints. He had examined the question in practice as much as possible. Had treated six cases of Colles' fracture by forcible flexion with good results. In all, the adhesions to be overcome were not in the joint, but in connection with tendons, the sheaths, &c. He always put the joint carefully through all possible movements, and employed friction and shampooings. Recovery in other fractures is retarded by stiffness, as in the knee and ankle joints. In all such the safe treatment is forcible stretching of the joint; and in his own practice no bad result had ever followed its adoption. It was difficult to comprehend where "slipped" muscles could resume this condition.

Mr. Heath insisted that a fracture has not been cured so long as any stiffness remains to impede free movement of a joint. The recognition of this truth would save many people from the dangers of "bone-setting." This was particularly true of the shoulder-joint. *Time* alone will not cure them; *movement* is essential. He thought it to be regretted that eminent surgeons do not teach these facts. It is impossible to decide whether adhesions are in or out of the joint. In reducing them alarming crackling is often produced, but it may be unheeded. He had himself once fractured a humerus while breaking down adhesions of the shoulder.

Mr. Barwell remarked that a slight sub-luxation often passes unnoticed by a surgeon, but which the bone-setter claims to reduce by force. There were four classes of such dislocations; there was nothing to indicate the nature of the injury. Such get well with slight movement while under gas. Patients ought not to be sent away with the assurance that they would get well. He himself always forcibly moved the limb of anyone who consulted him about an injury a few days after its reception. Displacement of tendons is uncommon, that of the peroneus longus the least so. Its replacement is easy, but it cannot be maintained *in situ*. He (Mr. Barwell) did not understand what was meant by adhesions *within* a joint. He had seen two hypertrophied fringes, but never actual adhesion of the synovial surfaces, at all resembling, that is, the pleuritic adhesions of the chest. He related the case of a lady who, having been thrown by a cab, was attended by a bone-setter, who declared the thigh was out. This was really the case, but in his attempts at reduction the quack fractured the neck of the femur, and the unfortunate patient is yet, many months after, unrecovered from the injury.

Mr. George Brown was anxious to know what treatment should be adopted in a case where ankylosis of the joints had been attended with long-continued inflammation, and the swelling ultimately being completely reduced, adhesions were set up, which were unaffected for good by movements. There was much muscular atrophy, and the bony prominences were very marked.

Mr. Henry Morris thought too great a distinction must not be drawn between contractions in and out of joint. Especially ought this to be remembered in connection with the knee. The posterior ligament of it is so complicated and blended with other structures that it is necessarily affected by lesions occurring in them. In the shoulder-joint, too, the capsule is often chiefly affected, and motion breaks down adhesions occurring in it. Subsequent contraction, however, produces fixation, as before treatment. He instanced a case to prove that where slight fracture of the olecranon with little displacement takes place, it is inadmissible to resort to forcible flexion within six or seven weeks of the injury. In this case acute inflammation supervened, and though recovery did follow, patience and non-interference were called for in it.

Mr. Prescott Hewitt said the cases in which bone-setters succeed are such as show only slight injury with contraction. Not infrequently patients are seen with acute synovitis which is treated by rest and followed by lameness, which a sudden and forcible movement relieves. Bone-setters score in these, and surgeons might be equally fortunate. Adhesions about the knee can be broken down with benefit very rarely, but good follows attempts to interfere with stiffness of the elbow by the way of forcible flexion; and the shoulder is a favourable joint for treatment. In contraction of toes produced by short or narrow shoes the adhesions should be broken under gas, and, as in a case quoted, the result is beneficial. The thigh bone may even be broken in attempting to reduce adhesions. He (Mr. Prescott Hewitt) had seen a case of pyæmia produced by a bone-setter's attempts to cure a stiff-joint.

The **President** hoped the discussion would be fruitful by laying down a line of treatment that might be invariably pursued, and by showing country people that surgeons are better able to deal with the patients who resort to bone-setters than these ignorant and hurtful agents. He had seen a young lady who had been kept in durance vile for months in a sort of saddle, being under treatment by a bone-setter for a purely imaginary spinal complaint. He could not help the reflection that "fools rush in where angels fear to tread" when he saw evidence of the reckless manner in which bone-setters dare to interfere in many instances that are deemed incapable of treatment by eminent surgeons.

Mr. **Howard Marsh**, in replying to the discussion, said he thought tendons might be replaced as suddenly as they were put out. Inflammation of the bursa could not arise suddenly. He did not mean when he mentioned *jerks* anything more than careful and cautious movement. Brittle bones will always give, however gentle the treatment they receive. He had dissected joints in which he had found degenerated cartilages adhering and likewise adhering synovial surfaces.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 14, 1880.

## THE GUY'S HOSPITAL TROUBLE.

In November, last year, the nursing department of Guy's Hospital was entrusted to the care of a matron who had been imported to the office from a provincial infirmary. The new official, accustomed to the formulæ which, under the "sisterhood" system of nursing, are so much trusted to by their advocates, immediately set to work "reforming" the abuses she deemed rampant; and her reforms were so inclusive, and so objectionable, that she ultimately succeeded, through persisting in them, in almost reducing the hospital to a deadlock, on account of the wholesale exodus of what are now termed "old system" nurses. Devoted to the order by aid of which she had climbed to power, the new matron continued, spite of all protest, in the lines she had worked out; and so unbearable did the innovations at length become that we deemed it expedient to bring them before the notice of the profession. We accordingly published a leading article on the subject, in November, and thus opened up a discussion which was continued in our own columns and those of our contemporaries. For a time there seemed a determination on the part of the matron and the treasurer, who were mutually supporting one another, to resist any attempt to change the current of the so-called improvements; but the feeling excited against them grew at length so strong that an appearance of concession to universal opinion was made, resulting, however, in no beneficial alteration whatever. Consequently, what we foretold has come about—an appeal to public lay opinion has been seen to be inevitable, and the matron has been first in making such an appeal through her avowed pupil "Margaret Lonsdale."

In the *Nineteenth Century* for April will be found an article bearing this signature, and entitled "The Present Crisis at Guy's Hospital." On perusal it will be found an ignorant, ill-written attempt to vindicate the claims of what are called cultivated lady nurses to be considered superior ward attendants to the regular nurses familiar to all practitioners. With the essay itself we can deal very briefly. Only surprise will be excited by its appearance in a review that is rarely accustomed to "pad" with rubbish, unless it has been written by one whose name commands a sale. To those unfamiliar with the hidden reasons for Margaret Lonsdale's being favoured with a place in Mr. Knowles' magazine it will be inexplicable how so silly a production found place in it; but the very violence of its spleen will probably stay even such readers from reposing implicit confidence in the statements freely made. We are at a loss which to be amazed at most, the literary wonder the presence of the essay in so well-known and respectable a magazine as the *Nineteenth Century* exhibits, or the unblushing effrontery with which the writer, in most evident ignorance of the merest outlines of the subject she is treating as gravely as though she could herself claim to be a nurse, proceeds to incriminate every hospital ward attendant not fortunate enough to have been "trained" in the fashion that passes with the "sisterhood" for instruction. Whether the editor of the *Nineteenth Century* has or has not been wise in admitting an utterly unrepresentative article into his serial, does not concern us, except that we have a right to protest against the injustice that may possibly arise to a deserving charity if inaccurate statements are admitted to a wide reading circle without their refutation also being offered to it. The time has come, however, when it must be decided once for all whether the management of patients is to be entrusted to the incompetent hands of so-called "trained" nurses and sisters, so long as the accomplishments of these officials are so wholly ornamental as they have been shown on most test occasions.

On the authority of the *Guy's Hospital Gazette* and the *Students' Journal*, each likely to be well informed on all matters of this kind, the changed system of nursing introduced at Guy's by the new matron has not only worked most unsatisfactorily, but has even been detrimental, if not fraught with actual danger, to patients. So far as we know no attempt has been made to contradict the statement made in those organs of student opinion, and both of them have hinted at serious errors of treatment due to the new order of nurses. In one case a patient with gastric ulcer was given a gargle of tannic acid to drink for medicine; in another a patient who had just been submitted to the operation for ovariotomy was said to have been entrusted to the care of a nurse taken for the occasion from an erysipelas ward. Such grievous mistakes we contend could not occur where the nurses are accustomed to "nursing," rather than airing the accomplishments which make the new-fashioned sisterhood girls "cultivated lady-nurses." By all means let us have educated women to undertake the duties of tending on the sick, but as many as care to do this work can and do fit themselves for the task, and always have done so without the aid of the fanciful complications that lend a charm to the life within a sisterhood. We urge most strongly that a nurse cannot be too highly refined, or too acutely sensitive in a moral sense; but the semi-conventual life that is trusted to as a means of training, and inculcating the best qualities, is by no means the sort of thing that will turn an ecstatic girl into a better surgeon's or physician's assistant than the average nurse that is so grossly libelled by "Margaret Lonsdale's" production. The assertion that "old system nurses" are promoted scrubbers and charwomen may be left to speak for itself, but that it will deceive the uninitiated lay public, and similarly the malevolent injustice of the passages in Margaret Lonsdale's work, which accuse the nurses of inveterate intemperance and of "shirking," that is shared too by the matron, "a sort of housekeeper or upper servant," calls for the severest censure. As a school-girl exercise the essay would probably secure a certain amount of *éclat* to the writer of it, but even then it must carry with it the reputation of unwomanly feeling on the part of the essayist, who shows throughout it an utter want of that "gentle kindliness of spirit" that is the pre-eminent quality of a good nurse, a quality which we rejoice to say is plenteously shown by the traduced nurses who have been so basely slandered by the representative of "highly cultivated trained lady-nurses." The reports we have received from places where the sisterhood nurses and superior officials hold sway are most unfavourable to the manner in which the ostentatiously self-dubbed "trained" attendants do their work. An instance has just now come under our notice, where, in a county hospital, the arrogant assumption of a "lady superintendent" and her "trained" following have created serious trouble, leading to a condition almost identically the same as is that of Guy's at present. Some of the staff even have resigned, and a general resignation of it in a body is threatened if the mal-administration continues. Here patients' lives have been again and again endangered because the "trained" attendants presuming on their "highly cultivated state," neglect or ignore the orders of the medical attendants. It seems that obedience and assiduity are not among the things taught during the training.

We have left ourselves no space to deal with the crude and nonsensical suggestions made by Margaret Lonsdale, or, rather, reflected by her, for the idea is not original on her part, to subordinate the medical and surgical staff to the matron and *her* staff of trained and cultivated nurses. The idea is ludicrously absurd; but it is so seriously entertained by the rising reformers of hospital arrangements that it almost attains formidable force. We trust, however, that the whole of the fanciful creation will be relegated now to a proper position, and that we shall soon have heard the last of the petticoat supremacy which has gone far to make disaster in more than one hospital.

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## Notes on Current Topics.

### Medical M.P.'s.

The new Parliament will possess among the members comprising it a few gentlemen who are well known in the medical profession as determined advocates of hygienic reform. Though not a large body numerically, they will yet be a weighty influence in debate; and though we could wish to have seen more than are likely to be found returned as members of Parliament, when the House meets again, we heartily congratulate ourselves that men so good as those who are elected will serve the country in council. Of the old faces, two—Dr. O'Leary's and Dr. Lush's—will be absent in the new assembly; the former removed by death; the latter has not sought re-election for Salisbury. Dr. Cameron continues to represent Glasgow, Mr. Mitchell Henry, Galway, and Sir Trevor Lawrence, Mid-Surrey. Dr. R. Farquharson will be welcomed as representative of West Aberdeenshire; and with him Dr. Lyons, who has been returned for Dublin city. The candidature of Mr. Bickersteth, F.R.C.S., who is contesting the seat held by Mr. Lyon Playfair, LL.D., as representative of Edinburgh and St. Andrews Universities, will be determined for success or failure by to-morrow. Whatever may be the result, however, the House of Commons already numbers among its members medical men who can be of eminent service in it; and we are glad the contests in which they engaged have terminated thus favourably.

### Belgian Academy Prizes.

Among the subjects for prize competition announced by the Belgian Academy of Sciences for the year 1881 is "New Researches on the Development of Trematoda, from the histogenic and organogenic point of view." The prizes consist of a medal, value 600 francs, for each question, and the competing essays may be written in French, Flemish, or Latin. They must be sent in, distinguished by a motto, and be accompanied by an envelope inscribed with the same motto, and containing the name of the author. The date to which memoirs may be forwarded is Aug. 1, 1881.

## Public Health Conference.

SINCE 1876 a yearly conference has been held by the Society of Arts to consider the progress of public health. The date usually fixed for these meetings has hitherto been some time in April, but this year it has been deemed desirable, on account of the general elections, to postpone them until June next. The object of this conference is not so much to hear and comment on the theoretical prosings of its members as to initiate practical measures of reform and report on the progress that has been made in this direction between the periods of its sittings. It accordingly adopts a somewhat different course of procedure to that usually followed by such associations; and this year an executive committee has drawn up a programme of subjects for discussion, which will be submitted for the approval of the conference assembly at its earliest sitting. The committee announce that they will be glad to receive any communications which may embody valuable information on the various points, or any account of the progress made since the last conference, in 1879. These communications, subject to the approval of the committee, will be printed and circulated at the conference, but it is suggested that the time of its session will be too limited to permit their being discussed. The subjects named are as follows:—1. The Development of Local Government Administration, especially by the Constitution of County Boards. 2. The Extension of the Powers of Local Authorities of Urban and Rural Sanitary Districts and Amendments in the Public Health Act. 3. Sanitary Inspection and Classification of Dwellings. 4. Amendments in the Rivers Pollution Prevention Act. 5. The Advisability of Strengthening the Administrative Organisation of the Local Government Board. 6. Further Suggestions by Sanitary Authorities. This programme will be issued to sanitary authorities through the kingdom.

## Fatal Accident to a Medical Man.

ON Friday week, Dr. Samuel M'Crea, of Templepatrick, co. Antrim, died from concussion of the brain, the result of injuries which he accidentally received on Wednesday evening by being thrown off an outside car. Deceased was seated on the car, a short distance from his own house, when the horse, a spirited animal, took fright, and a woman crossing the road, Mr. M'Crea attempted to pull in the animal, when the reins broke and he was thrown upon the road. He never spoke afterwards.

## A Drunkards' Retreat.

A LICENCE has just been granted by the magistrates of Gloucester to a person who applied for permission to open a house in the neighbourhood of Stroud as a retreat for habitual drunkards. The application was made under the new Act, which came into force on January 1st, and to which we made reference lately, in connection with the meeting of the Social Science Association. For the reasons to which we gave expression therein, we still imagine the attempt to reclaim inveterate inebriates by such means will fail of effect; the objections to the scheme are insuperable, and, as more than one lay contemporary has pointed out, the fatal weakness of the Act lies in the clause of it which compels that every inmate of a licensed house shall be voluntarily confined, and shall attest his desire to be so before two magistrates. The absence of any compulsory powers is likewise a serious drawback to the effectiveness of what might have been made an able engine of progress. As it is, however, only a small amount of good can be looked for from the institution of the homes authorised by the new Act. Such as they can be we trust they will become. Those who essay to do good through them deserve all encouragement; but we are not sanguine of success to them.

## Physic and Mystery.

AT the Egyptian Hall, Piccadilly, Messrs. Maskelyne and Cooke have prepared a comic drama, in which a quack doctor assumes a principal part. The entertainment afforded by the well-known prestidigitateurs is exceedingly clever, and the effects produced by the magic agencies these gentlemen seem to have complete control over are something marvellous. In the character of a decapitated patient, Mr. Cooke perambulates the stage with one arm encircling his head, the separated portion of the body retaining the power of speaking, and apparently thinking sufficiently to direct the movement of the whole. The physiological possibility of voice proceeding from a larynx unconnected with a wind-pipe does not seem to strike the author of the absurdity, or the audiences who witness it; but however deficient in the matter of technical details the extravaganza may be, even medical men will find matter for wonder in the varied automata which crowd Messrs. Maskelyne and Cooke's stage. The musical figures, Fanfare and Labial, are exceedingly clever productions, and the fame of Psycho and Zoe is already worldwide. By-the-way, we consider that we have solved the long-concealed mystery as to what is the force by which Psycho's movements are controlled.

## The Action of Pyrogallic Acid.

THIS acid has been employed of late at Vienna, in the place of chrysophanic acid, or rather of chrysarobine, in the treatment of skin diseases (*La Presse Médicale Belge*). According to Neisler, this remedy applied externally may, under certain circumstances, become a violent poison. He used portions of it in one case of psoriasis universalis in a robust man. Half the body was rubbed with chrysarobine (in the form of alcoholic extract of rhubarb with five parts of fat), the other half with an ointment of pyrogallic acid (ten per cent.). Six hours after the application he had rigors, nausea, malaise, and semi-collapse; these symptoms, after having been relieved, reappeared forty hours later; the comatose phenomena were aggravated, the temperature considerably lowered, and death took place on the fourth day after the application. During the whole time the patient passed only 1,600 c.c. of urine. The last urine passed, which showed in a marked degree the characters of hæmoglobinuria, was dark-brown with a greenish reflection in the upper layers. In the sediment, which was considerable, there were not blood globules, but only dark-coloured bodies in the form of little drops, partly amorphous, partly cylindrical. Spectroscopic examination showed the lines special to hæmoglobuline near the lines E and D.

Following this, experiments were made on rabbits with chrysarobine and pyrogallic acid. Subcutaneous injections of different preparations of rhubarb even in very strong doses produced no noxious effects. The same experiment with pyrogallic acid was followed by toxic effects; moderate doses caused rigors, dyspnœa, and trembling in the limbs; the animals died during the first or second attack, or else came to themselves after numerous attacks which gradually diminished in intensity. The urine passed during these attacks shows clearly the characteristics of hæmoglobinuria; in the kidneys the uriniferous tubules are much engorged and distended by cylinders of hæmoglobuline; the blood showed the characters given above. Under larger doses the animals invariably died; the changes in the colour of the blood and the destruction of the globules were more rapid, but no hæmoglobinuria was observed. Neisler attributes the action of pyrogallic acid on the organism to the property possessed by this acid of absorbing oxygen in the presence of alkalies and to the decomposition which results. This action, which takes place equally outside of the organism, may be easily demonstrated. In the blood, pyrogallic acid destroys the red globules; the hæmoglobulin is dissolved in the plasma of the blood, and the residue of the globules remains suspended there in the state of stroma and fragments. The hæmoglobinuria which follows is, according to Neisler, the cause of death, less because by obstructing the uriniferous tubules it causes anuria, which is of too short duration to cause death, than because the obstruction of the uriniferous tubules retains in the blood the pyrogallic acid which continues to exercise its destructive action. The mode of formation of the pigmented cylinders in the uriniferous tubules is not yet elucidated. In cases of poisoning by pyrogallic acid it would be reasonable to make transfusion preceded by blood-letting, and to excite strong diuresis to favour the elimination of the renal cylinders. In any case it is certain that pyrogallic acid should not be employed in cutaneous affections spread over a large surface of the body; it may be used in affections of the head and face, in others we should accord the preference to chrysarobine.

## The Health of Ireland.

The average annual death-rate for the week ending Saturday, April 3, in the sixteen principal towns of Ireland was 36·9, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Clonmel, 13·5; Wexford, 13·8; Queenstown, 18·0; Kilkenny, 24·0; Dundalk, 25·6; Drogheda, 26·1; Limerick, 31·8; Cork, 32·2; Londonderry, 35·4; Galway, 37·0; Belfast, 38·6; Waterford, 40·7; Dublin, 40·7; Sligo, 42·1; Newry, 45·2; and Lurgan, 60·6. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 6·0 per 1,000. Three deaths from scarlatina were registered in Cork, being 2 less than in the preceding week, and 5 under the number for the week ending 20th ultimo. Eight deaths from whooping-cough were registered in Belfast against 4 for the previous week.

The mortality in 20 large English towns, including London, was equal to 24·9 per 1,000; in Glasgow, 27·5; and in Edinburgh, 26·9.

In the Dublin district the deaths represent an annual rate of mortality of 42·8; 39 per cent. of the deaths occurred amongst children under five years of age.

There were 65 deaths from zymotic diseases, being 20 in excess of the number in the preceding week, and 28 over average of ten years; they comprise 4 from small-pox, 8 each from measles, scarlatina, and croup, 13 from whooping-cough, 10 from fever (4 typhus, 5 typhoid or enteric, and 1 simple continued fever), 2 from erysipelas, 7 from diarrhœa, &c.

The registered deaths (4) from small-pox are equal to the number for the preceding week. Eleven new cases of the disease were admitted into the Dublin hospitals during the week, being 1 under the number for the week ending the 27th ultimo; 8 patients were discharged during the week, 2 died, and 46 remained under treatment on Saturday last, being 1 over the number in hospital at the close of the previous week.

There were 21 new cases of typhus and 13 of typhoid fever admitted into the principal Dublin hospitals during the week, against 18 cases of the former, and 8 of the latter disease admitted in the preceding week.

## Accumulation of Arsenic in the Brain.

Gautier and Scolosieboff showed that arsenic introduced with food into the organism is deposited in the brain. Caillol of Pongy, and C. Liron, have by their investigations arrived at similar results (*Genees. Cour. der Nederl.)* Under the influence of arsenic, the quantity of phosphoric acid is increased in the urine; the phosphorus would be replaced in the brain by the arsenic, the glycerophosphoric acid would be replaced by a glycero-arsenic acid. The authors base their hypothesis especially on the fact that the brain substance, after administration of arsenical preparations, contains more arsenic than the liver and the bones.

## The New Medical Member for Dublin.

Dr. Robert Dyer Lyons, of Merrion Square West, Dublin, and Woodtown House, Rathfarnham, the newly-elected M.P. for the City of Dublin, is son of Sir Wm. Lyons, J.P., Mayor and High Sheriff of Cork, by Harriett, daughter of Robert Spencer Dyer, Esq. Married 1856, Maria, daughter of the Right Hon. David R. Pigot, Lord Chief Baron of the Exchequer in Ireland. He was born in the year 1826, and took the degrees of Bachelor of Arts and Bachelor of Medicine in the University of Dublin in 1848. He became a Licentiate of the Royal College of Surgeons of Ireland in the following year, and subsequently a Fellow and Vice-President of the College of Physicians in Ireland. Dr. Lyons is Physician to Richmond, Whitworth, and Hardwicke Hospitals, in Dublin. He has also been for some years Professor of the Practice of Medicine and Pathology in the Catholic University of Ireland. He held the post of Pathological Commissioner-in-Chief to the Army in the Crimea in 1855-6, and was lately Examiner in Medicine to the Queen's University in Ireland. Dr Lyons is the author of numerous medical works, including a "Treatise on Fevers," "Report on the Pathology of the Diseases of the Army of the East," and a "Report on the Yellow Fever of Lisbon." He has also been a contributor to the *Dublin Quarterly Journal.*

## Araroba; Goa Powder.

According to Holmes (*La Presse Médicale Belge.*) the araroba comes from a plant of the family *Cœsalpinaceœ;* according to Aguilar, on the other hand, the plant is a Leguminous of the genus *Andira,* having considerable analogy to *Andira inermis,* which furnishes the bark formerly employed as a vermifuge. This not having yet been studied, Aguilar gives it the name *Andira araroba.* The *Andira araroba* is met with wild in the southern part of the province of Bahia. The araroba powder must be the product of oxidation of a resin existing in large quantities in the wood of the tree. Insects boring holes in the wood favour the entrance of air and the consequent oxidation of the resin.

## Cause of Death in Coal Mines.

M. Riembault, a civil engineer, lately read a very interesting paper at the Paris Academy of Sciences on the manner in which death is more generally caused in coal mines. According to him, miners are killed, not by asphyxia, as is generally supposed, but by the ignition of the particles of coal which exist in the form of an impalpable powder in the atmosphere of the mine, which particles are actually swallowed in an ignited state, and the workmen are thus literally burnt to death. In support of this opinion, the author stated that, after an explosion in a certain mine, the workmen who escaped were found dead at a distance from the place where the explosion occurred. They were found in a sitting posture on the ground, with the back leaning against the wall; their lamps were still burning near them, and lower than their heads, which would exclude all idea of asphyxia. In any case M. Riembault draws the attention of the Academy to the danger to which miners are exposed in breathing this carbonaceous atmosphere. The powder penetrates into the lungs, there accumulates, and thus prevents the proper function of these organs; the consequence is the health becomes so affected that the subjects sooner or later die. The author considers that this danger is even more to be dreaded than the most terrible explosions, as there is not a single miner who escapes after a certain number of years.

## Sir James Paget on Hospitals.

Last Thursday the twenty-eighth anniversary festival of the Hospital for Sick Children, Great Ormond Street, the largest institution of the kind in the United Kingdom, was held, under the presidency of Sir James Paget, who, in proposing " Prosperity to the Institution," took occasion to comment upon the outcry for teaching thrift, self-respect, and self-support to the poor, whilst receiving the benefits of hospital accommodation and treatment. Sir James deprecated any undue enforcement of economical or provident principles when a man was grievously sick; the first thing then to be thought of, was to help him back to health, and then, if they pleased, to talk to him of thrift and provision for the future. The road from Jerusalem to Jericho was notoriously infested with thieves; the man of whom they read in Scripture knew that well enough; but the Good Samaritan, when he found him wounded and naked, did not rebuke him for his indiscretion, or tell him how he might by prudence have avoided his assailants, but bound up his wounds, and took him to a place where he would be cared for. The speaker based upon that example of true charity the advice, "Go thou and do likewise." But if hospitals were necessary for the relief of adult suffering, how much more did that of children appeal to our compassion. They were so helpless, so blameless, ofttimes so touchingly meek in their suffering. It was not that the affection of their mothers and their friends was doubted; but there was no natural relation between affection and skill. Love could not quiet the noisy street, or still the busy workshop close at hand; and the tenderest of mothers might have to leave the little one, whom she would gladly be nursing, to go out and earn daily bread for it and herself, and perhaps others dependent on her.

## An Undescribed Fracture of the Fibula.

M. Duplay recently brought before the *Société de Chirurgie* of Paris two cases of an undescribed form of fracture of the upper extremity of the fibula (*La France Médicale*). Both the men had been caught in a leather driving band. Above the situation of the upper end of the fibula was a bony projection contiguous to the tendon of the biceps, and immoveable. Below there was a manifest depression. There was then detachment of part of the head of the fibula. The diagnosis was very clear in both cases. In one case at each turn which the driving band caused him to make the outer side of his leg struck against the wall. In one of them, who had many fractures, there was complete paralysis of the extensors of the foot and the lateral peroneals, dependent on a lesion of the external popliteal. The second patient died suddenly without our being able to find at the autopsy the cause of death. We had not had time to remark in him paralysis of the muscles of the antero-external region of the leg. In the specimens exhibited from this patient the nerve is seen to turn round the fractured extremity of the bone, so that it must have been included in the lesion. In the first patient it is probable that osseous union will be impossible, but that nevertheless the functions may be re-established; it does not appear likely to be the same with the paralysis. The patient left the hospital some months after with the paralysis remaining, and has been heard of since as being in the same state.

## Distinguished Medical Services in Afghanistan.

We are gratified to observe that in General Roberts' despatches from Afghanistan four surgeons are mentioned as having rendered especially good service, viz., Surgeon-General Porter, Surgeon-Major Roe, and Surgeons Coates and Owen. Surgeon Coates is one of the sons of the late Dr. Coates, of Portumna, co. Galway, a contributor to this Journal, and though only about 2½ years in the Indian Service, has had responsible charge of the field hospital at Cabul since last October.

## Longevity.

The most curious actual example of longevity is that of Michael Solis, whose existence M. L. Figuier has made known, and who has reached an age which is estimated at over 160 years. Solis, the oldest man in the world, is a half-breed of Bogota, in the republic of San Salvador, He lives in an extremely simple manner, and attributes his extraordinary old age to his sobriety. "I eat only once a day," he said recently to Dr. Hermandes, who went to see him, "but I eat only the most nourishing aliments. My repast lasts half-an-hour. I fast the 1st and 15th of each month, and that day I drink as much water as I can bear. That is my secret."

## The Prize at the London College of Surgeons.

At a quarterly meeting of the Council of the Royal College of Surgeons on the 8th instant, the collegiate triennial prize was awarded to George Arthur Woods, M.R.C.S. Eng., of Southport, for his essay "On the Anatomy and Physiology of the Third, Fourth, and Sixth Nerves, as illustrated by Observation and Experiment in Health, and by Reference to the Effects of Injury and Disease." This triennial prize, which has not been awarded since 1858, consists of the John Hunter medal executed in gold to the value of fifty guineas, or at the option of the successful author of the dissertation, of the same medal executed in bronze with an honorarium of fifty pounds. This will be the first occasion of the medal, whether in gold or bronze, being awarded. Mr. Woods was the gainer of the Astley Cooper Prize in 1877, for his essay "On the Anatomy, Physiology, and Pathology of the Lymphatic Nervous System." He is also a member of the British Medical Association, and Surgeon to the Southport Infirmary and Dispensary.

## King and Queen's College of Physicians.

At the last monthly meeting of this College, three candidates for its Fellowship were balloted for under the provisions of the new supplemental charter. The two following gentlemen were elected: Isaac Ashe, M.D., Physician Superintendent Central Criminal Lunatic Asylum, Dundrum; and Christopher Joynt, M.D., Surgeon-Major Bombay Army.

## Dr. Lyons, M.P.

After the return of Dr. Lyons, M.P. for the City of Dublin, a rumour became current in the City that the validity of his election would be disputed on the ground that, as Physician to the House of Industry Hospitals, he was in occupation of an office of emolument under the Crown, and was thus ineligible for a seat in Parliament, he not having resigned previously to his candidature. As nothing has been heard since last week of the intended objection to the validity of Dr. Lyons's election, we presume it is not intended to raise the question upon which the objection depends. It is interesting, however, to consider the matter in view of a similar objection being raised on a future occasion. Dr. Lyons is Physician to the Whitworth Medical and Hardwicke Fever Hospitals, and, for his services in that capacity he receives a salary. He was appointed by the Board of Governors of the House of Industry Hospitals, who are themselves appointed by the Lord Lieutenant, and who, by virtue of the 6th Section of the 19th and 20th Vict., cap. 110 (Irish Medical Directory, page 612), regulate all the affairs of the Hospital, and appoint all the officers, subject to the approval of the Lord Lieutenant. The Hospital is supported out of the grant of £17,647 made each year by Parliament for the maintenance of the Dublin Hospitals Board, and of the institutions under it, including nine of the Dublin Hospitals, and the whole of the County Infirmaries in Ireland.

The salary payable to a physician is thus under the control of the Board of Governors, subject to the Lord Lieutenant's approval, and is not voted separately in the estimates, but as a part of the general grant. We cannot undertake to say that there is nothing in the objection to Dr. Lyons's election, but we do not see how his case differs from that of any dispensary doctor, or other public officer in Ireland, who receives a part of his salary from the public funds through the hands of a Board, to whom alone he is responsible. We understand that the best legal advice confirms the legality of Dr. Lyons's election.

## Neapolitan Socks.

Dr Denis Dumont, in a recent work on syphilis, describes a mode of treatment in substitution of frictions or inunctions of mercury. These have the inconvenience of soiling the linen, and it is to remove this that M. Denis Dumont has invented his *chauesettes Napolitaines.* The proceeding, says the author, is this: Every night, before going to bed, the patient, in lieu of blackening his armpits, or thighs, or belly, will simply rub his feet and the lower part of his legs with a piece of Napolitan ointment, of the size of a nut, over each foot; and he will cover them with a pair of woollen socks kept for this sole use. Various considerations concur in securing success to this mode of treatment with patients. In the first place, the bed is not soiled any more than the clothing. The patients are thus no longer an object of disgust; either for themselves or for those who surround them.

Surgeon-Major J. M. Cunningham has been appointed Surgeon-General in medical command in India, in succession to Dr. Beatson. The further orders about the re-organisation of the medical service are published.

The post of Honorary Surgeon to Her Majesty the Queen in India, vacant by the death of Surgeon-General Arnott, C.B., has been conferred upon Surgeon-General Hunter, M.D., Bombay Medical Department.

The polling for the Universities of Edinburgh and St. Andrews commenced on Monday, and will be continued until Thursday afternoon; the candidates are—E. R. Bickersteth, F.R.C.S., and Lyon Playfair, LL.D., the former representing medical interests.

A table, compiled by the Registrar-General for presentation to Parliament, shows that during the year 1879 there were registered in England 181,719 marriages, 882,866 births, and 528,194 deaths. Of the births 449,289 were males and 433,577 females; of the deaths 272,478 males and 255,716 females.

The rumour that King Theebaw, of Burmah, had died of small-pox is unfounded. The disease, however, is raging with great virulence in the capital, and the Heir Apparent has succumbed to it. Surgeon-General Gordon's work on "Burmah and the Burmese" has now a special interest to English readers in consequence of our relations with that country.

In consequence of the epidemic of small-pox in Mandalay, the astrologers have issued a requisition for 400 of the inhabitants as a propitiatory sacrifice; the Pongyes or priests are to contribute 100, and the public the remaining 300; the victims to be men, women, and children, in equal proportions. The Pongyes, glad at all times, according to Dr. Gordon, to assist at the sacrifice of others, object to try the effect on themselves, and are leaving the capital secretly in large numbers.

Among the deaths which have occurred from excitement or accident during the present general election was that of an aged member of our profession, Mr. John Burne, F.R.C.S., who was living in retirement at Bath. Deceased was in his eighty-seventh year, and on his way to the poll met with a carriage accident, which caused his death within a few hours.

The report of the Council of the Cremation Society, London, just issued, states that, acting under advice, they do not intend to apply to Parliament this year for powers to use the crematorium at Woking. Meantime, they propose to improve their grounds and get ready for the time when they are permitted to act, which they are sanguine enough to think will come soon. It is intended to expend £100 on the cemetery immediately.

In the principal large towns of the United Kingdom, the rates of mortality per 1,000 last week were—Portsmouth 14, Wolverhampton 19, Bradford 20, Sheffield 20, Leeds 21, Newcastle-upon-Tyne 22, Sunderland 22, Bristol 23, Leicester 23, Birmingham 24, Norwich 24, London 25, Brighton 25, Liverpool 27, Edinburgh 27, Hull 29, Salford 29, Oldham 30, Manchester 32, Plymouth 34, Nottingham 36, and the highest rate, Dublin, 43.

In the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were —in Calcutta 29, Bombay 42, Madras 37; Paris 31; Geneva 23; Amsterdam 34, Rotterdam 28, The Hague 36; Copenhagen 25; Stockholm 27; Christiania 17; St. Petersburgh 58; Berlin 24, Hamburg 30, Dresden 28, Breslau 33; Munich 38; Vienna 32, Buda-Pesth 43; Rome 44, Naples 46, Turin 30; Alexandria 33; New York 26, Brooklyn 20, Philadelphia 19, and Baltimore 18 per 1,000 of the populations. Small-pox caused 45, and fever 57 deaths in Paris. In St. Petersburgh, 109 deaths from typhus and typhoid fever were recorded.

Mr. Irwin, a medical student in the Queen's College, Cork, has been rusticated for twelve months by the College Council for having got up amongst the students an address to Mr. Parnell on his return from America. As was to be expected, the President and Council of the College have been roundly abused by the Parnellite journals, but there can be no question that they were bound to maintain discipline in their College—no matter what the object of insubordination might be—and Mr. Irwin deserved all the punishment they gave him. He cannot expect to be a patriot and a medical student at the same time. The first *rôle* will occupy all his time, and he had better stick to it. No doubt he will be a member of Parliament on the first vacancy.

The death-rate last week from the seven principal zymotic diseases in the large towns ranged from 0·7 and 0·8 in Wolverhampton and Leeds, to 6·3 in Sunderland, 6·9 in Nottingham, 7·3 in Salford, 8·3 in Dublin, and 11·8 in Plymouth. Measles showed the largest proportional fatality in Plymouth, Nottingham, Hull, and Oldham; scarlet fever in Sunderland and Nottingham; and whooping-cough in Manchester, Salford, and Dublin. The deaths from diphtheria included 11 in London, 3 in Liverpool, 2 in Leicester, and 2 in Bradford. Four more deaths were referred to fever in Sheffield, 3 in Salford, and 10 in Dublin. Small-pox caused 10 deaths in London and its suburban districts, 4 in Dublin, but not one in any of the other large towns.

In our last two numbers we announced various handsome bequests to medical institutions in various parts of the kingdom. To these may be added a sum of £40,000 bequeathed by Mr. Thomas Wrigley, of Timberhurst, Bury, in sums of £10,000 each to Owens College, Manchester, the General Hospital for Sick Children at Pendlebury, the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties at Lancaster, and the Bury Dispensary. Mr. Duncan MacDermid, and Miss Margaret MacDermid, his sister, have bequeathed £500 to the Royal Infirmary, £500 to the Western Infirmary, and £200 to the Convalescent Home, all at Glasgow, and £200 to the Institution for Imbeciles at Larbert. Sir Thomas Bernard Birch, Bart., of the Hazels, Prescot, has bequeathed £300 to the Liverpool Infirmary, £200 to the Liverpool Dispensaries, £100 to the Liverpool Northern, and £100 to the Liverpool Royal Southern Hospital. Sir Wm. Erle bequeaths £500 to the Hants County Hospital, £300 each to the London Fever Hospital and the Chichester Infirmary.

# Literature.

## CLINICAL LECTURES ON THE DISEASES OF WOMEN. (*a*)

In these Lectures students will find much material for study and thought during their hospital curriculum; we believe, however, that as practitioners, they will be glad to revert to the teachings of the author when they have personally to face the difficulties of gynæcological practice.

Those who have not had the advantage of hearing the lectures delivered will find it somewhat difficult to follow the author in his rapid sketches of disease. They must make allowances, therefore, for the dogmatic tone in which they are expressed, and read them in the light of the preface with which Dr. Matthews Duncan introduces them to the profession. "The whole object of the teacher was to increase the acquaintance of his pupils with disease. The teacher had no time for anything however slightly foreign to this purpose."

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(*a*) "Clinical Lectures on the Diseases of Women." By J. Matthews Duncan, M.D. London: J. and A. Churchill. 1879.

The colloquial character of the lectures would doubtless serve to impress more fully than any written record can do, the salient points of instruction. The value of the text becomes somewhat impaired by reproducing the instruction in the colloquial form, which also militates against the appreciation of the scientific element which the lectures are intended to convey.

In the nineteen lectures of the text are discussed some of the most important and interesting questions upon which students and practitioners require skilled and definite information.

The chapters on peri-metritis, para-metritis, irritable bladder, spasmodic dysmenorrhœa, are well worthy of careful perusal. The teaching throughout is eminently dogmatic; the language forcible, perspicuous, terse; the expressions and similes employed render the descriptions at once practical and graphic word pictures of gynæcological disease.

The information, moreover, is clinical, based chiefly on cases recently under observation, exemplified and illustrated by the exceptional opportunities the author has for many years enjoyed, and conscientiously employed, in making practical observations upon the diseases he describes. There are one or two points which appear to detract from the value of these lectures as emanating from a distinguished hospital teacher.

In several instances the author prefaces the actual subject about to be taught in a lecture by an exordium which is calculated to confuse. He writes, first, of what an affection is not, instead of what it is. The attention after being thus kept off the subject, is then somewhat abruptly arrested by the fact of having to consider what the disease really is.

Again, the author deprecates, no doubt wisely, the use of artificial classification and nomenclature in disease, as expressed in such a term as that of ulceration, yet he employs as aids to clinical teaching, the terms "painful sitting." "aching kidney." This appears somewhat inconsistent. Such terms should be either universally abolished, or else, if admitted to serve a purpose at one time, admitted as possibly useful at another.

The following extract from Lecture VIII. illustrates the ambiguity in the language of the Lectures which we have already referred to.

After advocating removal of the coccyx in a case of traumatic dislocation of the coccyx, we read:—"Removing the coccyx altogether has been recommended for coccygodynia, and I am not to advise you never to resort to it. As little do I advise you to resort to it; because, so far as I know of it—and I know a good many cases—it has proved an extremely unsatisfactory proceeding. In the case of this lady, I have no doubt it would be satisfactory, and cure with very little risk, almost none. As I have already said, the various conditions of painful sittings are not sufficiently recognised, so as to enable us to say that coccygodynia is to be treated in any, as yet undefined, class of cases by excision of the coccyx. This is not a case of coccygodynia; it is a case of dislocation of the coccyx, with manifest easily accounted for painful sitting, and with a manifest cure to come from cutting out the offending bone."

This verbosity would puzzle, we doubt not, practitioners as well as students. Brevity becomes precision in language as well as actions, and especially when instruction is to be conveyed thereby.

The Lectures, however, teem with most valuable practical teaching; the difficulty in reading them arises from so much being condensed in a small space, and consequently, unless the attention be concentrated on the subject discussed, the thread is easily lost.

## THE PATHOLOGY OF PLEURO-PNEUMONIA. (*a*)

The British Medical Association has made a very important alteration in one of its rules, in reference to the publication and distribution of the special reports made by Associates, either at their own expense or with the assistance of grants from the scientific fund.

Hitherto they were issued to the members gratuitously, as supplements to the journal, and were printed on a similar toned paper of the same size, so that they might be bound up with the half-yearly volumes.

We have received the first report published since the alteration of the rules. We approve of the alteration in form, typography, and other mechanical details due to the skill of the printer, and we trust that all succeeding reports will be produced in an exactly similar form, so that those who possess them may be able to bind them in one volume, and thus be able easily to refer to them.

It remains to be seen whether the members will respond so as to make the financial portion a success, for reports in future will have to be paid for, as they are not any longer included in the annual subscription.

Dr. Charles Roy was entrusted with the preparation of the report on epizootic pleuro-pneumonia, and we have the result in a small pamphlet of thirty-five pages, supplemented by ten plates, and we may safely say with the author, that the paper would have lost a large proportion of its value without the faithful reproduction of Dr. Roy's drawings, due to the skill of Mr. Noble Smith.

Dr. Roy tells us:—"The material for investigation was taken from twenty-one cases in all, from every one of which specimens were obtained for histological purposes. In every instance the *sectio cadaveris* was made in my presence immediately after the animal had been killed. There is no room for doubt that the animals were really affected with the disease in question; for apart from the fact that six or seven of the cases occurred at a farm near London, where pleuro-pneumonia has been enzöotic for several years, I had the advantage of being accompanied at nearly every post-mortem examination by a highly competent and experienced veterinary surgeon." We think Dr. Roy might have mentioned the name of the gentleman who rendered him assistance.

Dr. Roy next passes in review the anatomy of the normal bovine lung, and then proceeds to an examination of the macroscopical characters of the pleuro-pneumonic lung, followed by a consideration of the minute anatomy of the diseased lung. This part of his work has been well and carefully done.

The most important part of the report is certainly the facts established by personal observation. His conclusions are open to very grave question, for his formulæ, as expressed in italicised letters, are so broad that they might be applied to any disease about which there is diversity of opinion, as, for instance, rabies. He says:—"*The absence of uniformity in the morbid changes found in the alveolar tissue, serves to characterise the disease*;" and again at page 31, "*the cells which are found richly infiltrating the diseased tissue resemble in appearance those found in ordinary non-specific inflammation, but they are characterised by the changes which they undergo.*"

Now we may reasonably take exception to these formulæ as being both indefinite and unscientific. He tells us with truth (p. 30 *ante*), that so far as the changes in the alveolar substances are concerned, these, at some parts, copy so closely the appearances found in ordinary croupous pneumonia, that it would be impossible from a simple examination of a section under the microscope, to say whether the specimen had been taken from a case of simple pneumonia or from one of contagious pleuro-pneumonia. And, in fact, many writers on the subject, *e.g.*, Roll and Bruckmüller, consider the disease to correspond exactly with the simple pneumonia of other animals. Reading these passages by the light of one another, we cannot understand Dr. Roy's deductions.

Passing on to page 32, Dr. Roy, we notice, introduces the conclusions of Professor Gerald F. Yeo, stating that they are by far the most important and interesting researches on the pathology of pleuro-pneumonia with which he is acquainted. He says, however, he does not understand on what grounds Professor Yeo has based his assertion that the disease first attacks the mucous membrane of the smaller bronchi, though it may be probable enough that the disease does so commence.

Professor Yeo's own words on the subject are:—"The pathological sequence may be thus enumerated: Irritation of the mucous membrane of the smaller bronchi, probably by some infective material (specific virus?)" &c., &c.

Dr. Roy does not give us any facts to controvert Professor Yeo's position, except by stating that for his own part he should imagine the disease more probably first attacks the peri-bronchial connective tissue.

Though we have been compelled to point out the weak points in the report, yet we must express our sense of the great value of Dr. Roy's observations, and congratulate him upon the very valuable drawings with which his report is illustrated.

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(*a*) "Report on the Pathological Histology of Epizootic Pleuro-pneumonia." By C. S. Roy, M.D. London. British Medical Association.

# Correspondence.

## SPECIAL HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In connection with your leading article on "The Misappropriation of Funds of St. John's Hospital for Skin Diseases," it has been complained that you have implied a sweeping censure of "special" hospitals, and that you have thereby been guilty of an injustice against an admirable class of institutions. Having paid considerable attention to the working of these establishments in London, I may remark that only in a few cases have I been convinced that the arrangements in connection with them are satisfactory in all respects. In a majority of instances I have ascertained them to be nothing more than large advertising media devoted to the shameless puffing of their interested originators. Especially do I avow this in respect of so-called "throat and ear hospitals." Rarely will it be found that those associated with them are other than pretentious advertisers of their own skill, and the object of their voluntary services the acquisition of an extended private practice *derived from the out-patient department of the hospital.* It is impossible not to associate dishonesty with such proceedings; and in asserting that they do occur, I am actuated by the evidence afforded by my own observation of that which goes on in these places Again, the character of those who establish special hospitals is open to grave suspicion—suspicion so well founded that it is not infrequently substantiated by actual fact. I have in mind two particular instances of this, each one in connection with a medical officer of a throat hospital:

A country practitioner, enjoying a lucrative practice, was compelled by the husband of a patient, whom he had dishonoured, to quit the neighbourhood under pain of being publicly exposed. In the second case, occurring within the past few days, another throat hospital physician seized the opportunity afforded by the position in which a lady patient had been placed, to act indecently towards her. The lady, in the utmost surprise, promptly repelled his advances, and straightway communicated the circumstances to her husband. This gentleman at once proceeded to the residence of the physician and vindicated his wife's honour by administering to him a sound horsewhipping.

These cases, moreover, are but examples, and might be added to in number. I quote them because they serve to denounce the "special hospital" advertisement dodge. The men who are guilty of resorting to so questionable a means of advancement are such as may be guilty of worse enormities; and the conduct of many of them must react detrimentally to the rest. I have no wish to be antagonistic to legitimate charity, but emphatically condemn the action of men who promote their personal advantages under the guise of disinterestedness.

Yours, &c.,

A SUBSCRIBER TO CHARITIES.

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## THE SUPERVISION OF PRIVATE EXECUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While entirely agreeing in the remarks you have made from time to time upon the above question, I should not have considered it advisable to put in a word were it not for the grandiloquent reasoning, partly physical, partly physiological, that your latest critic introduces by way of showing the superior knowledge of prison medical officers and the manner in which it must react against your views.

In spite of all that has been said about the action of the long drop in causing dislocation of the neck and lesion of spinal cord, I unhesitatingly deny that that fact can have the slightest influence upon the question whether consciousness or suffering is in any way diminished by the process. If chopping up or disembowelling the trunk were practised as soon as the criminal is turned off, I should be ready to admit the advantage of lesion of the cord; but as those practices are no longer in existence, the above lesion is at best quite superfluous, while the laceration of muscles, nerves, &c., at or above the point of lesion or of compression by the rope, may be exceedingly painful.

It has been said of *curare* that, as it paralysed motion spectators were led erroneously to believe that it also destroyed sensation. So with lesion of the spinal cord in hanging—the muscles of the trunk are no doubt paralysed, and sensation there may also be abolished, or, which is the same thing, the consciousness of it may not reach the brain; but who can tell that there is not dreadful exacerbation of feeling and consciousness in the head or structures above the point of compression? I believe that this is so, although I am not aware that the point has ever yet been mooted.

I will illustrate my meaning by an incident that lately occurred to myself. From my boyhood I have been a keen angler, but on all occasions I have been careful to kill the trout, as I thought, as soon as they were caught, either by breaking the neck when small, or destroying the cord, when large, by inserting a knife blade at the juncture of the head with the trunk, and on all occasions I thought I had acted humanely. Last year, having caught two very large trout and destroyed the cord with my knife, I left them both in a little pool of water to keep them fresh and unshrivelled until my return down stream. Three hours afterwards I found, on my return, that the fish were breathing freely by the action of the gills, although the trunk was completely flaccid and paralysed. The fish were evidently alive and conscious all this time, while I supposed them to be dead. Since then I destroy the brain, and death at once follows.

The moral of my story must be evident. By lesion of the cord, absence of sensation is secured where it would never be called into action; and if motion be not present to mislead as to suffering, its absence is even more liable to mislead, for at best it only consoles the spectators. Much more may be said on this important physiological question, which I trust you will take up in the public interest, as you have already taken up the question which heads this letter.

I have the honour to be, &c.,

AN OBSCURE PHYSIOLOGIST.

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## MEDICAL FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you or any of your numerous readers kindly tell me how to act under the following circumstances:—

My practice is strictly private; I do *not usually* demand or ask fees, or give any name as to the amount they should be. My common course is to accept the "honorarium" offered to me. This too often, unfortunately, is in small amounts. But to come to the case in point: I have for more than twelve months got *no fee* from a gentleman who moves in the best society, and occupies a position *not inferior* to any in the neighbourhood; during that time my attendance has been, *not frequent, but occasional,* and during the same period I attended the gentleman's wife in her confinement. The question is, What should be done under the above circumstances? If the gentleman be reminded by letter of the oversight in neglecting to pay he may take offence and call in another doctor, though one need not care much in a pecuniary way losing such a "client."

The matter is disagreeable, and it is not easy to decide upon what is best to do. Will you kindly give your opinion, and oblige,

Yours, &c.,

April 2, 1880. A SUBSCRIBER.

[There is no escape from the necessity of offering a gentle hin Probably it may be best done by an addendum to a note on other subjects, and we think no one could take offence at so reasonable a suggestion. However, our correspondent's difficulty is by no means unusual, and he must deal with it as others do.—ED. M. P. & C.]

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## PURE DRUGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I am clearly the person referred to in the article on Drugs, which appeared in the *Medical Press* for March 24th, as the "ubiquitous Professor," permit me to give a short reply to the silly statements made by the writer of the article. He says that the drugs supplied to the Poor-law unions are adulterated, and he appears to account for the sophistication by the fact that I am analyst for twenty-eight counties.

It is a matter for regret that many writers whose lucubrations occupy space in valuable journals like yours should not have at least a hazy idea of the subjects they discuss. The writer in question has put upon paper the sheerest nonsense so far as I am concerned. In the first place, I am analyst for twenty-three, not for twenty-eight counties. Secondly, it is not the business of the public analyst to collect articles for analysis; it is his province to examine all articles of food, drink, and drugs submitted to him for that purpose by certain persons defined in the Sale of Food and Drugs Act. If the local authorities had collected for the purpose of analysis large numbers of specimens of drugs, and sent them to me, and if I had neglected to analyse them, your writer might properly attribute to me the prevalence of impure drugs in the union dispensaries. As a matter of fact, I only received eight drugs (seven from Co. Limerick, one from Co. Tipperary) last year; of these six were adulterated. Why did not your writer ascertain whether or not there were pure drugs supplied to the dispensaries in the nine Irish counties for which six other persons act as public analysts? I am able to state that in 1878 not a single drug was sent for analysis to the public analysts of these counties. In England and Scotland there had been almost nothing done by the local authorities in ascertaining the purity of the drugs vended in their districts.

Although it is not the business (as I have already stated) of the county analyst to collect samples for examination, yet I have done all in my power to induce the boards of guardians in my districts to send me specimens of drugs for analysis. I have addressed to them printed circulars, stating that they could get any article of food, drink, or *drugs* analysed free of any charge by your obedient servant,

Charles A. Cameron.

Royal College of Surgeons, Dublin,
April 2nd, 1880.

P.S.—I may add that, although few drugs are sent to me for analysis from the county authority, most of them give me plenty of work to do with respect to food. Last year 37 adulterated articles were reported on for Co. Down, 27 for Co. Sligo, 22 for Co. Roscommon, for Co. Kerry 16, for Co. Mayo 34, for Co. Limerick 12, &c. About 50 persons were convicted for selling adulterated food and drink (including whisky) upon my certificates.—C. A. C.

[The writer of the article on "Pure Drugs" implied that if each county had its separate analyst that officer would make it his business to waken up the sanitary authority on the subject of drug adulteration. The fact noted by Dr. Cameron that some of these authorities are vigilant enough as regards food adulteration, goes to show that they only need stimulation to make them equally wakeful about drugs, and we think there is much force in the suggestion that an analyst who has 23 counties in hand cannot be expected to be very active as regards adulteration of drugs in any one of them. It is granted that drug frauds in the Irish counties are monstrous and disgraceful, but the guardians know nothing about the matter, and—as we know—never act in any non-political question unless constantly teased to do so. It is the function, we think, of the analyst, not of the medical officers, to keep up the necessary irritation, and we wish Dr. Cameron would put out some of his superfluous energy in this direction.—Ed. M. P. & C.]

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## PROCEEDINGS OF THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There are at present serious questions affecting the profession discussed at the Council of the College in Stephen's Green. We get no report of them, and though some of the measures mooted affect the country members seriously, we are in great darkness as to the nature and the *opinions of the various Councillors*. Is there any rule against the reporting of the discussions which take place at the Council Board? If not, you fail as a journalist in giving them to us. If this be, the sooner the rule is altered the better. The time is coming round for a new election, and I hope the country Fellows will see the propriety of inquiring into these matters and supporting those who have their interests at heart. I make no charge against any one. I have always found the Dublin Fellows anxious to do their best to support the country men in looking for superannuation and other matters of consequence to them; but we are not to be content with this; we should know how their actions forward the interests of the entire profession, and still more the public weal.

I am, Sir, yours truly,

March 25, 1880. James Martin.

[There is not, so far as we know, any rule against the reporting of the proceedings of the Council, but neither is there any precedent for doing so, and we have not felt the occasion appropriate to raise the question by sending to the Council a formal application for admission of a reporter to its meetings. We fully sympathise, however, with Dr. Martin's complaint that the Fellows who are called upon to elect or re-elect councillors are usually entirely in the dark as to the votes given or opinions expressed by candidates during their preceding year of office, and we are of opinion that it would be a most salutary change if every councillor were obliged to bear the credit or discredit of his votes or speeches. In the Pharmaceutical Societies of England and Ireland, in which the councils are on an exactly similar elective basis as in the College of Surgeons, the discussions are freely reported, not only in the official journal, but in other papers interested. We hold and have strongly expressed the opinion that, in the interest of the College, it is very desirable to draw the Fellows more closely to it, and to afford inducements to new Fellows to join, and we do not know a more reasonable and certain means to this end than to admit them to the fullest extent to the confidence of the Council.—Ed. M. P. & C.]

## THE APPOINTMENT TO THE CO. DUBLIN GAOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As the letter which appeared in your issue of March 24th, on the subject of the appointment of a surgeon to Kilmainham Prison, is not quite correct as to the facts, I beg you will permit me to point out some of the errors. It was only last March, not two years ago, that Dr. Kirkpatrick sent in his resignation. The Prisons Board then requested him to continue in office pending some new regulations as to the surgeon; he consented to do so, but as he wished to be relieved of the duty, he asked Dr. Fitzgibbon to undertake it for him, and obtained the sanction of the Prisons Board to this arrangement. After three months had elapsed he declined to be any longer responsible for the discharge of the duty. The Prisons Board then asked Dr. Fitzgibbon to continue as acting medical officer upon the same terms as Dr. Kirkpatrick had acted, pending final arrangements being made as to the new medical officer. Dr. Fitzgibbon had no further communication with the Board upon the subject of the appointment of a permanent surgeon to the prison, until the 15th of March, 1880, when he received an official letter informing him that the Lord Lieutenant had appointed Dr. Carte, and therefore his services would not be further required. It has since transpired that a few days previously a letter was received at Dublin Castle, from the Treasury, making it compulsory that the surgeon to Kilmainham Prison should live within one mile of the gaol. Upon receipt of this letter the Lord Lieutenant forthwith appointed Dr. Carte, without any opportunity being given to other members of the profession to apply for the situation. No one can raise any objection to Dr. Carte, personally or professionally; but the whole profession has cause of complaint in the absurd regulation as to the distance of residence: it is either an evidence of ignorance and incompetence to legislate for Ireland on the part of Englishmen living in England, or it has been deliberately done for the purpose of enhancing the value of the appointment of surgeon to the Royal Hospital. Any one who knows Dublin and Kilmainham is aware that it would be almost impossible to find any medical man living within a mile of the prison except the medical officer of the Royal Hospital. In fact one of the very few civil medical appointments in Dublin is in future to be usurped by the Army Medical Department; and it is highly probable that as they fall vacant some similar arrangement will be made respecting the other prisons.

I am, Sir, yours faithfully,
A CIVILIAN.

On reference to the Irish Medical Directory, we find that Dr. Carte is the only medical practitioner at Kilmainham, or, so far as we know, within a mile of the prison. It seems obvious, therefore, that the restrictive rule as to residence was made to suit that gentleman, and was one of the tricks for which the Irish Prisons Board has made itself notorious. In the case of the Dublin County Prison there was no other occasion for such a rule, because Stevens's Hospital and the City Prisons are almost as close to Kilmainham Gaol as is Dr. Carte's residence, and at both these institutions there is regular daily attendance, and at the former there are medical officers available at all hours of day or night. We note these facts for the purpose of illustrating the proceedings of the Irish Prisons Board, and confirming the complaint of our correspondent that, by the new rule as to residence, this Civil appointment should have been taken out of the hands of Civil practitioners; but, as we have already said, we approve of the appointment of Dr. Carte on the ground of his special fitness and his just claim to the office. —ED. M. P. & C.

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## NOTICES TO CORRESPONDENTS.

### THE CHAIR OF MATERIA MEDICA IN THE UNIVERSITY OF GLASGOW.

IN our leading article on the above, which appeared in our last impression, a phrase occurs which is hardly sufficiently explicit, and the wrong interpretation of which we would regret exceedingly. The phrase is the following: "Particularly the University of Glasgow, whose reputation is not quite of the purest in connection with its Professoriate." It is hardly necessary to say that this applies to the very irregular institution of two chairs at this University a few years ago.

OUR NORTHERN CORRESPONDENT'S weekly letter was not received until we were at press.

SCRUTATOR.—The method of election pursued by the governing bodies of the great charities is apparently guided by principles incomprehensible to ordinary mortals. Your case is certainly a hard one, and is deserving of all commiseration. If we can, we will aid you in the way you suggest.

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8 p.m., Dr. M. C. Cooke, "On the Genus Ravenelia."—Mr. G. Hoggan and Dr. F. E. Hoggan, "On the Development and Retrogression of Blood-vessels."—Mr. A. Grunow, "On some New Species of Nitzschia."—Mr. W. Webb, "On a New Finder."

MR. HOWELL.—We hear a second edition of the book is in the press. It is certainly the most reliable and exhaustive work on histology in any language. The new edition is, however, not expected for at least twelve months, which will be too late for your purpose.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—Friday, April 16th, at 7½ p.m., Mr. A. Wynter Blyth, "On the Prevention and Propagation of Diphtheria."—Dr. Alfred Hill, "On Diphtheria and Typhoid, and their Concomitant Conditions in Birmingham."

DR. GARDNER.—Unfortunately such treatment by guardians is not of rare occurrence. You are perfectly powerless in the matter, and can only treat the authors of it with contempt.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—Wednesday, April 21, at 8½ p.m., Mr. Christopher Heath, "Thirty-five Years' History of a Maxillary Tumour."

DRUNK AND DISORDERLY ONE HUNDRED AND ONE TIMES.—Dr. Hardwicke held an inquest a day or two since in the North of London on the body of Sarah Hawkes, æt. 57, wife or a general dealer, residing at 23 Ellenborough Road, Holloway. She had been convicted of being drunk and disorderly, or incapable, 100 times, and had undergone many terms of imprisonment. On the 1st inst. she was released for the 101st time from prison, and within a few hours was found literally "dead drunk." The jury brought in a verdict of death from alcoholic poisoning.

"THE PATHOLOGY OF STARVATION."—Where "boiled grain" and parched grain" occur in Dr. W. H. Pearse's letter on "The Pathology of Starvation" in last week's issue, it should be "gram." Gram is a lentil largely used in India as food by certain castes; it is also extensively adopted for horse food.

HARVEIAN SOCIETY OF LONDON.—Thursday, April 15, at 8½ p.m., Mr. Teevan, "Points in the Surgery of the Urinary Organs which every Practitioner ought to know."—Mr. Henry Power, "On the Affections of the Eye in connection with Pregnancy."

AN AMATEUR PHYSIOLOGIST.—The Lectures by Dr. Roberts, now appearing in our columns, should have special interest for you.

MR. DICKINSON, Rugby.—1. The letter of Mr. Farn, of the Government Vaccine Establishment, could hardly be considered as courteous. Unfortunately, there is a tendency among officials to support the Jack-in-office system regardless of the customary courtesies due from one gentleman to another. 2. Under Section 14 of the Medical Act, the Registrar in each division of the United Kingdom has the power to remove the name of any person from the Medical Register upon non-compliance with certain regulations. This section states that in order to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect." We have made inquiries at the Office in London, and are informed that there is no other reason for the removal of your name than neglect to reply to the said circular. Of course you will have no difficulty in getting your name re-inserted in the next issue of the Register.

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### VACANCIES.

Birmingham Children's Hospital.—Resident Medical Officer and an Assistant Resident Medical Officer. Salary, £80 and £40 respectively, with board. Apply to the Hon. Sec. before April 24.

Greenwich Union Infirmary.—Medical Officer. Salary. £100, with board, &c. Immediate applications to the Clerk of the Union.

Liverpool Dispensaries.—Assistant House Surgeon. Salary commencing at £108 per annum. Applications to the Secretary before April 26.

Manchester.—Assistant Medical Officer to the Workhouse and to the Casual Receiving Wards. Salary, £150, with residence. Immediate applications, endorsed "Medical Appointment," to the Poor-law Officer, New Bridge Street.

Notting Hill Provident Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Sec., 5 Pembridge Gardens, W., before May 25.

Rotunda Lying-in Hospital, Dublin.—Resident Clinical Clerk. Salary, £30. Election, April 25.

St. Andrew's University.—Chair of Natural Philosophy. Applications as to requirements, terms, &c., to the Secretary.

Worcester County Lunatic Asylum.—Junior Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Sherlock before April 24.

### APPOINTMENTS.

CLARK, J. G., M.R.C.S.E., Clinical Assistant to the Medical Out-patient Department of the London Hospital.

ELLIOT, J., L.R.C.P.Ed., Medical Officer to the First District and Workhouse of the Bellingham Union.

FOWLER, J. K., M.B., Assistant Physician to the Middlesex Hospital.

GANGE, F. A., M.D., Medical Officer of Health to the Faversham Rural Sanitary Authority.

GRAHAM, A., L.R.C.P., Medical Officer to the Western Division of the Bingham Union, Notts.

MACLURE, H., M.D., Medical Officer to the First District of the Romford Union.

McDOWEL, B. G., M.D., F.R.C.S.I., Examiner to the Royal College of Surgeons, Ireland.

MURRAY, J., M.A., M.B., Surgeon to the Northern Infirmary, Inverness.

PICKFORD, J. K., M.R.C.S.E., L.R.C.P.L., Medical Officer to the Workhouse of the Leeds Union.

ROBERTSON, R., M.D., Physician to the Liverpool Workhouse and Fever Hospital.

ROWLANDS, J. F., M.R.C.S.E., Medical Officer of Health for Richmond, Surrey.

SHAW, W., M.B., C.M., M.R.C.S.E., House Physician to the North Staffordshire Infirmary.

SHIMELD, J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Fourth District of the Romford Union.

TAYLOR, H. G., M.B., M.R.C.S.E., &c., Assistant Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles.

THEW, E. P., M.B., C.M., Medical Officer of the Lesbury District of the Alnwick Union.

ARMY MEDICAL DEPARTMENT.—Surgeon-General W. G. Hunter to be Hon. Surgeon so the Queen; Surgeon-Major J. D. Sainter to have the hon. rank of Brigade-Surgeon; Surgeon-General E. Gilborne, Principa Medical Officer in Ireland, will shortly embark for service at Malta in relief of Surgeon-General Watt, who returns home to retire from the service under the age clause; Deputy Surg.-General Thompson, M.B., Principal Medical Officer of the Cork District, will, on promotion, be moved to Dublin to assume charge of the Army Medical Department in this command.

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## Births.

CALLAN.—April 5, at Dundalk, co. Louth, the wife of J. M. Callan, M.D., of a son.

LEESON.—April 6, at Twickenham, Surrey, the wife of J. Rudd Leeson M.B., of a daughter.

MARTIN.—April 2, at Newry, co. Down, the wife of S. Edgar Martin M.D., of a daughter.

RAWSON.—April 6, at Carlow, the wife of E. Rawson, M.B., of daughter.

WHITE.—At Tipperary, the wife of Surgeon-Major W. O'Byrne White A.M.D., of a son.

WILSON.—April 4, at Newport-on-Tay, the wife of J. G. Wilson F.R.C.S., Fleet Surgeon, of a son.

## Deaths.

BIRCHENALL.—March 22, at 1 Park Street, Macclesfield, John Birchenall, M.R.C.S. & L.S.A., aged 81.

BURNE.—April 3, at the United Hospital, Bath, the result of a carriage accident on his way to the poll, John Burne, F.R.C.S., of Richmond Lodge, Bath, aged 86.

CROKER.—April 3, at Bovey Tracey, Mary A. Croker, widow of John Gifford Croker, M.D., aged 84.

JAGOE.—April 5, at the Royal Victoria Hospital, Netley, B. R. Jagoe, A.B., T.C.D., Surgeon A.M.D.

McCREA.—At Templepatrick, co. Antrim, the result of an accident Samuel McCrea, M.D.

POTTLE.—April 9, at 61 Bunhill Row, London, E. G. Pottle, M.R.C.S., L.R.C.P., aged 40.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 21, 1880.

## CONTENTS.

PAGE
The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1880. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture II.—Part I. .......... 317

### CLINICAL RECORDS.

Maison Municipale de Sante, Paris—Case of Gangrene of the Soft Palate. Under the care of Dr. E. Cruveilhier .......... 319

### TRANSLATIONS.

Treatment of Scarlatina in Children. By M. Archambault, of the Hopital des Enfants Malades, Paris. Translated by Hastings Burroughs, L.R.C.S.I., &c. .... 320

### SPECIAL.

Howell v. West and Jones .......... 321
France .......... 321
Provident Dispensaries .......... 322

### DEPARTMENT OF LUNACY.

PAGE
Report of Irish Lunacy Inquiry Commission .......... 322

### TRANSACTIONS OF SOCIETIES.

HARVEIAN SOCIETY—

Two Cases of Pemphigus cured by Arsenic .......... 324
Urticaria Pigmentosa .......... 324
Chronic Ovaritis .......... 325

### LEADING ARTICLES.

THE LONDON WATER SUPPLY .......... 325
THE MEDICAL SOCIETY OF LONDON AND LUNACY LAW .......... 326
EXCLUSION OF BAD CHARACTERS FROM THE PROFESSION .......... 327

### NOTES ON CURRENT TOPICS.

"Cramming" .......... 327
Medical Advertising .......... 327
The Surgeons of the Missing Training Ship 328
The late Dr. Heaton .......... 328
Ovariotomy .......... 328
Mr. George Morris, ex M.P., the New Commissioner of the Irish Local Government Board .......... 328
Dr. Carpenter, C.B., LL.D. .......... 328
The London Hospital .......... 328
PAGE
Murder of a French Doctor .......... 328
Guy's Hospital .......... 329
Lady Students in America .......... 329
The Health of Ireland .......... 329
Congress of Surgeons at Berlin .......... 329
Iodide of Starch as an Antidote .......... 329
Elimination of Mercury from the System.. 330
Italian Statistics of Ovariotomy .......... 330
Ergotine .......... 330
Rider's Sprain .......... 330
Bromide of Potassium as a Local Anæsthetic .......... 330
The Bogus Diploma Business .......... 330
A Novel Prescription .......... 330
The American Medical Association .......... 331
SCOTLAND .......... 332

### OBITUARY.

William Sharpey, M.D., F.R.S. .......... 332

### LITERATURE.

Tenth Annual Report of Health of Salford 333
Transactions of the Pathological Society . 334
Clinical Medicine .......... 335
Children's Lives .......... 336

### CORRESPONDENCE.

Sham Special Hospitals .......... 336
Physicians as Jurors .......... 337
Notices to Correspondents .......... 338

## THE
## Lumleian Lectures
ON THE
## DIGESTIVE FERMENTS
AND THE
## PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,
Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

### LECTURE II.—PART I.

(*Continued from page* 297.)

#### PEPSIN AND TRYPSIN—DIGESTION OF PROTEIDS.

VARIOUS kinds of albuminous or proteid substances are used by mankind as food. The most important of these are muscular flesh, the casein of milk, and egg-albumen from the animal kingdom—and gluten, albumen and legumin from the vegetable kingdom.

Proteids are attacked by the digestive ferments at two points in the alimentary canal, by pepsin in the stomach and by trypsin in the small intestine. Between these two acts of digestion there is a complete break in the duodenum, owing to the abrupt change of reaction from acid to alkaline which occurs at that point.

Gastric digestion is, in all creatures, an essentially acid digestion; but the most varied opinions have been entertained as to the nature of the acid. It has been supposed in turn to be hydrochloric acid, lactic acid, acid phosphate of lime, butyric, and even acetic acid. Much of this confusion has arisen from not distinguishing between the acid of pure gastric juice as secreted into an empty stomach and the acid of the gastric contents during the digestion of a meal. A good deal of light has been thrown on this subject by the recent researches of C. Richet. This observer found himself in exceptionally advantageous circumstances for the study of the gastric juice. He had under observation a young man on whom Verneuil had successfully performed the operation of gastrotomy for the relief of impermeable stricture of the œsophagus, the result of swallowing inadvertently a quantity of caustic potash. The complete occlusion of the œsophagus enabled Richet to obtain and examine the gastric juice in a pure state, uncontaminated with saliva. All food had to be administered through the fistulous opening left after recovery, and the observer could at any moment—as in the famous case of Alexis St. Martin—withdraw portions of the gastric contents for examination. Richet also took advantage of the new method of separating the various organic and mineral acids from one another made public by Berthelot in 1872.

Berthelot had found that if you shook up an aqueous solution of any acid with ether, and then allowed the two fluids to separate, that a part of the acid passed into the ether, and that the remainder clung to the water, and that the ratio between these two parts was a constant quantity. He called this ratio the *coefficient of partage*, and found that its value was a fixed characteristic for each particular acid. Solutions of the mineral acids were found to yield nothing, or almost nothing, to ether when agitated with it—but organic acids were found to pass into the ether in considerable, though very variable quantities—the proportion varying in a constant ratio according to the nature of the acid.

Testing pure gastric juice, uncontaminated with food or saliva, by this method Richet found that almost all the acid was retained by the water, and that only a small proportion—about one in twenty-two—passed into the ether. This showed that the acid of pure gastric juice was almost entirely a mineral acid, with only a minute admixture of organic acid. The organic acid (tested by the same method) exhibited a coefficient of partage closely corresponding with that of sarcolactic acid. The nature of the mineral acid was determined by a method similar to that employed by C. Schmidt, and yielded the same result—namely, undoubted evidence that the mineral acid of pure gastric juice was hydrochloric acid. But Richet found that this mineral acid did not behave in the presence of salts of the organic acids quite in the same way as free hydrochloric acid does. The observations of Berthelot had shown that when free hydrochloric acid is added to a solution of acetate of soda, or other similar organic salt, the mineral acid attaches the base entirely to itself, and throws the whole of the organic acid free into solution—so that the mixture when tested by the method of coefficient of partage behaves exactly like an unmixed solution of the organic acid. When pure gastric juice was put to this test, it was found that, although it liberated the organic acid largely, it did not do so to the same extent, by a good deal, as if the mineral acid contained in it had been entirely free. It behaved, rather, as hydrochloric acid does when united with a feeble organic base, such as leucin or peptone—and, on the ground of what appear to be very careful experiments, Richet came to the conclusion that this feeble base was probably leucin, derived from the gastric mucus, and that the acid of pure uncontaminated gastric juice was hydrochloric acid in loose combination with leucin.

Richet next proceeded to examine the free acid actually existing in the stomach during the digestion of a meal in his patient with gastric fistula. He found, as might have been expected, that this differed from the acid of pure unmixed gastric juice—in this respect, namely, that it contained a very much larger proportion of organic acids, in comparison to the mineral acid, than pure gastric juice. It was evident that the mineral acid had to a large extent seized upon the bases of the acetates, malates, lactates, butyrates, and other organic salts always present in the food, and had set free their organic acids. The real work of digestion then, so far as the acid constituent is concerned therein is largely performed by various organic acids thus set free from the articles of food which are undergoing digestion.

Richet found that the acidity of the contents of the stomach during digestion, although it varied through considerable limits, had a marked tendency to maintain the normal average. If acid or alkali was added to the digesting mass the mean was presently restored automatically—the stomach in the former case ceasing to secrete acid, and in the latter case secreting an increased quantity of acid.

### *The Effect of Gastric Juice on the Salivary and Pancreatic Ferments.*

The observations of Berthelot on the power of a mineral acid to set free the acids of organic salts and to take their place with the bases—and the further observations of Richet, showing that the acids actually free in the gastric contents during digestion were organic acids, have led to the re-examination of a point of some importance, namely—as to whether the salivary and especially the pancreatic ferments were or were not destroyed by the acid contents of the stomach. The matter has a practical interest in this way. If the gastric acid destroys these ferments it is evidently useless to administer pancreatic preparations by the mouth during digestion, because they would be rendered inert by the acid contents of the stomach. On the other hand, if they are not destroyed in passing through the stomach, but merely lie dormant and recover their activity in the alkaline medium of the small intestine, then we can administer pancreatic preparations during digestion with every prospect of their passing uninjured through the pylorus and proving useful in assisting digestion in the small intestine.

A series of experiments bearing on this question were submitted by T. Defresne to the Académie de Médecine and the Académie des Sciences towards the close of last year, and have attracted some attention. On the ground of these experiments Defresne arrived at the following conclusions—namely, that saliva continued its action on starch in the stomach without interruption—that the pancreatic ferments in like manner preserved their activity in the presence of the gastric acid—that the acids of the chyme, being organic acids, did not really destroy these ferments, but merely reduced them to a state of temporary inertness; so that when the acidity of the chyme was neutralised in the duodenum, they recovered their powers and exhibited undiminished activity both on starch and proteids.

As the question had a direct bearing on the medicinal administration of pancreatic preparations, and indirectly on the administration of malt-diastase and malt-extract, I thought it desirable to repeat some of Defresne's experiments and to put the question raised by these experiments to the test in other ways.

I repeated one of his experiments in the following manner: 40 grams of chopped boiled white of egg were mixed with 40 cubic centimetres of dilute hydrochloric acid of the strength of 4 per 1,000. This mixture was subjected to a preliminary digestion of two hours in the warm chamber at 40° C. The object of this preliminary digestion was to allow the hydrochloric acid a sufficient time to seize on the bases, and to set free the organic acids of the white of egg. At the end of this time, 5 cubic centimetres of an active extract of pancreas were added to the mixture. A second experiment was arranged in exactly the same way, except that filtered saliva was substituted for extract of pancreas. The mixtures were kept in the warm chamber for a further period of one hour, and were then filtered and carefully neutralised. On testing the neutralised filtrates, I obtained approximatively the same results as Defresne. The diastatic and proteolytic ferments of the pancreatic extract were found active, but not so active by a good deal as if the extract had been diluted to the same extent with simple water. In the second experiment with the filtered saliva, the ptyalin had preserved its activity quite unimpaired.

These experiments, however, involve a fallacy which vitiates the deductions intended to be drawn from them. White of egg has a highly alkaline reaction, and although the acid used in the experiment possessed double the strength of the normal gastric juice, it was found that the mixtures, at the end of the two hours' preliminary digestion, had only a comparatively feeble acidity—in fact, only one-seventh of the normal acidity of the gastric contents.

I tested the question in this way. A distinction is drawn, and rightly, between acidity due to free hydrochloric acid, and a similar degree of acidity due to an organic acid. Now, lactic acid is a typical organic acid, and it is also an acid which is often, if not always, present in the contents of the stomach during digestion. I prepared a solution of lactic acid corresponding in saturating power to the normal gastric acid (2 per 1,000 HCl). To 50 cubic centimetres of this dilute lactic acid I added 5 cubic centimetres of a solution of pepsin and 5 cubic centimetres of an active extract of pancreas. I prepared a second similar experiment, but substituted filtered saliva for pancreatic extract. The mixtures were then placed in the warm chamber for one hour. At the end of this period the solutions were exactly neutralised and tested. They were both found to be absolutely inert. Not a vestige of amylolytic nor proteolytic power had escaped destruction.

I had an opportunity of trying the same question in a still more satisfactory way. While I was examining the throat of a patient suffering from an ailment which did not affect his general health, a portion of the contents of the stomach was ejected, and fortunately caught in a clean vessel. This was immediately filtered, and about 10 cubic centimetres of clear acid solution were obtained. The period of digestion was three hours after breakfast. One half of this was devoted to testing its saturating power. It was found to possess an acidity very nearly corresponding with that of normal chyme. To the remaining portion five drops of extract of pancreas and five drops of filtered saliva were added, and the mixture was placed in the warm chamber for one hour. At the end of this time it was exactly neutralised, and divided into two equal portions. One portion was tested with a drop of starch-mucilage, and found to be absolutely devoid of amylolytic power. The other portion was added to an equal volume of milk rendered slightly alkaline with bicarbonate of soda, and was then placed in the warm chamber. Not the slightest digestive action was produced on the milk in twelve hours.

With this evidence before me, I am unable to accept the conclusions of Defresne and others in Paris who allege that saliva and pancreatic preparations can resist the normal acidity of the stomach in full digestion; and who recommend the administration by the mouth of pancreatic preparations during the period of chymification. I will in my next lecture point out the time and the method in which these preparations may, I believe, be administered by the mouth with sure prospect of success.

*Characters of Peptones.*—The end-product peptone, has been fairly isolated and its characteristics defined. If the filtered product of a pancreatic digestion of egg albumen be evaporated to dryness in a watch-glass at a temperature of 104° F. (40° C.) there remains a glassy straw coloured residue resembling dried gum. With the point of a penknife this can be chipped off in shining scales which may be easily reduced to a fine whitish powder—this is nearly pure peptone.

The reactions of peptone are mostly of a negative character. Its solutions give no precipitation with nitric acid, nor with boiling, nor with ferrocyanide of potassium and acetic acid. The behaviour of peptone with alcohol is peculiar. When a strong peptone solution is dropped into absolute alcohol, the peptone is precipitated as a white sediment, but it is not truly coagulated into an insoluble modification, as all the other proteids are, for when the alcohol is removed the deposit is found to have preserved its solubility in water—even after prolonged contact with the alcohol. Physiologically, by far the most important reactions of peptone are its extreme solubility in water and its diffusibility through organic membranes. My own observations support the view that peptone is incomparably more diffusible through parchment paper than the native proteids. In the case of milk, the effect of digestion is very marked in regard to its behaviour in the dialyser. When milk was dialysed for 48 hours into twice its volume of water, not a trace of proteid matter could be detected in the diffusate; but when milk had been previously digested for a couple of hours with pancreatic extract, an abundant reaction with tannin and Fehling's solution was obtained after dialysing it for eight hours.

My results with egg-albumen were equally striking. I prepared a solution by agitating white of egg with nine times its bulk of water, and straining the product through muslin. When this solution was dialysed into twice its volume of water for 32 hours it yielded absolutely no reaction with tannin nor with the cupro-potassic test. But when the same solution was previously digested, either with pepsin and acid—or with pancreatic extract—and then dialysed, it gave in five hours a slight but distinct reaction, both with tannin and with Fehling's solution, and in sixteen hours a most abundant reaction.

The intermediate products which are generated in the course of proteid digestion, and stand between the original proteid and the end-product peptone, are very imperfectly understood. The laborious researches of Meissner and Kuhne have shown that several such intermediate bodies are produced, but these have not yet been adequately isolated and defined.

### *Comparison of the Action of Pepsin and Trypsin.*

The action of pepsin and trypsin, although similar in the main results, is certainly not identical. There is a markedly larger production of leucin and tyrosin in tryptic than in peptic digestion. Moreover, the action of the two ferments on different proteids appears to vary both in character and in energy. Milk is much more readily digested by pancreatic extract than by artificial gastric juice; but in the case of egg-albumen the advantage lies decidedly with the gastric juice. The study of the digestion of egg-albumen by the two methods yielded some interesting results. I employed for this purpose a dilution of egg-albumen with water, in the proportion of one in ten. This remains uncoagulated after being boiled in the water-bath, and furnishes a favourable medium for studying the digestion of albumen—much more favourable than the chopped boiled white-of-egg usually employed. It permits the ferment to be at once brought into uniform and intimate contact with the particles of the albumen, thus obviating the irregularity and want of constancy which necessarily attends the operation of a solvent acting on solid pieces of variable size, which can only be attacked progressively from their surfaces. In the raw state this solution is digested with extreme slowness by artificial gastric juice; and pancreatic extract is nearly inert on it; but after being boiled it is attacked with energy by both the gastric and the pancreatic ferments.

In the case of milk, the relation of the two ferments is reversed. Tryptic digestion of milk is rapid, and leaves only a very slight residue—whereas peptic digestion is slow, and leaves a large residue. I have some further observations to make on the digestion of milk by pancreatic extract, but it will be more convenient to take up the subject when I come to speak of the use of this ferment for the preparation of artificially digested food.

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# Clinical Records.

## MAISON MUNICIPALE DE SANTE, PARIS.

### *Case of Gangrene of the Soft Palate.*

Under the care of Dr. E. CRUVEILHIER.

A. D., æt. 22, was admitted March 12th, 1879. No pathological antecedents. Without any obvious cause the patient had been seized suddenly at the beginning of January with gangrene of the soft palate. Although energetically treated with various caustics (nitrate of silver, hydrochloric acid) the disease continued to extend.

The patient was examined by several physicians, among them Dr. Simonet. He, although not believing, from what the patient said, in the syphilitic nature of the disease, advised, whatever might the cause, a mixed treatment by Gibert's syrup and iodide of potassium.

This treatment caused no appreciable improvement, and the patient came under my care on March 12, two months and a-half after the commencement of the disease.

At this time the soft palate was almost entirely converted into a putrid mass, which gave the patient's breath a fœtid odour. The pillars of the fauces on the left side were covered with a greyish sanious layer. The vault of the palate presented in various places eschars, which apparently involved only the mucous membrane, for the probe showed no part of the bone to be denuded. The pharynx seemed also to be attacked by the gangrenous process, for through the apertures caused by the loss of substance of the soft palate, we could see greyish patches, which seemed somewhat adherent to the pharyngeal wall.

The gangrenous ulceration afterwards extended to the mucous membrane lining the inner surface of the cheek, but only in its posterior third, and especially at the level of the alveoli. The urine showed nothing remarkable. The treatment consisted in spray of chlorinated water; four grammes of extract of cinchona were given daily internally.

About the beginning of May, six weeks after admission, the right side of the face swelled; the cervical and sub-maxillary glands enlarged. These glands formed a compact, hard mass, and no fluctuation could be felt at any part. The temperature rose to 40° C. in the evening; not below 39° C. in the morning.

May 11.—On examining the mouth in the gingivo-buccal fossa, the second great molar tooth is found detached. From this time the temperature fell remarkably; in the axilla it was not unfrequently 36·4° C. Careful examination of the blood showed the relation of the white and red corpuscles to be as one to eight hundred.

21st.—The patient had an attack of syncope. Pulse frequent, small, compressible.

23rd.—Another syncope.

24th.—The patient died, without any warning of such a rapid termination, at 3 a.m.

*Autopsy*, thirty hours after death.—Necrosis of the right superior and inferior maxilla; the masseter and internal pterygoid muscles entirely destroyed. Cervical glands considerably hypertrophied, but not suppurating; around some only a little pus. In the respiratory apparatus there were some spots of caseous pneumonia at the right apex. The whole of the left upper lobe is softened by a caseous pneumonic patch in the last stage, with a cavity large enough to contain a hen's egg. No crude tubercles in either lung. The bases of both lungs healthy, not congested. Nothing notable in any other organs.

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# Translations.

## TREATMENT OF SCARLATINA IN CHILDREN.

By M. ARCHAMBAULT,

Of the Hôpital des Enfants Malades, Paris.

Translated by HASTINGS BURROUGHS, L.R.C.S.I., &c.

We have just observed amongst the children of our service five cases of scarlatina, each of which presented something abnormal. At No. 8 in the St. Louis ward is a child who entered the hospital with bronchitis; one evening he was taken suddenly with high fever, and a scarlet eruption appeared over the whole body. There was no sore throat nor vomiting. The next day the fever abated, and the eruption disappeared. It was one of those abnormal scarlatinas that have given the idea that one can have scarlatina without eruption. The child in the next bed was stricken with the same malady ten days afterwards, and presented the same symptoms, but the eruption remained two days. Eight days afterwards another child occupying the same ward took the disease, but in her case the symptoms were regular, except that there was no vomiting. Two other children were similarly affected a few days afterwards. You see by these examples that scarlatina can present considerable anomalies. However, you must not for that forget the type of which I am going to speak. Scarlatina is remarkable for its brusque invasion, more sudden, I believe, than that of pneumonia. It commences by a fever which is very intense from the outset. The first day, in the generality of cases, appear vomiting and sore throat. A child goes to bed in perfect health; he is restless during the night, and is sick; the next day the eruption is observed; or perhaps it is a child who gets up, breakfasts, goes to school, and suddenly feels himself ill, vomits, complains of sore throat; in the evening the eruption appears. The fever is always high in other eruptive diseases—measles, for example, the fever is remittent. The vomiting comes on immediately on taking food. As for the sore throat, there are two things to be observed—the pain and the eruption. The patients will tell you that the throat is not sore; look, and you will find redness of the fauces. The eruption appears twenty-four or thirty-six hours after the first symptoms; if it appear later the scarlatina is abnormal. Whilst measles and small-pox commence on the face, the eruption of scarlatina commences often on the neck, chest, or back. Very frequently you will observe at the same time a miliary eruption, small vesicles, and sudamina in the inguinal region. The fever is continuous; in measles the fever falls on the appearance of the eruption. The eruption lasts two, four, five days; towards the fourth or sixth, the fever falls progressively. The pulse is in keeping with the temperature, 140—160 in the minute. They say that the pulse is full and strong; I find it, on the contrary, very small at the outset. Thus I diagnosed a scarlatina in a Russian lady who, taken with fever, sore throat, and vomiting while railway travelling, was thought to have had diphtheria. Having felt the pulse of the patient, who was in a dark room, I suspected scarlatina. I caused the shutters to be opened and drew aside the curtain, when I found the eruption. The desquamation commences towards the sixth or seventh day; it lasts from one or two days to a month. I hasten to the question of treatment. There is a certain class of infantile diseases for which it is not at all necessary that the physician should display his skill. Scarlatina is one of these. Put the patient to bed in a well-ventilated chamber, but the windows should not be opened. In England, where it is the rule to thoroughly ventilate the room of a scarlatina patient *on recueille*; disastrous statistics; the temperature of the chamber should not exceed 64°. When the fever falls, the temperature may be raised a little, because the patients have tendency to chills. The covering should be no heavier than in health. How long would you leave a patient in bed? Some say that he might get up as soon as the fever fell; others, on the contrary, exact a month or six weeks. Leave him a long while in bed, about three weeks. The statistics of an English doctor, comprising six or seven hundred cases of scarlatina, show that nephritis appeared oftenest from the fourteenth to the eighteenth or twenty-second day. If, then, nephritis is due to cold, as I believe, it will be well to oblige the patients to keep their beds. They might sit up in bed, but care should be taken to put a kerchief around the neck, for secondary sore throats are grave. It would be well also to recommend mittens on the wrists, the carpal articulations being the most subject to the rheumatism which is frequent after this disease. The patients should not go out before the thirty-fifth or fortieth day; but that will depend again on the gravity of the disease. Barthez has told me that he did not know any case of anasarca after scarlatina since he forced his patients to keep the bed during five or six weeks. As regards the medical treatment, properly so called, I will not spend much time over it, as I consider that hygienic precautions are the most important. Hot drinks should not be given unless the eruption does not come out properly. Refreshing drinks, such as lemonade, gooseberry wine, &c., are preferable. To aid the eruption I have often given the acetate of ammonia. If the patient is constipated, a little rhubarb or castor-oil will suffice. If the nights are restless, a little bromide of potassium I have found of great benefit. The mouth must be washed often, but for the throat caustics are seldom necessary. Chlorate of potash, or alum gargles will be sufficient. If the patient is too young to gargle, one or two grammes of chlorate of potash mixed with five or six grammes of white powdered sugar may be given. Ought baths to be ordered in scarlatina? One might order a bath if the fever were very high and the eruption abundant, but in ordinary cases it would be better to dispense with it. This practice is much used in England; it is thought hazardous with us. Sometimes the itching is very great. Some German doctors conceived the idea of rubbing the children with fresh lard, but to this procedure, which is not very clean, I prefer the English method, which is a mixture of glycerine and cold cream. As regards nourishment, it is evident when the fever is high a light diet should be prescribed; when the fever abates, a stronger nourishment might be administered, but with caution.

Such is the treatment that will suffice in scarlatina; it is simple, and will not cover you with glory, but it will cure your patients and will prevent, in the majority of cases, complication. Do not neglect above all hygienic precautions, for I say, in closing, there is not a case of scarlatina that ought to be neglected.

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At a Congregation holden at Oxford on Thursday last, the M.D. Oxon was conferred on E. H. Jacob. On the same day at Cambridge the M.D. of that University was obtained by John Abercrombie, of Caius College.

# Special.

## HOWELL *v.* WEST AND JONES.

Nearly the whole of last week the Court of Queen's Bench was occupied in the hearing of this case. Although nominally only a claim of five guineas was involved, questions of vital importance to the profession were current throughout the trial. The case may be briefly summarised thus :—

Mr. Howell, the plaintiff, a surgeon, recently had the misfortune to lose a son from scarlet fever while a pupil at the Royal Medical Benevolent College, Epsom, and an inmate of the Boarding House of Dr. West, the head master; and the action against Dr. West and Mr. Jones, the medical attendant of the College, while nominally to recover the amount of certain expenses which the father had incurred by reason of his son's illness, was in reality brought to expose the alleged fact that the child's death had been caused by the rash and negligent treatment of the defendants. It was alleged on behalf of the plaintiff that the deceased child was placed with Dr. West under a distinct contract, or arrangement, that, in in case of illness, he should remain under the personal care of Mrs. West, and not be removed to the infirmary, which was under the control of the council who administered the affairs of the College. It was further said that not only was the child removed in violation of this arrangement as soon as it was discovered that he was sickening with an infectious disorder, but that he was removed without due precaution, at an improper stage of the illness, and placed in a damp, cold room wholly unfit to receive him. The consequence of this treatment, according to the plaintiff's contention, was that the patient received a chill, which threw the "rash" inward, and caused his death.

The Lord Chief Justice gave a most elaborate and detailed summing up, remarking at the outset that the action was certainly the most extraordinary one he had ever known in his professional career. It was an action in which the plaintiff, on a charge of breach of contract, had engrafted a charge of another, of no more nor less than culpable homicide, which, by English law, was called manslaughter. It was not, therefore, an action for compensation for the loss of his dead son. By the statute law of this country, when death was caused through the negligence of another, the person having a pecuniary interest in the life of the deceased, his relative, might bring an action, not to obtain compensation for his sorrow, grief, and mental pain for the death of the person, but to compensate him for any pecuniary loss he might have sustained. Here no such claim could arise. The plaintiff had no pecuniary interest in his son's life, and could not bring an action for compensation, and therefore the inquiry into the cause of the death of the deceased had nothing to do with any claim of that description. What was claimed was the expense to which the plaintiff had been put in going to Epsom and employing a trained nurse, amounting on the whole to five guineas, and in prosecuting that claim the plaintiff had charged that the defendants by their negligence, ignorance, and misconduct, had caused the death of the poor boy. For such a charge the criminal law should have been resorted to to bring the defendants for punishment for such conduct. If the plaintiff had taken that course, and the jury did not believe the prosecution, and found there was no real cause for such a charge, it would have assumed the character of a malicious prosecution, for which the plaintiff would have been civilly responsible. In this form of action he was enabled to satisfy his desire to punish the defendants for the death of his son by striking a fatal and irretrievable blow at them by holding them up to public reprobation and obloquy, without involving himself in any possible consequences. If the jury pronounced against him, looking at the case in its legal aspect, it amounted to this—that the defendants, by their want of skill and care, their ignorance and negligence, have caused the death of this boy, who was placed under their educational and professional care, when attacked by scarlet fever. The contract upon which the plaintiff founded his cause of action against Dr. West was expressed or implied. The plaintiff said there was an express contract that the boy in illness should not be removed from under the roof of Dr. West's house, which express contract extended to the possible case of his son being attacked by an infectious disease, as well as an ordinary illness. If there was such a contract, no matter what the consequences might have been of keeping the lad in the house as regarded the other inmates, the plaintiff said he had nothing to do with that, but that having entered into it, Dr. West must abide by it. Therefore, it was necessary that he should take their opinion upon that point whether or not there was an express contract between the parties. That turned upon the conversation between the parties when the boy was put under Dr. West's care—that he had engaged in the case of an infectious disorder under all circumstances to keep the boy in his house at the risk of all the other inmates. But if there was no such express contract, there was an implied contract, on the part of every schoolmaster that he would take all due reasonable and proper care of his scholars in cases of illness. The schoolmaster stood in the place of the father, and he was bound to do for the child all that a careful and considerate father would for the child. On the other hand, the schoolmaster did not undertake to be infallible in his judgment under all circumstances. He had to consider that whilst standing in that position he entered into the same relations, the same duties and responsibilities, with regard to all the rest of the boys in his establishment; and in case of illness and the welfare of the patient he must not forget, but he must consider so far as he could, what must be done in the interest of the patient with safety to the other inmates. Thus then they must consider in what Dr. West had done whether he acted rightly or wrongly in listening to the advice of a medical man, in whom he had confidence, which in such cases was next to a command, with reference to the health of the patient and the safety of the other inmates of the establishment. If, therefore, they were of opinion that Dr. West had erred in a way not fairly attributable to him as negligence, he was not liable. Then came the question whether the boy was removed to a proper place, or whether Mr. Jones was guilty of negligence in that respect. If the latter, that would make him liable to their adverse verdict. The question was how far in their judgment the disease, under which the poor boy died, was aggravated by his removal; because it was upon that the plaintiff's case depended. Was, therefore, the place to which he was removed a proper place for his reception? If not, was there on the part of Dr. and Mrs. West any want of reasonable care under all the circumstances which they were bound to take in reference to the child? Then they would have to consider how far Mr. Jones was responsible, if they thought Mr. Jones was wanting in duty in not making himself acquainted with the state of the room into which the boy was removed, and which accelerated and aggravated the disease that brought about the fatal result. Were they satisfied that although the poor boy might have been removed to a place which was not such as they would have selected—assume it was not so—assume that the temperature was too low—were they of opinion that the boy's death was accelerated by reason of the treatment he received? His Lordship having gone through the evidence, in conclusion said he had thought it right to refer minutely to the evidence. A great deal was involved in the case, and he could not help thinking that a case involving such fearful issues should not have been tried in that court, where, instead of that calm conduct and dispassionate consideration of the subject which the learned counsel would have felt bound to adhere to, they had the case treated as one of a civil character, in which counsel had expended all their ingenuity and skill to crush and destroy the defendants in the present case under the pretence of securing five guineas for their client.

The jury retired to consider their verdict.

After an absence of forty minutes, the jury (a special one) returned to court, and gave a verdict upon every count in favour of the defendants, and judgment was pronounced in their favour accordingly.

No thinking man will, we imagine, quarrel with the verdict. In our opinion it was a vexatious and uncalled-for proceeding to have brought the case into court; and whilst sympathising with Mr. Howell in the loss of his son, we doubt not the larger meed of sympathy will be extended to the defendants in this unfortunate case.

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## FRANCE.

(FROM OUR SPECIAL CORRESPONDENT.)

Congenital luxations of the patella are so rare as to be doubted by Malgaigne. A member at the last meeting of the Societé de Chirurgie, cited a case which presented itself a month ago in his hospital practice. The subject was a child six years old. The patella was placed on the external condyle; the knee was flattened. The tendon of the triceps was manifestly deviated. Reduction was impossible, as there was no inter-condyloid space or groove. According to the mother, the child was thus from its birth. The whole limb was atrophied.

Mr. Delaus presented to the Society a patient for whom he ligatured the common carotid for aneurism of the origine of this artery. The results of the operation were very simple. Before tying the artery he held it for a few minutes raised up from its bed upon the catgut thread in order not to interrupt too *brusquement* the blood stream. No paralysis nor change in the diameter of the pupil were observed after the ligature. M. Després remarked that cerebral accidents were only observed in the cases where the ligature was performed for a wound, and that by reason of the rapid change of the circulation in the brain. For his part, he would consider the absence of head symptoms as an evil omen, as he knew of cases in which no cerebral symptoms existed, and the patients were carried off by hæmorrhage from the upper end of the artery.

At the *séance* of the Société Medicale des Hôpitaux, M. Labbé called attention to the efficacy of ice applications to the abdomen in typhoid fever complicated or not. He related the case of a young girl attacked with typhoid, whose temperature exceeded 104 deg., and who appeared at the last extremity, and who under the influence of this treatment was perfectly cured. M. Labbé claims for this precedence a considerable lowering of the temperature, and a notable amelioration of all the other symptoms.

Gurjun oil has been employed in Paris with considerable yet varying success in the treatment of vaginitis. It is used in a state of emulsion which is effected by adding an equal quantity of lime water. Plugs of wadding steeped in this emulsion are placed in the vagina. In the case of gonorrhœa in the male, M. Vidal prescribes the following: gurgon oil, 4 grms.; gum arabic, 4 grs.; Syrup of catechu, 20 grs.; water, 40 grs. It is at meals the patient should take this potion, the half at each of the principal repasts. At the end of forty eight hours all pain has disappeared, and the cure is effected from the eighth to the twentieth day. The vaginitis is cured more quickly. M. Vedal affirms that this oil is much better tolerated than the copaiba. M. Martineau, on the other hand, thinks that in cases of vaginitis iodoform is superior to the gurjon oil. He employs it mixed with an equal part of almond oil which conceals the insupportable odour.

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## PROVIDENT DISPENSARIES.

A MEETING of representatives of the various London hospitals and friendly societies was held on Saturday last at the City Terminus Hotel to consider a scheme for a proposed Metropolitan Provident Association. Mr. Stansfeld, M.P., presided. A report from a provisional committee appointed about a year ago was submitted to the meeting, in which it was suggested that persons of every class who were intermediate between those who could pay the ordinary professional medical fees and paupers for whom the poor-law provided medical treatment should become members of local associations on a co-operative mutual assurance principle, whereby they could obtain advantages similar to those enjoyed by the rich.

The Chairman said, with regard to the sick funds of benefit societies, there was this important drawback—the societies existed, speaking generally, for the benefit merely of their members, and not for the benefit of the families of members. Another evil requiring attention was the administration of the out-patient system at our hospitals. If a remedy for these evils was to be undertaken and practically accomplished, it must be with the co-operation and the method and experience of the friendly societies of this country. A number of these societies had united to form medical associations and to institute provident dispensaries for the common use of members and members' families, and there was evidence of their success. In the scheme of the committee there was a difficulty to contend with in obtaining sufficient capital to make a start. They had rejected all idea of soliciting public subscriptions for the purpose, as being inconsistent with the principle of self-help for which they were contending. And what they proposed was that, side by side with this Provident Medical Association, a joint-stock company should be formed to acquire suitable buildings in various parts of London and which should let them to the Association upon fair terms. There was, however, one other source to which they were entitled to look for funds, namely the £80,000 per annum derived from the City charities, which at present awaited and required distribution and adaptation to the changed necessities of the time. Without wishing to raise exaggerated expectations as to the course that might be adopted by any Commission appointed to deal with these charities in the future, he maintained that it pointed out a reasonable hope with respect to something they were entitled to claim not as a matter of charity, but as a matter of right. The work they were now proposing would be found not only a great medical reform, but a greater social reform. (Hear.) He asked the friendly societies to co-operate in this object; and, by the employment of their organising facilities and experience to aid in extending the benefits promised. He moved the adoption of the report.

Mr. Radley and Dr. Carpenter supported the motion.

Mr. Henriques, as the representative of a large London hospital, also approved the committee's proposal, remarking that the work of such institutions was at present greatly hampered by the crowd of outdoor patients.

Sir Charles Trevelyan said the work, if successful, would go far towards abolishing pauperism and elevating the lower stratum of society.

The motion, after some further discussion, was passed unanimously, and a Council was formed to carry out the movement, consisting, amongst others, of Sir Rutherford Alcock, Mr. Stansfield, Sir T. H. Buxton, Mr. Ernest Hart, and Sir C. Trevelyan.

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# Department of Lunacy.

## REPORT OF IRISH LUNACY INQUIRY COMMISSION.

*(Concluded from page 3 3)*

THERE are at present in Ulster seven district asylums affording accommodation for 2,418 patients. All these contain only 496 lunatics belonging to the "probably curable" class. Incurables of the class that require special asylum care number 1,549. Those incurables whom it is proposed to transfer to workhouse auxiliaries, together with those lunatics at present scattered up and down through various workhouses, amount to 1,456. The twenty union buildings which can be adapted for the reception of the last mentioned class will accommodate 1,680, leaving a margin for the reception of a certain proportion of the lunatics at large in the province. It is recommended to set apart two asylums, Belfast and Monaghan, for curative purposes. The total accommodation in these two asylums is 834. Adding to the number of curables, according to the excellent practical suggestion of Dr. Robertson, 100 incurables in either asylum (50 of each sex) to assist at domestic and farm labour, (*b*) &c., there are found to be still 138 spare beds in these curative asylums (hospitals). Of the incurable patients to be provided for in the five remaining asylums, there is (when 200 have been subtracted for service in the hospitals) a total of 1,349, while the said asylums can contain 1,584, leaving 235 vacant beds.

So far the scheme seems admirable, since it provides accommodation for each of the three classes, and gives

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(*b*) And thereby meeting the objection that might be made to the dissociated system on the ground of Griesinger and Conolly's remark that the company of incurables is often absolutely beneficial to the more recent cases.

to every class a margin for increase. Some of the witnesses mentioned above spoke of economy as an advantage gained in the Commissioners' proposal. This, we apprehend, applies to the portion concerning the adaptation of workhouses, and not to the question we are more particularly considering at present. We do not think that the asylums for incurables or chronic cases could be advantageously conducted on a cheaper scale than those for curables, nor do we think any such endeavour could be carried out. The great argument for the division of our asylums is the oft-repeated one that under such an arrangement the probably curable would have the advantage of early and individual treatment in establishments especially set apart for their reception, where the time, energies, and attention of the medical officers would not be absorbed in attending to the wants of the numerically more important class of the probably incurable, and that thereby a greater proportion of cures could be recorded, and the great end of all lunacy administration, the relief of suffering, more efficiently attained. At the same time the chronic class would still retain the services of skilled men, and derive the benefit of that special care and special attendance which cannot be given but in an asylum—those only excepted who are admitted on all sides to be fit subjects for treatment in workhouse auxiliaries.

But there is one economic point which has been overlooked by the Commissioners. Long continued insanity has always a tendency to end in harmless imbecility. Thus numbers of patients, who would at first occupy asylums for those of the insane requiring special care, could, after a time, be drafted to the workhouse auxiliaries, *i.e.*, the latter buildings would be the first to become overcrowded, the firts to require additions and alterations; in other words, when the increased number of the insane under treatment reqnired increased accommodation the increase would be at the cheap end of the scale, not at the costly.

A difficulty stands in the way of the classification which appears very formidable at first, but on examination turns out to be comparatively trifling. On the supposition that all recent cases are to be sent at once to the curative hospitals, it is asked—"And do we not thus lose the manifest advantage of sending the case to the nearest asylum?" This sounds well, but will scarcely bear sifting. The districts which now supply our asylums are large, irregular, and straggling, consisting mostly of two counties each, and consequently it happens very frequently that the asylum to which the patient must, according to existing regulations, be sent is actually not the nearest to his abode. In the example the Commissioners have chosen—the province of Ulster—it may perhaps be admitted that one of the two curative hospitals is not well chosen locally, and the Commissioners seem to have felt this, and in their map Omagh in place of Monaghan is marked as an hospital. Taking the plan as thus amended, Belfast and Omagh are the two hospitals for the province. It is obvious that with this arrangement the Belfast district (*i.e.*, the co. Antrim) and the Omagh district (cos. Tyrone and Fermanagh) are no worse than before. But on looking at the map we find that considerable portions of the Downpatrick district (neighbourhood of Donaghadee, Banbridge, and Newry), of the Armagh district (neighbourhood of Lurgan), and of the Derry district (neighbourhood of Magherafelt) are at least as well situated as heretofore, while on the west of the province, parts of Monaghan district (bit of co. Cavan running up between Leitrim and Fermanagh), and of the Letterkenny district (neighbourhood of Ballyshannon), are absolutely nearer to Omagh than to Monaghan and Letterkenny respectively. On account of railway facilities, too, the whole barony of Innishowen is brought closer to Omagh than to Letterkenny. Thus this obstacle to a great degree vanishes on being examined. But the Commissioners meet the objection in another way. Where the curative hospital is not the nearest the patient "should be conveyed in the first instance to the nearest asylum (not being a workhouse auxiliary), the medical superintendent of which should determine within a reasonable time whether the case should be retained or sent to another asylum. The worst that could happen in such a case would be a transfer from one asylum to another." The matter is one of those details in which it is always easy to raise objections to any proposed reform—objections which will generally be found to disappear in practice before a strenuous endeavour to carry out desirable alterations.

Again, it is objected "the medical men placed in charge of curative hospitals will be spurred by emulation to work vigorously; those who are placed at the head of asylums for chronic cases will think they are in an inferior position, and will become careless of their patients." But no feeling of this kind, as Dr. Hatchell well remarks, should be allowed to operate if the scheme seems good on other grounds. And this objection reminds us of the great German specialist's observation, that all success depends finally on the spirit and working power of those entrusted with responsibility. Let men of tried experience and ability be appointed superintendents of all our asylums—and none other are fit to hold such posts—and then there is no danger of our hearing of laziness and neglect. Men of this stamp will find much that is interesting and important in chronic insanity, and the very division of the asylums by more highly specialising the work of each, will excite in all a desire for progress and improvement.

There remains one objection to the divisions of curable and incurable cases, which, had it not been very gravely advanced by men whose abilities entitle them to respect, we should incline to regard as rather frivolous. It is said, "You shut off all hope from those stigmatised as incurable. The division, too, is as irrational as it is cruel, for it is often impossible to say whether a patient, even after the lapse of two or three years, is curable or not. Some of your patients, after being drafted to the incurable asylum, will get well in spite of classification." (*a*) But this argument, if examined, appears to be merely a matter of words. For our own part we should have preferred to substitute the names "recent" and "chronic" for "curable" and "incurable" throughout the Report before us, because we believe that in the majority of cases

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(*a*) The benefit often resulting to old-standing cases from removal from one establishment to another has been urged by Zeller as a reason in favour of the dissociated system.

the test for classificatory purposes must be the duration of the disease, and we have no doubt this test will be adopted if the proposal is worked. But in any event the asylum of the second class need not—indeed, must not—be entitled "The Incurable Asylum." There is no call to write over the door of any such institution, "All hope abandon ye who enter here."

Taking general medicine, it is not always usual to name an hospital after the disease it is built to receive. Examples are obvious; here is one: our county infirmaries are usually filled with cases adapted for active medical and surgical treatment; the cases in the workhouse infirmaries are generally of a very different character; but we have not heard it proposed to dub the latter incurable hospitals. Half a dozen terms suggest themselves all preferable to the one objected to. Now-a-days we say "asylum" in place of the old word "madhouse." Is another such euphemism not to be found? Or if the English language breaks down under the strain, why not adopt the plan of calling the second-class asylums as the two great asylums for incurables across the Channel—Leavesden and Caterham—are called, after the places where they are situated.

We fear the illustrious Conolly was one of those who attributed too much importance to this point of nomenclature. We yield to none in our respect for the great apostle of non-restraint, but we think it a pity that even his authority should be appealed to as final, as though when his opinion is cited no more remains to be said. Save such objections as that mentioned above, Dr. Conolly appears to have really had little to say against the separation of the two classes of insane. However, in support of his views he refers to the events at Arran:—"Fifty-eight unhappy Scotch lunatics, chronic cases, and pronounced incurable, were, it seems, transported to the island of Arran," and horribly neglected till discovered by Dr. Hutcheson and deported to the mainland through his exertions. "Of these fifty-eight condemned as incurable he had the satisfaction of discharging seven cured." (Clinical Lectures, II.) To all this, when adduced as a modern "instance," there is one simple reply—whatever the probability may have been of the recurrence of such an event at the period when Conolly wrote, thirty-five years ago, it is now happily altogether impossible. The inspection and supervision at present afforded to the insane put such things out of the question. And we may well set off against Dr. Conolly's story the account given by Dr. MacCabe of the working of the lunacy department in Cork workhouse during the year 1877. The class of lunatics sent to workhouses are not generally hopeful, nor are these places well adapted for curative purposes, yet we find the cures amounted to 32 per cent. Whatever may have taken place at Arran long ago, neither neglect nor despair rule now-a-days in Cork. Here, again, we see the wisdom of Griesinger's remark, already more than once referred to, that in the end all depends upon the style of execution and spirit which is imparted to the whole by those in whose hands the management of the institution is placed.

We feel that we can scarcely more appropriately conclude our observations on this subject than by a quotation from the words of the great author last-named; "I apprehend," he says, speaking at a time when similar matters were being discussed in his own country, "neither detriment nor danger in this crisis, which is merely the progress towards more complete organisation. To wish to ignore it would not improve the matter. The pre-determined conclusion to see the only good and right possible in things as they now exist is a far greater hindrance to the discovery of truth. If science can present new points of view, if urgent wants are brought to light, which cannot be satisfied with the present means of publicly providing for the insane, the requirements must not in such circumstances be ignored or denied, but the means must be made to suit the necessities. It was in this way that things were treated when the present asylums were founded; and it is possible that at the present time no further advance can be made."

# Transactions of Societies.

## HARVEIAN SOCIETY OF LONDON.—April 1.

The President, Henry Power, Esq., F.R.C.S., in the Chair.

Mr. Malcolm Morris read the notes of

### TWO CASES OF PEMPHIGUS CURED BY ARSENIC.

Mrs. S., a married lady, æt. 42, first noticed the appearance of bullæ on the abdomen in the August of last year, when she was five months pregnant, and a short time later a few appeared on the right wrist. She was confined on Dec. 12th, and immediately fresh outbreaks of bullæ appeared. I saw her on Dec. 20th, in consultation with my friend, Mr. Robert Walker, of Maida Vale, when I found the eruption situated on both arms and legs, and over the body. The eruption consisted of bullæ, which were arranged symmetrically in marked lines along the course of the cutaneous nerves. We ordered her

Liq. sodæ arseniatis, ♏x.;
T. ferri perchloridi, ♏x.;
Aquæ ad ℥j.

three times a day. After taking this regularly for a month all traces of the disease disappeared, and it has not since relapsed.

Case II.—A. L., æt. 8. She came first under my care in August, 1878. Has had constant attacks of pemphigus since the age of three. Has several times been ordered arsenic, but had not regularly persevered with it. Ordered liq. arsenicalis, ♏ij., with steel wine, twice a day. This she took till the attack subsided, but from this time she constantly had fresh outbreaks of the disease. In July, 1879, I gave her the arsenic in ♏iv. doses without any iron, three times a day. In this way the arsenic seemed to have greater influence on the disease, for since last September she has not had a relapse.

The President, Dr. Henderson, Dr. Cleveland, Mr. J. R. Walker, Dr. Cavafy, and Mr. Pepper spoke, after which Mr. Morris replied.

Dr. Cavafy then read notes of

### A CASE OF URTICARIA PIGMENTOSA.

The case was that of a male child, æt. 15 months in January last, which has remained in about the same condition since it was first seen. The skin is more or less thickly covered with large, rounded, or oval, more or less confluent, flattened patches, varying in colour from bright or dull red to pale buff. The red colour depends on hyperæmia, which varies from time to time. Wheals are occasionally present spontaneously, chiefly around the neck and waist, and can always be produced by scratching. The skin does not itch, except after mechanical irritation. The patches are present everywhere (including the scalp) except on the palms and soles; they are largest and most numerous on the back and chest. The eruption commenced on the back as flat red patches when the child was a fortnight old, and quickly spread over the body. Wheals were often seen, but have been often absent for long intervals. With the exception of spurious jaundice at birth (the urine and fæces being normal), the health has been excellent throughout, and the child is now robust and well nourished. There is no history of syphilis nor phthisis in the family. The parents are healthy, and so is their other child, a girl, æt. 3. Dr. Cavafy referred to the other published cases, about 10 in number, the earliest known to him being one reported by Mr. Nettleship in 1869. He considered the disease to be a chronic erythema or urticaria with pigmentation, without any relation to lupus or xanthelasma, to which it had been likened by Dr. Thin and Dr. Tilbury Fox respectively. He thought the names erythema permanens (proposed by Mr. Morrant Baker), or Dr. Sangster's name, urticaria pigmentosa, fairly characterised the affection. With regard to causation nothing definite had been made out. Mr. Hutchinson's suggestion that the disease might have commenced in the irritation due to flea-bites was unsupported by actual observation.

Dr. Fitzpatrick, Dr. Colcott Fox, Mr. Malcolm Morris, Mr. Power, and Dr. Pocock spoke, after which Dr. Cavafy replied.

Dr. JOHN WILLIAMS read a paper on

### CHRONIC OVARITIS.

He said that menstruation occurs without discharge of an ovum or the ripening of a Graafian follicle. A Graafian follicle matures and ruptures in the great majority of cases every month, the time of rupture being usually just before the commencement of menstruation, in rare cases towards the close of a flow, or about the middle of the intermenstrual interval. The occurrence of menstruation after the removal of both ovaries points the insufficiency of the basis of the theory which traces menstrual disorders to ovarian inflammation, and has given rise to the theory of the independence of the menstrual and ovarian functions. Ovarian pain, especially on the left side, is of so frequent occurrence that many have referred it to inflammation and neuralgia rather than to inflammation. The author corroborated these views, and found reason for regarding it as of inflammatory origin. Cases of ovaritis were divided into three classes: 1. Those following labour and abortion; 2. Those following accidental causes, fevers, injuries, &c.; 3. Those following dysmenorrhœa. It is with regard to the latter that opinions differ. The author regarded them as cases of inflammation, the cause being found in the dysmenorrhœa. They are very difficult of cure, because the courses recur monthly. The subjects of this form become nervous, hysterical, and often confirmed invalids. They are usually sterile, and marriage, instead of benefiting them, aggravates the suffering.

Dr. Cleveland, Messrs. Walker and Pepper spoke, after which Dr. Williams replied, and the meeting then adjourned.

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THE sixth International Ophthalmological Congress will be held in Milan on the first four days of September next.

A "MAGNETIC" doctor stated in a recent lecture that there are over 1,300 healers in the State of Pennsylvania known as clairvoyant or magnetic healers, acting under the control of spirits, and the enforcement of the Act now on the statute books, popularly known as the medical law, will deprive 1,204 of these healers, who never graduated and who do not have diplomas, from following their profession. Just what is wanted.

A TELEGRAM from St. Petersburg, dated Friday last, states that another attempt upon the life of the Czar has been made by the insertion of arsenic in a favourite dish; before partaking of which his Majesty ordered an analytical examination to be made, with the result mentioned. The report had, however, not been confirmed at the time of our going to press.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 21, 1880.

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## THE LONDON WATER SUPPLY.

PUBLIC attention has been riveted for the last week or two upon an all-absorbing question, the London Water Supply. A large meeting of the delegates of the vestries met on Friday last to consider Mr. Cross's Bill. A warm discussion ensued, and in the end a resolution was passed, to "memorialise the Government to withdraw the Bill because of many of its objectionable clauses." The question, however, cannot be allowed to rest, as the more prominent members of the new Government have committed themselves to a policy which admits of no doubt as to the imminent reorganisation of the Metropolitan Water Supply. The bungling of those to whom the question was referred by Mr. Cross has only served to create a difficult position for any minister who may be called upon to deal with it, but the Bill as it stands must be abandoned, as almost the only person who clings to it, in its present shape, is the gentleman who was employed to protect the ratepayers' interests, but who inadvertently, no doubt, has been playing into the hands of the water companies. But no one, we opine, will venture to advocate the vested interests of water companies should be treated more tenderly and exceptionally than those of gas, railway, or other trading companies. What right, indeed, have they to a monopoly of one of the most essential elements of life? Vested interests in water have existed and been permitted to grow up unheeded and unchallenged around us, and the upshot of it is that we are denied the luxury of pure water unless we first buy out and out vested interests and the enhanced stock of the water companies at a price far above the market value; and also pay a very much larger sum in perpetuity for the "prospective increment of profit;" not, then, for what the shares of the companies may be worth to-day, but for what they are likely to be worth a generation hence, when the population of London will have grown much larger. Under the circumstances any minister who attempts to grapple with the question, no matter what view he may take of it, will be certain to arouse the indignation of those whose interests will be affected. Withal the attempt must be made, for London has decided to have a purer and better water supply, and at a cheaper rate than it is now made to pay.

It is hopeless to look for any great improvement in the quality of the water while it remains in the hands of existing companies. These bodies have long been expecting some change to take place, and the directors, like men of business, have been looking solely to profits and paying good dividends. The quality of the water is clearly a secondary matter with them. London must therefore look to its own interest in a matter of such vital importance. We have, from time to time, performed what, as journalists, we conceive to be a duty, in clearly pointing out the unwholesome nature of the present supply, and the extreme danger to the public health. On the other hand, the companies refuse to believe that it is incumbent upon them to go out of their way to find a better and purer source than that of the Thames or the Lea. The profession, by the most painstaking means, and a prolonged investigation, have been able to point to the water as the chief factor of typhoid fever and cholera. An absolute certainty prevails that these diseases are originated by water contaminated by sewage. Nevertheless engineers of water companies persist in drawing water from tidal rivers and subsoil sources. The Lambeth Water Company, whose water we have before had occasion to condemn, persists in the folly of pumping 9,630,000 gallons of water from a depressed subsoil area of gravel and sand, in an undrained district covered over with 700 houses, and as many cesspools and shallow wells at West Moulsey. The engineers' excuse for this abomination is that they could not otherwise continue its daily supply to the consumers. We have been told that the Lambeth Company were drawing a large quantity of water from deep wells; but this, on inquiry, turns out to be incorrect, and notwithstanding the unwholesome source from which the water is taken, a chemist pronounces the water to be perfectly pure. This gentleman would probably be surprised to hear that numerous cases of typhoid fever have occurred at West Moulsey, and we understand one death has been traced to a well situated within the area of the intake of the Company. There are other engineers who hold that the filtration of water renders it perfectly sweet and innocuous. No greater fallacy can go forth to the public, for although filtration may render water brighter and clearer, it cannot in any way change a polluted or infected water into a pure and wholesome one. It is not the quantity, but the quality of the organic matter contained in water that renders it salutary or otherwise. Water contaminated by sewage and the contents of cesspools, as that about West Moulsey, cannot be otherwise than most unwholesome, and likely to produce periodical outbreaks of epidemic diseases. It is utterly futile to expect any improvement in the quality of the London water, whilst the companies are permitted to take their supplies from the Thames, the Lea, or a subsoil gravel bed as that of West Moulsey, and from all the discussion which has taken place on this question, it is evident that no decided improvement in respect of quality, quantity, and cost will be brought about except it be by the combined and well-directed efforts of the consumers themselves.

## THE MEDICAL SOCIETY OF LONDON AND LUNACY LAW.

A PAPER was read before this Society on Monday, the 12th inst., by Dr. Harrington Tuke, on the "Lunacy Laws." The paper was evidently of interest, as it brought together most of the leading private asylum men in London. Dr. Tuke defended the existing Act, and stated that there was no justification for the innuendoes which had been brought against private asylum proprietors in a series of articles which appeared in the *British Medical Journal*, and written by Dr. Bucknill. The articles to which he alluded, when they appeared, gave rise to much discussion amongst lunacy men, and the general opinion was that such articles ought not to have been allowed publicity in the journal of the Association. They were written, however, without any signature, but Dr. Bucknill acknowledged at the meeting that he was the author. Dr. Tuke gave an able summary of the present Acts of Parliament relating to lunacy. Dr. Sutherland and Dr. Newington addressed the meeting on the same subject, and Dr. Hack Tuke made a few suggestions as to the profit obtained by asylum proprietors. Dr. Bucknill was the only person present who opposed private asylums. After admitting that he was the author of the articles to which we have alluded, he went on to express his indignation respecting private asylums. We may say that Dr. Bucknill stands alone in his abuse of these institutions, and it must indeed have been but poor satisfaction for him to be conscious of this the other evening. He evidently entertains various and fixed delusions respecting private asylums, which, however, appear slightly on the wane since he received such a hot opposition when he delivered his address before the South London Branch of the British Medical Association, held at Bethlehem last month. He is a public hospital man, and as such can know absolutely nothing about the working of those asylums which he loses no opportunity of condemning wholesale. Dr. L. Winslow followed Dr. Bucknill, and said that he did not consider it to be a question of statistics as to whether the percentage of recoveries was greater in public hospitals than in private asylums, but he thought that the honour of asylum proprietors had been attacked in the insinuation that they had a motive in detaining their patients after recovery. This appears to be the proper view to take of the question. Why should a class of medical men—" proprietors" of private asylums—act more dishonourably than any other body of medical men? The leading asylum proprietors are at the top of the tree in their speciality; they are men of reputation, of skill, of learning, and many have received the highest academical distinctions, and are from their very training and education incapable of doing an unprofessional act. We say that it is a cruel and unjust thing for any medical man to accuse his professional brethren with such conduct without any evidence; and we also say that it is a matter of congratulation to asylum proprietors to know that in such a distinguished assembly as that present at the Medical Society last week there was only one member of the profession found opposed to private asylums.

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## EXCLUSION OF BAD CHARACTERS FROM THE PROFESSION.

The Minutes of the Executive Committee of the General Medical Council, which have just been printed, contain a letter from Mr. Arthur Gamgee, of Owens College, to the President of the Council, which raises a very important question, and one admitting of serious debate. The penal sections of the Medical Act recognise the principle that a person publicly convicted of felony, or of "infamous conduct in a professional respect," is unfit to continue a legally recognised member of the profession, and accordingly these sections provide for the expulsion of a medical practitioner who has been proved guilty of such crimes. But there is, unfortunately, no analogous safeguard existing, either in the Act of Parliament or in the Charters of most licensing bodies, to forbid the ingress to our profession of persons guilty of offences of such gravity, and—so far as we know—the greatest criminal has a right to receive his diploma from most colleges, if he shall answer the examination in a sufficiently satisfactory manner, and it may be doubted that the Medical Council has any power of expulsion in consideration of an offence committed before the date of the culprit's diploma. The letter of Mr. Gamgee, which puts in issue the propriety of such a state of things, is as follows:—

"The Owens College, Manchester,
"February 16, 1880.

"Dear Dr. Acland,—My position as Dean of the Medical Department of Owens College has brought me in contact with a certain class of causes which suggest the propriety of a new regulation affecting the registration of medical students.

"These are cases in which the medical schools feel bound to expel students because of the commission of a serious misdemeanour or felony. Last session, for example, we expelled one of our students convicted of, and sentenced to a short term of hard labour for, theft. Just now we are about to expel a student who has been convicted of the abominable offence of indecently exposing the person.

"Now, it appears to me that the medical schools should be compelled to send an official notice to the General Medical Council of all cases where a student has been expelled in consequence of a serious offence which had been punished by the law. The name of the offender would be deleted from the Register of medical students, and provision made that he should thereafter be ineligible for registration. It appears that if the names of medical practitioners who have been guilty of unprofessional conduct are struck off the *Medical Register*, there would be no hardship in placing a veto upon the entrance into the profession of young men who had shown themselves unworthy.

"I cannot help thinking that a state of matters which renders it possible for a student to be expelled from one medical school for a disgraceful offence and to be re-admitted in another should be revised by the Medical Council.

"I am, dear Dr. Acland, faithfully yours,
"Arthur Gamgee.

Dr. Acland, F.R.S."

As to the opinion of the Executive Committee on Mr. Gamgee's proposition the minutes tell us nothing, save that the President "was requested to communicate" with him. It seems to us that a practical difficulty would arise with the necessity for informing all licensing bodies as to the conviction of a student, without which precaution he might, if refused by one such body, obtain a diploma from another of them, and might practise on such diploma without registration.

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# Notes on Current Topics.

### "Cramming."

A series of letters has recently appeared in the *Times* newspaper on the subject of the school tasks of children, and from them it may be gathered both that an undue amount of work is exacted from pupils, and that the effects of this on their bodily health is of a kind to undermine and weaken the constitution. The blame of this is laid not so much to the charge of the teacher as the parents of the children, who, Mrs. Garrett-Anderson contends, ought to see that no greater strain is put on the powers of their offspring than they can easily support. We have often had occasion to remonstrate with mothers on the overwhelming amount of lesson work their daughters particularly are called on to "get up." With boys the case is not quite so serious. They are not only better able to do a considerable amount of work, but they also do not receive such unconscionable commands as are uttered to the pupils of the "ladies' seminaries" usually. In a well-appointed school of this kind a multiplicity of teachers is engaged, and each of these expects the girls of the school to do the work given out; and apparently this is allotted without reference to the fact that a number of other subjects are at the same time being studied. There are very few growing girls who can safely be converted into the sort of forced article that is presented for the examinations to which, under the "higher cultivation" system, it is expected they shall proceed. This is however, overlooked, or purposely ignored in the arrangements made by school directors, and the result is that many families have among their number girls of delicate health and reduced strength, victims of a vicious system of intellectual cramming, that cannot be too severely condemned.

### Medical Advertising.

At a meeting of the Council of the Royal College of Surgeons in Ireland, held on Thursday last, the following motion was adopted:—"That the practice of indirectly advertising through the medium of sensation articles inserted in the public papers, being contrary to the dignity of the profession, is repudiated and condemned by the Council of this College; and that a copy of this resolution be communicated by the secretary of the Council to the editors of the Dublin daily papers, with a courteous request that they may be pleased to aid in putting a stop to such practice."

### The Surgeons of the Missing Training Ship.

THE serious apprehension that the *Atalanta* has been lost has inspired the profession with great alarm for the safety of her medical officers. Dr. Edward L. Moss is already well known as a man of the highest attainments and character, both as a sailor and a surgeon. He is or was a Fellow of the Irish College of Surgeons, and entered the service in 1863, and served as surgeon of the *Bulldog* in action at Cape Haytien, St. Domingo, when she was blown up, having run aground. Our readers will remember that he was a member of Captain Nares' Arctic expedition, and that he commanded one of the sledge parties. For his services he received the Arctic medal and was promoted. He is the author of a valuable work upon the expedition, beautifully illustrated from his own drawings. The second surgeon to the ship was Dr. Lawrence W. Corcoran, M.B. Dub. Univ., whose family reside near Enniscorthy, in the county Wexford.

### The late Dr. Heaton.

THE Leeds School of Medicine has sustained a very serious loss by the death of its treasurer, Dr. Heaton, who, for a period of six and thirty years' has been intimately connected with the school. Dr. Heaton occupied the presidential chair of the College board three times, and was successively lecturer on botany, materia medica, and the practice of medicine. At a recent meeting of the Council a resolution was unanimously passed expressing condolence with the widow and family of the deceased official; and it testified further to the invaluable aid rendered by Dr. Heaton in advancing the interests of the Leeds School. Dr. Heaton was a Graduate in Medicine of London University, a Fellow of University College, and of the Royal College of Physicians, London, Chairman of the Council of the Yorkshire College of Science, and Senior Physician to the Leeds General Infirmary.

### Ovariotomy.

DR. BYRNE performed, on Thursday last, ovariotomy in St. Vincent's Hospital, Dublin, on a young woman, aged 20. The tumour was of very rapid growth and of great dimensions, the transverse measurement being 44 inches at the umbilicus. The tumour was polycystic, or rather consisted of three large cysts, superimposed one over the other. The inferior one on being tapped gave exit to a dark-coloured thick fluid. In tapping the middle tumour, none escaped, as it was of colloid consistence, and it was necessary to remove it by the hand. And the upper cyst contained fluid of lighter colour and watery consistence. The fluid measured 14 quarts. There were considerable anterior adhesions, which were broken through, and the pedicle secured by ligature. The patient is going on well up to the present.

### Mr. George Morris, ex-M.P., the New Commissioner of the Irish Local Government Board.

WE regret to observe that the job of appointing Mr. George Morris to the sinecure commissionership vacated by the death of Mr. R. M. Bellew, which we predicted some months ago, has been perpetrated, and thus the office of dummy member of the Irish Local Government Board has been perpetuated. We are not surprised. Mr. Morris must be rewarded for his conversion to Conservatism, and as Galway would no longer have him as her representative at any price, the Government was bound to sacrifice some department to the necessity for providing Mr. Morris with an income for life. We are disappointed to hear that the Vice-President of the Board, Mr. Henry Robinson, used his whole influence to prevent the appointment of Mr. O'Brien, who served for many years under the department, with great credit to himself. Perhaps the Vice-President prefers a brother commissioner from whom he need fear no obtrusiveness of energy or opinion.

### Dr. Carpenter, C.B., LL.D.,

THE late Registrar of the London University has been compelled, we regret to learn, by failing health, to resign his position as representative of the University of London in Firth College, Sheffield. Dr. Carpenter's successor will be burdened with a degree of responsibility amplified by the *prestige* attaching to a position held by so eminent a member of the profession as Dr. Carpenter. We trust the selection may be equally favourable.

### The London Hospital.

WE understand an offer has been made to the governing body of the London Hospital to permit a portion of the new school premises just completed to be devoted to the use of female medical students. A liberal offer in money for the accommodation was made, together with an undertaking to be responsible for all expenses incurred. The proposal, however, was rejected by a small majority of the governors, and it may be expected to engage their attention at some other time. A prominent member of the staff is favourable to permitting the access of women to the lectures at the London Hospital, and it may possibly happen that the summer course on midwifery will be attended by lady aspirants for medical qualifications.

### Murder of a French Doctor.

*La France Médicale* says that a horrible crime has lately been committed in the village of Saint Laurent. Dr. Eyffren, a medical man practising there, and his wife were assassinated on the night of the 3rd instant, or early on the morning of the 4th. It is supposed that, after having retired to bed on the first floor, they heard the door of the house forced open, and went down stairs to find what was the matter, and that they were then attacked by the murderer. The body of Dr. Eyffren was found to have received fifteen wounds with a knife; that of his wife three, one being through the heart. Dr. Eyffren was forty-five years of age, and his wife thirty-three. No motive for the murder is known. They were not rich, and though their furniture was thrown about, the only article missing was a gold watch.

## Guy's Hospital.

The rumours that reach us from Guy's are not more encouraging than they have been for some months past. The dissatisfaction of the visiting staff at the unprecedented interference of the nursing officials is as keen as heretofore, and there seems no little reason to fear that a serious blow is about to fall upon the devoted charity. If it should happen that the honorary staff is driven to vindicate its supremacy by the final step of resignation, and such is not improbable if the treasurer and his *protégé* persist in the damaging course they are pursuing, the consequences to the sick poor who look to Guy's Hospital as a refuge in trouble must be most disastrous. It is, indeed, pitiable to think that the blasting influence of a perverted fancy can proceed thus far, and we would fain hope that even now there may be a better future in store, and that the misguided officialism of the treasurer will be less harmfully directed than it has been of late. The public are beginning to inquire the real meaning of the dissensions which have taken place; it may be expected to deal summarily with the whole matter when it does assume the office of judge concerning it.

## The Lady Students in America.

A case of very uncalled-for sensitiveness has been developed in Philadelphia. The patients are some female medical students, matriculants of irregular institutions around town, who chose to attend the lectures on venereal diseases delivered by Dr. White at the Philadelphia Hospital, and were so much shocked at the questions asked that, in their modesty, they appealed to the President to put a stop to that sort of thing. The President so far forgot the dignity and duty of his position as first to write a rude letter to Dr. White, leaving for a later day an examination as to whether the charge was true. Such men as Profs. Pepper and Wood testified that all the questions complained of were such as are both usual, proper and necessary in examining venereal cases. The evidence fully exonerated Dr. White in all points.

## The Health of Ireland.

The average death-rate for the week ending Saturday, April 10th, in the sixteen principal town districts of Ireland was 29·8, the respective rates for the several districts being as follow, ranging in order from—Kilkenny 9·0, to Clonmel 63·1 The deaths from the seven principal zymotic diseases were 4·1 per 1,000. Six deaths from measles were registered in Belfast, being double the number for the preceding week, but only 3 deaths from whooping-cough were registered, against 8 in the preceding week.

The mortality in 20 large English towns, including London (in which the rate was 21·8), was equal to an average annual death-rate of 22·5; in Glasgow 24·1; and Edinburgh, 21·5.

In the Dublin district the deaths represent an annual rate of mortality of 30·6. Thirty-nine deaths from zymotic diseases were registered, being 26 less than in the preceding week, but 6 over the average for the fourteenth week of the last ten years: they comprise 4 from small-pox, 6 from measles, 9 from scarlatina, 2 from diphtheria, 6 from whooping-cough, 6 from fever (4 typhus and 2 typhoid fever), 1 from hydrophobia—that of a woman aged 37 years, who died at the Mater Misericordiæ Hospital—1 each from dysentery, diarrhœa, &c.

The registered deaths from small-pox (4) are equal to the number in each of the two preceding weeks. There were 29 new cases of the disease admitted into the Dublin hospitals during the week, against 11 in the preceding week; 8 patients were discharged during the week, 3 died, and 64 remained under treatment on Saturday, 3rd inst.

There were only 34 deaths from diseases of the respiratory organs registered, being twelve less than in the preceding week, and also 12 under the average for the fourteenth week for the last 10 years.

## Congress of Surgeons at Berlin.

During the present month a congress of surgeons has been held at Berlin, at which several eminent members of the profession abroad have read papers that may be expected to influence surgical operations both at home and abroad. Among these are one by Herr Vogt, on the treatment of new growths by injecting them with an arsenical solution known as Wickerheimer's fluid; and another by Dr. Peterson, of Kiel, on the high operation for stone in the bladder. Professor von Langenbeck occupied the presidential chair at the meeting; and Esmarch and König of Göttingen each contributed a paper.

## Iodide of Starch as an Antidote.

In a memoir read before the Medical Society of Florence, Dr. Bellini recommends iodide of starch as an antidote for poisons in general (*La Presse Médicale Belge*). This compound has no disagreeable taste, and has not the irritant properties of iodine; hence the author concludes that it may be administered in large doses. It may be given without fear in all cases where the poison is unknown. It will be found very efficacious in poisoning by sulphuretted hydrogen gas, the alkaloids and alkaline sulphides, ammonia, and especially by alkalies with which iodine forms insoluble compounds. In this respect it is preferable to iodated tincture of iodine. It aids in the elimination of salts of lead and mercury. In cases of acute poisoning an emetic should be given before the antidote is administered.

## The Connection between Pernicious Anæmia and Anchilostoma Duodenalis.

At the Society of Medicine of Turin, Dr. Cutta recently gave the results of nine autopsies of patients who died of pernicious anæmia. In seven cases anchilostoma was found in the duodenum. The worms were fixed in the ulcerated mucous membrane of the duodenum and jejunum; they were gorged with blood while the body was only anæmic. In a woman who died at Florence of progressive pernicious anæmia the intestines appeared thinned, pale, and translucent. There were hundreds of anchilostoma in the jejunum and also in the ileum. They were dead and remained still attached to the ecchymosed mucous membrane. The body presented no other lesion sufficient to account for the amount of anæmia.

### Elimination of Mercury from the System.

O. SCHMIDT (*Genees. Cour. der Nederl.*) has sought for mercury in the urine, fæces, and saliva. According to his experiments, mercury is met with in the urine as much after the subcutaneous injection of corrosive sublimate as after the administration of calomel or mercurial inunction. After the subcutaneous injection the mercury appears more rapidly in the urine than after the two other modes of administration. Chemical examination of the fæces gives the same result as analysis of the urine. With respect to the saliva it often happens that no traces of mercury are found when it has been given subcutaneously or by inunction; in these cases mercurial stomatitis is absent. In other cases the presence of mercury has been ascertained in the saliva itself, while it has been absent from the salivary glands and the buccal mucosa.

### Italian Statistics of Ovariotomy.

IN unfavourable contrast to the recent statistics of this operation, are those of the first 100 operations performed in Italy, as given in the *Journal des Sciences Medicales*, February, 1880. Of this hundred, performed by thirty-four different surgeons, the recoveries were thirty-seven, the deaths sixty-three! Dr. Peruzzi, discussing this unsatisfactory result, explains it on the ground that too many had attempted this operation; and that the results will be better the more it is allowed to be the business of a very few specialists, who by practice become expert in it. He does not think it a proper one for the ordinary gynecologist to undertake.

### Ergotine: Its Inconveniences and Dangers.

AT a recent meeting of the Paris Academy of Medicine (*La France Medicale*) Dr. Boissarie read a memoir on the above subject. His conclusions are that ergotine, which is of important service in hæmorrhage when we require immediate energetic action, cannot be used with impunity in affections of long continuance, even in small doses, so as to saturate the system. It has the property of accumulating and storing itself up in the economy, and of manifesting itself after a longer or shorter time by a sudden outburst of serious consequences. To follow the precept of Trousseau of giving the poison for a long time in small doses is to expose the patient to gangrene.

### Rider's Sprain.

IN speaking of sprains M. Delorme states, in *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*, that he has seen a large number of a form to which he applies the term "entorse des cavaliers," or rider's sprain, which is common among troopers. It arises from the fact that at the moment of falling the foot is slightly extended, and touches the ground first with the toes, then with its whole external border. The weight of the animal now bears on its internal border, or more rarely, on the toes alone. Lastly, the stirrup, which habitually occupies an oblique position, directly twists the fore part of the foot upon the after part. The pressure on the external border of the foot, caused by the rotation of the toes from without inward, and of the forced abduction, is exerted on the metatarso-phalangeal articulation, upon the external tarso-metatarsal articulations, upon those of the astralagus, and secondarily upon the external ligaments of the tibio-tarsal joint. Sprains of this kind are of the most serious nature, and disable a man for a longer period than many fractures.

### Bromide of Potassium as a Local Anæsthetic.

IN the St. Petersburg *Med. Wochenschrift*, Dr. Kijanizyn mentions the efficacy of a gargle of bromide of potash in strong solution, to obtund the sensory nerves of the pharynx and larynx, and passes to its allied application in the urino-genital organs. In painful acute and chronic urethritis, it often greatly reduces the hyperæsthesia; in pathological nocturnal emissions it is very available; and in painful strictures it may be used with advantage.

### The Bogus Diploma Business.

A WEEK or two ago the Committee of the Methodist Conference to which was referred the charges against the Rev. T. B. Miller, M.D., the dean of the Philadelphia University of Medicine and Surgery, reported that after full investigation they found both charges and specifications amply sustained, and sentenced the offender to deposition from the Christian ministry and expulsion from the Methodist Episcopal Church.

A few days later the stock and fixtures of this precious institution were seized and sold at constable's sale, for rent. According to the Cincinnati *Lancet* there are within the limits of that city already half a dozen so-called medical colleges not possessing a shadow of legal authority to issue diplomas. This issue of diplomas without legal incorporation as a college is by no means so uncommon in other States, as, for instance, New York, as might be supposed. In veterinary, as well as general medicine, there are several schools in that city whose diplomas are frauds upon the body politic, or, at least, no better than certificates of proficiency issued by men who have no proper claim to the prefix of Professor, and some of them none to the degree of Doctor of Medicine or Veterinary Surgeon.

### A Novel Prescription.

A RECENT number of *Le Praticien* reports that a physician of Chalons, France, was sent for into a village in the neighbourhood, and having examined his patient, found he had forgotten his pocket-book. He then asked for a pencil and paper in order to write his prescription, but no such objects were among the possessions of the household. Some one went out to seek for the required necessaries, but primary education seemed to have omitted that commune altogether. The physician got tired of waiting, and at last wrote his prescription on the door of the house with a bit of charcoal. The family, after vainly endeavouring to make something like a copy of the doctor's hieroglyphics, at last wisely resolved to detach the door itself, and carry it to the pharmacien in order to get the medicine prepared.

### Compound Tincture of Benzoin in Toothache.

DR. OSBORN, of America, has found that a pledget of cotton or lint saturated with compound tincture of benzoin, and packed well into the cavity of an aching tooth, will give immediate relief.

## The American Medical Association.

The thirty-first annual meeting of the American Medical Association will be held in New York city on June 1st and following days. Professor Lewis A. Sayre will be the President, and Drs. W. M. Polk, M. A. Pallen, R. F. Weir, and E. H. Parker constitute the invitation and reception committee.

Dr. Robert A. Hudson has been elected to the Fellowship of the King and Queen's College of Physicians.

The Sanitary Institute of Great Britain have accepted the invitation to hold their annual congress in Exeter this year.

A bust in bronze of J. Marion Sims, M.D., LL.D., has been presented to the Alumni of Jefferson Medical College by the surgical staff of the Hospital.

Dr. Francesco Marzolo, Professor of Clinical Surgery in the University of Padua, and Rector of the University, died on March 19th.

The post of Medical Officer to the port of London, vacant by the death of Mr. Harry Leach, will be filled this week; the salary attached is £500 per annum.

The Twentieth Festival Dinner of the Royal Medical Benevolent College will be presided over by Sir Wm. Jenner, Bart., on the 28th inst., at the Langham Hotel.

A telegram from Berlin states that our eminent *confrère*, Professor Virchow, has been elected by an overwhelming majority to represent that city in the German Parliament.

We regret to find that the medical candidate, Mr. Bickersteth, F.R.C.S., has been unsuccessful in obtaining a seat in Parliament as the representative of the Edinburgh and St. Andrews Universities.

Mr. Lyon Playfair, LL.D., is again returned as the representative of the Edinburgh and St. Andrews Universities. He has only obtained his seat by the narrow majority of about 70 votes out of 5,000 recorded, which says a great deal for Mr. Bickersteth's popularity in the face of so powerful an antagonist.

Mr. Campbell, the Conservative candidate for the representation of the Glasgow and Aberdeen Universities, has been more successful than Mr. Bickersteth for Edinburgh, having last week defeated his Liberal opponent Mr. Asher by several hundred votes.

Dr. William Ogle, Medical Officer of Health for East Hertfordshire, has been appointed Superintendent of Statistics in the Registrar-General's Department, *vice* Dr. William Farr, resigned.

The Walker prize of one thousand dollars has been awarded by the Boston Society of Natural History to Professor Joseph Leidy, of the University of Pennsylvania, for his researches in natural history. The prize has been given only once before, to Alexander Agassiz, for his study of echinoderms.

The Committee of Management of the fund for raising a memorial to the late Surgeon-General Domville, C.B., has decided to erect a tablet to his memory in the chapel of Haslar Hospital, of which he was in charge at the time of his death, and to apply the interest of the balance of the fund as an annual or biennial gift to the necessitous orphan of a naval medical officer.

Dr. Frankland, in reporting on the London water supply of last month, says: "The water delivered by the five companies drawing their supply from the Thames was of superior quality to that delivered in February, but the Southwark Company's water was 'still unfit for dietetic purposes,' and showed excessive pollution with organic matter."

Mr. Arthur O'Connor, of Brook Green, Hammersmith, London, who has been elected to Parliament as a Home Ruler, in the place of Mr. Edmund Gerald Dease, is the eldest son of Dr. William O'Connor, Senior Physician to the Royal Free Hospital, London. He was born in the year 1844, and was educated at St. Cuthbert's College, Ushaw, near Durham. He served last year on the Chelsea Board of Guardians, and as a member of the vestry of that parish.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Leicester 17, Leeds 17, Portsmouth 18, Brighton 18, Bradford 20, Bristol 22, Hull 22, London 22, Edinburgh 22, Birmingham 23, Nottingham 23, Sheffield 23, Salford 24, Wolverhampton 24, Glasgow 24, Newcastle-upon-Tyne 25, Sunderland 25, Liverpool 26, Oldham 26, Manchester 29, Norwich 29, and again the highest rate 31 in Dublin and Plymouth.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 0·7 and 1·0 in Wolverhampton and Brighton, to 7·2 and 13·2 in Nottingham and Plymouth. Measles showed the largest proportional fatality in Plymouth, Nottingham, Hull, and Oldham; scarlet fever in Salford; and whooping-cough in Manchester. Six more deaths were referred to fever (principally enteric) in Sheffield, making 70 since the beginning of the year. Small-pox caused 15 more deaths in London and its suburban districts, 4 in Dublin, but not one in the other large towns.

In the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were —in Calcutta 31, Bombay 43, Madras 38; Paris 32; Geneva 30; Amsterdam 34, Rotterdam 26, The Hague 34; Copenhagen 26; Stockholm 27; Christiania 23; St. Petersburgh 56; Berlin 25, Hamburg 29, Dresden 25, Breslau 34; Munich 37; Vienna 35, Buda-Pesth 40; Rome 42, Naples 42, Turin 36; Venice 37; Alexandria 42; New York 25 per 1,000 of the populations. Typhus and typhoid fevers caused 101 deaths in St. Petersburgh. In Paris 52 deaths were referred to small-pox.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Edinburgh Royal Maternity and Simpson Memorial Hospital.—The Medical Board of this Hospital have appointed Russell E. Wood, M.B. and C.M. Edin., and Herbert Coupland Taylor, M.B. and C.M. Edin., house-surgeons for the quarter commencing 1st prox., in place of J. Miller Hume, M.B. and C.M., and M.D., and Stanley M. Rindall, M.B., C.M., and M.R.C.S.L., whose term of office then expires. The physician on duty for the present quarter is Dr. Angus Macdonald, who will be succeeded on the 1st. prox. by Dr. Keiller.

Botanical Society.—The sixth meeting for the session of this Society was held on the 8th inst., Dr. Craig, President, in the chair. Mr. Symington Greive read a paper on "The Flora of Colonsay, and a List of Plants collected, July, 1879." Mr. Tayler made a communication on "Some New Zealand Plants recently presented to the University Herbarium by Mr. J. F. Chusman, of the Museum, Auckland, N. Z.," and exhibited numerous dried specimens, which seemed to be much admired. Mr. Sadler, Curator of the Royal Botanical Gardens, read a Report on "Temperature and Open-air Vegetation there from 1st March." It stated that during that month the thermometer in the Garden was at or below the freezing point on nineteen occasions, and there were registered during the month 103 degrees of frost. The lowest readings were on the 19th and 20th, when 10 degrees of frost were registered; since the beginning of April there had been frost on two occasions, viz., the 2nd and the 4th, when the number of degrees registered were respectively 5 and 2.

Water Supply for Inveresk.—At a meeting of the local authority for Inveresk held on the 8th inst. a committee was appointed to negotiate with the committee of the Water Trust regarding a supply of water for Inveresk, and it was further resolved that steps be taken under the Public Health Act to assess for the purpose. It is expected that water will be introduced into Musselburgh early in May.

Aberdeen University Council.—At a meeting of the General Council of the University of Aberdeen, held on the 14th inst., the chief item of business was the following motion by Professor Struthers, viz:—"That the General Council respectfully represent to the University Court that it is desirable that a Professorship of Pathological Anatomy be established in the University with as little delay as possible." In speaking in support of his motion Dr. Struthers pointed out how essential it is for the welfare of the Aberdeen Medical School, as well as for the University generally, that a chair of Pathological Anatomy should be established. In every German University, however small, they had such a chair, and if it were once instituted in Aberdeen, it would be found as important in medicine as was the chair of Mathematics in Arts. They had, on the whole, a hard-working body of medical students, but their school would undoubtedly suffer unless they took steps to accomplish what his motion referred to, for they must not remain behind other universities. If they did not provide this chair their medical school would be in danger of suffering by their students going away to other universities for their last year's study. But how were they to get funds? They would rather not have a professor of the old sort, who would drive in from his ordinary practice and lecture for an hour or so and then go away. They wanted a man who would devote his whole time to the work of the chair. Therefore they must raise an endowment of at least £400 a year. They would have to look mostly to private benefactors. He hoped Government would provide at least £5,000. There was no difficulty in raising money for ecclesiastical purposes, and why should there be for medical?

Anderson's College Dispensary.—The second annual general meeting of the subscribers to this dispensary was held in the Religious Institution Rooms on the 13th inst. The Hon. the Lord Provost presided, and among those present were Mr. Middleton, M.P., the Rev. Dr. Dodds, Mr. J. L. K. Jamieson, Dr. Alexander Buchanan, Dr. Charteris, Dr. Fergus, &c. Mr. D. Wilson, the Hon. Secretary, read the annual report, which showed that during the year 1,645 patients had been visited at their homes, the calls made numbering 6,580. The number of surgical patients who had come to the dispensary was 1,638, and they had returned on an average three times, giving a total of 4,914. The number of medical patients was 6,753, who had also returned on an average three times; and the number of women and children treated at the dispensary was 1,664. The total number of patients who had come to the dispensary amounted to 28,501. The financial statement showed that the subscriptions had been sufficient to meet the expense but for the extra expenditure in filling up the new premises.

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland, the death-rate during the week ending with Saturday, the 10th inst., was 23·9 per 1,000 of estimated population. This rate is 1·3 above that for the corresponding period of 1879, but 2·6 below that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 19·5 per 1,000; and the highest in Paisley, viz., 37·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·8 per 1,000, being a slight decrease on the rate for the previous week. Measles and whooping-cough continue to be the most prevalent zymotic diseases. Acute diseases of the chest caused 148 deaths, being exactly the same number as for the preceding week.

Medical Appointment.—The Asylum Committee of the Greenock Parochial Board have appointed Mr. Wm. McAlister, Assistant-Physician in the Western Infirmary, Glasgow, to be the Resident Medical Officer at Smithston Asylum, in room of Dr. Heron, resigned.

Glasgow Death-Rate.—The death-rate of Glasgow for the week ending with Saturday, the 10th inst., was 24 per 1,000 per annum, being a decrease of 4 compared with that of the previous week, when the mortality was greatly augmented by an epidemic of measles.

Edinburgh University Court.—At a meeting of this Court, held at the University on the 12th inst., Dr. James Dunsmure, F.R.C.S. Edin., was appointed the additional Examiner in Clinical Surgery. At the same meeting Mr. W. C. Williamson, Owens College, Manchester, was recognised as a teacher of medicine whose lectures on botany should qualify for graduation in medicine in the University of Edinburgh.

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# Obituary.

## WILLIAM SHARPEY, M.D., F.R.S.

At the ripe age of seventy-eight years, having been born April 1, 1802, Dr. Sharpey died on Sunday the 11th inst. As an anatomist William Sharpey will always rank among the first of those who have extended and systematised the study of morphological details. The influence he has exerted in philosophising the work to which his life was devoted will long continue to be felt, and though we must keenly regret his loss, we must ever remember that through a lengthy life he was unceasingly energetic in developing and forming the tendencies to exact science which have resulted in the educational excellence of the present time, and will be yet more fruitful in the future.

Dr. Sharpey first commenced the study of medicine at Edinburgh in 1818, proceeding subsequenty, in 1822, to London, whence, after three months passed in dissecting, he went to Paris to prosecute the study of medicine and surgery in the famed clinique of the French consultants. In 1823 he returned to Edinburgh and graduated in medicine, and then entered on general practice in his native town, Arbroath. Seemingly the routine duties of strictly professional life had little charm for one of his power of exact observation, and we need, therefore, be not a little glad that he saw fit to resign them for the purpose of qualifying himself by extended travel for the higher functions, in discharging which he has so eminently served the cause of research and instruction. His journeyings at this time extended to Rome, Naples, and Florence, and led him eventually to Pavia, where he resumed the systematic study of anatomy in the ancient University School, then under the direction of Panizza. Edinburgh, Paris, Vienna, Heidelburg, Berlin, were next the scenes of his active pursuit of science; and at the Prussian capital he formed a friendship with Rudolphi, to which, probably, may be traced much of the physiological labour that afterwards distinguished him.

Becoming, in 1830, a Fellow of the Edinburgh Royal College of Surgeons, he was appointed in the following year Extra-Academical Lecturer on Anatomy, Dr. Allen Thompson being associated with him. In 1836 the Chair of Anatomy in University College, London, falling vacant by the resignation of Dr. Jones Quain, Sharpey was called to fill it, and this he continued to do till 1874, having meanwhile declined the Professorship of Physiology at Edinburgh. Advancing years made it necessary that he should secure somewhat more of repose than was compatible with the onerous duties of the post he had so long and so ably occupied, and, therefore, in 1874, he was nominated Emeritus Professor in University College.

To Dr. Sharpey's interest in, and labour on behalf of, the Royal Society of London, that body owes incalculable advantages. His was the animating spirit of the changes which were of such importance to its healthy progress some twenty-seven years since; and his appointment as Secretary of the Society in 1854 was a chief means of re-establishing its influence as a determining agent in the growth of scientific opinion, and the general progress of the study of natural science in this and other countries. He was eminently qualified by wide and varied knowledge to direct the councils and suggest the policy of an important incorporation like the Royal Society; and how effectually his influence has worked for good we of this generation can sufficiently testify.

The University of London, too, is indebted to the deceased *savant* for invaluable aid in the development of its powers. One of the first of its examiners in anatomy and physiology, he subsequently became a member of its senate, and long continued to afford it the benefit of his advice and suggestions.

In 1861 Dr. Sharpey was appointed one of the Crown representatives on the General Medical Council, and remained in office till 1876, acting for a considerable time also as treasurer. He delivered an address at the London meeting of the British Medical Association, 1862, on the "Progress of Physiology," a paper to which we believe not a few of the existing generation of physiologists express themselves indebted for much serviceable assistance. Dr. Sharpey was also a trustee of the Hunterian Museum, and at one time examiner to the Royal Veterinary College.

The fame of Sharpey is especially a teacher's reputation: his extraordinary facility of imparting the facts he had accumulated was conspicuous above all other powers of his mind, and although he holds an eminent position among the men of research and discovery—a position little inferior to that of the most historical names—this is dimmed by the wonderful force he exerted when unfolding the treasures of his store, whether to a limited class directly, or to the army of students indirectly through his writings. These latter, few though they unfortunately are, are marked by conspicuous excellence. In the editions of "Quain's Anatomy" enriched by contributions from Dr. Sharpey's pen we have evidence of the admirable exposition for which their author was remarkable, and in Tod and Bowman's "Encyclopædia" several articles from the same pen will always preserve their value for students. Dr. Sharpey seemed to shrink from obtruding his work, and hence we have comparatively few records of his labours. His memory, however, will never die out while we retain respect and admiration for the men who have made the greatness of our profession. Dr. Sharpey is assured of a niche in the temple of fame, but better still, he has earned the affectionate remembrance of a host of students who drew inspiration from himself direct.

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# Literature.

## TENTH ANNUAL REPORT OF HEALTH OF SALFORD. (a)

This valuable Report is presented to us on 175 large pages of excellent paper bound substantially in vellum. So far as the external appearance is concerned this volume presents a marked contrast to the modest pamphlet-like reports generally issued from the sanitary departments of urban authorities. On opening this imposing volume we expected to find its subject-matter corresponding to its substantial amount of paper and letterpress; nor were we disappointed. Rarely have we read a record of biostatics so ample, yet so clearly stated that any one possessed of moderate intelligence is capable of deducing from it the most important conclusions. Dr. Tatham must have spent nearly all his evenings, and indeed we fear no inconsiderable proportion of each of his nights, for some months in preparing this elaborate report. It is a model one in every respect, and we could hardly pay its composer a greater compliment than by stating that this report is even more copious in detail and in its diagrammatic expression of numerical facts than the celebrated Reports of Dr. Trench, of Liverpool.

Salford is a borough which has increased in population from 101,207 in 1861 to 170,251 in 1878. The mean density of the population has increased from 19·6 persons per acre in 1861 to 32·9 in 1878. The 170,251 persons are lodged in 33,787 houses, from which we infer that the houses are mostly small. In Dublin (the municipality) 246,009 persons are lodged in 25,000 houses. The town is almost wholly built on the new red sandstone, and varies in elevation from 85 to 250 feet. Mr. Jacob, the borough engineer, estimates the mean elevation to be 140 feet. The water supplied to the town is stated to be of good quality. The sewers are for the most part old and defective in construction, but the borough engineer appears to be improving the drainage system of the town. He is now constructing an intercepting main sewer 4⅛ miles in length, which will divert all the sewage from the river Irwell, into which it is at present discharged. The vital statistics of the borough are given at great length.

The death-rate in 1877-8 was 25·35. This is an excess of the normal death-rate, calculated according to the English life tables, and which is 21·49 per 1,000 persons living. The actual death-rate is therefore 18·5 per cent. in excess of the normal death-rate for such a population. The average number of deaths from zymotic diseases for the decade 1869-78 was 7·17 per 1,000, which is 1 per 1,000 in excess of the rate for 1877-78, an evident sign of an improved sanitary condition of the town. Seventy-three out of every 100 deaths from zymotic diseases occurred amongst children under five years. Dr. Tatham states that small-pox prevailed largely amongst young children. He bears testimony to the preventive influence of vaccination, and its efficacy in modifying the small-pox when contracted. Although vaccination appears to be strictly enforced in Salford, and consequently only a small proportion of the people are unvaccinated, yet 147 persons out of 1,807 attacked by small-pox in 1876 were unvaccinated. Amongst these patients the mortality was 61 per cent.

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(a) "Tenth Annual Report of Health of Salford, for the years 1877-78; with Statistical Abstracts for the Decennium 1866-78.' By John Tatham, M.D.

The influence of density of population in increasing the death-rate is shown, but not very strikingly, in table A 1. Seedly, with a density of 13·7 per acre, had a mortality of 23·88 in 1877-78, whilst St. Stephen's, with a density of 111·7 per acre, had a mortality of only 24·7 per 1,000. Still, as a rule, the districts with high densities have a high death-rate, ranging up to 33·8 in 1878, in Trinity, the most crowded of the districts.

The birth-rate was, as might be expected in such a town, high. It varied from 37·7 per 1,000 persons in 1865, to 43·6 in 1876.

A large number of diagrams, charts, and tables are given, in which the fullest information will be found with respect to death-rates at different ages, from various diseases, and in the several districts. The influence of meteorology on several diseases is shown. This portion of the Report is really extremely comprehensive, and its compilation must have entailed an enormous amount of work upon the author.

Dr. Tatham states that typhus fever, formerly so prevalent in large towns, has almost disappeared from Salford. During the four years 1874—1877 the deaths caused by this disease numbered only 38, or an average of 9·5 per annum. In Salford, however, enteric fever shows no tendency to decline. "It is just as frequent and as fatal now as it was during any year of the last decade." Dr. Tatham believes, with most of his professional brethren, that enteric fever is not as a rule propagated directly from person to person. His experience as Superintendent of the Salford Fever Hospital has enabled him to come to this conclusion; still he gives some cases which appear to prove that occasionally the disease is directly communicated from the sick to the healthy. He enriches our knowledge of the etiology of this formidable disease by giving us an account of an epidemic of enteric fever clearly traceable to the use of infected milk. The probability that typhoid poison is occasionally conveyed through the medium of milk is strengthened considerably by the results of this inquiry of Dr. Tatham's.

From the summary of sanitary operations carried out in Salford which Dr. Tatham gives us it is clear that the Public Health Committee of the municipality have established an efficient and comprehensive sanitary supervision of this important town. The staff employed in this important department of the municipality appears to be sufficient for the purpose.

We are glad to learn that the Public Baths and Washhouses Act—a dead letter in nearly all the towns of the United Kingdom—is being put into force in Salford. The corporation have applied for a loan of £20,000 for the purpose of establishing, as an experiment in the first instance, commodious baths and washhouses in one of the most densely inhabited districts.

One point has not been touched upon by Dr. Tatham, namely, the disposal of house refuse. We should have been glad to learn whether the privy, the earth closet, or the water-closet is most used, and also the influence which the particular modes of getting rid of human egesta appear to exercise upon the health of the town. The reports of the health officer of Glasgow give minute details on this subject.

In concluding this brief notice of Dr. Tatham's Report we cannot avoid expressing our regret that it is one of an exceptional character. We trust, however, that in the immediate future, such satisfactory reports on the sanitary condition of our towns as that presented by Dr. Tatham will be the rule, and not, as is now the case, the exception.

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## TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

We hail this goodly volume with great pleasure. Each year the volumes of this Society seem to be growing apace, and compared with ten years ago, the increase in size is remarkable. In the late numbers, too, we are treated to joint reports on important medical and surgical subjects. The very volume before us begins with an elaborate one on pyæmia. Even before this, again, we cannot but allude to the name of a party now no longer amongst us, and which we see attached to the Report of the Council for the year 1878-79. Need we say we allude to the name of the late C. Murchison, whose death the whole profession must deplore; and sure are we the next volume of the "Transactions" will contain a complete memoir of this able physician, and a *resumé* of his labours. We have been informed that he literally died while performing his professional duties. A memoir of such a man will be read with painful interest.

Besides the Reports of Committees on important medical and surgical subjects, we observe a new move has been made by which the time of the meetings will be saved, and which, if the pressure of matter be great, must be an improvement. It consists in the exhibition of preparations, drawings, &c., without making any oral communication. In fact, they are submitted for inspection, and not for *vivâ voce* description; and a card accompanies each, on which the points of interest are detailed. This, we repeat, is a step in advance, and worthy of imitation. The President, too, has the option of raising a discussion on any preparation or drawing he chooses.

We have just stated that the volume commences with a Report of Pyæmia, to which the names of C. H. Ralfe, M.D., W. S. Greenfield, M.D., Marcus Beck, and J. McCarthy, are attached. This is a very elaborate Report, extending to 188 pages, and including almost every topic relating to the subject. We cannot do more here than notice one or two of the points with which the Report deals: and amongst the very first of these is the statement that when the mortality over the kingdom was low, it was also low in the hospitals of London, and *vice versâ*; when it was high outside the hospitals it was equally so within their walls. This one fact shows us how slow we should be in setting down the death-rate in hospitals to the buildings themselves, and their surroundings. Yet how common is it to do so! Well might the Committee in the Report state that when the mortality is high everywhere, there must be some general cause to account for it. And so of other points or problems arising out of this fact. Our hospitals are not to be condemned, as some parties have very recently attempted to do, because in certain years a high mortality has prevailed. Anyone who wishes to look at the subject calmly, will inquire what is the mortality elsewhere in these years? The Committee have given us the answer, and a most important one it is, and not to be forgotten in the investigation of the question: and we trust our hospitals will be left to fulfil the functions for which they were originally built. That there are general laws affecting all living nature admits of no doubt, and any explanation advanced for the varying mortality in our hospitals must square with these laws. We could enlarge much on this topic; but this is not the place to do it.

A second point we would notice is, as to the identity of pyæmia and septicæmia. For ourselves we agree with those who would make no distinction between them. Great differences there no doubt are; but they are differences of degree, not of kind. Any differences that exist appear to us chiefly due to the amount of poison taken in by the system. If it be small the symptoms which follow will be slight, and *vice versâ*. We believe, too, that pyæmia will show itself without any wound, and just as gout will often follow a strain, so pyæmia will arise without any wound. We have seen this. In the consideration of this point there is one which calls for more attention than it has yet received; we mean the state of the system at the time being. No strain or injury will cause gout in a frame otherwise healthy: and in the same way we believe no constitution will exhibit pyæmic symptoms, unless the system has been, as it were, prepared for it. Hence it is that when puerperal fever or other pyæmic diseases prevail, the health of the community at large will be found below par, and these diseases are the consequence. This may be put in another way. If we suppose four parties to get each a similar wound, the great chances are, that each will suffer in a different way. In the first the wound heals up at once; the second gets erysipelas; in the third, the wound sloughs; and in the fourth, symptoms of what is now known as blood-poisoning declare themselves. These differences must result from the constitution of each party being different: and though we cannot pursue the subject further here, we believe it to be one of great moment, and not at all noticed as its importance seems to us to require.

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(a) "Transactions of the Pathological Society," Vol. XXX. Comprising the Report of the Proceedings for the Session 1878-79. London: Printed for the Society by J. E. Adlard, Bartholomew Close. Pp. 606. 1879.

We have just stated our belief that there are no essential differences between pyæmia and septicæmia; and we might illustrate this, we think, by what we ourselves have seen in the puerperal state. It was our lot to examine a large number of bodies of women who died after their confinements. Now, in these, the morbid anatomy was very striking and very diverse. In some the entire mischief was confined to the serous membranes, including the peritoneum, pleuræ, and pericardium. In others, these membranes were quite healthy, but the cellular membrane outside the peritoneum was one mass of slough; whilst, in a third, the whole mischief seemed to have centered itself in the joints, especially the larger ones, which were found full of purulent fluid; the synovial membranes sometimes showing signs of inflammation, and again being absolutely healthy. Such differences as these, and all in the puerperal state, seem to us to prove that pyæmia can exhibit itself in very varied phases, and such as might be equally called septicæmia, just as the mind of each would view the subject.

Though the Committee seem to have bestowed great labour and time on the third part of this Report, we fear the results have not been commensurate; for we do not find any definite conclusions arrived at, either as to the presence of organisms in the blood, or the relative proportions of the red and white corpuscles. The same, too, may be said of the analysis of the urine, which was not found to differ in these pyæmic cases from other cases where fever existed. These researches may have cleared the way for others, carried out in a different way, or by new methods of inquiry, and so far may be useful. But further than this we do not think they go. Very similar remarks may be made on Part iv., which is on the "Microscopic Examination of Organs." It would seem as if many parts of the frame exhibited the micrococci. The thyroid gland, heart, lung, liver, kidney, and the capsule, spleen, lymphatic glands and blood-clot, are named as exhibiting them. These attacked, or shall we say, seemed to attack, some organs more than others. Thus the kidneys are specially named as being the most generally affected. On the other hand, the quantities found even in these organs varied much, and the perusal of this entire part leaves a vague impression on the mind that nothing of real value has resulted from this most elaborate investigation. We do not for a moment assert that more could have been done, or that even a shadow of blame is to be cast on the Committee. But we regret that some more useful results were not attained. We should have stated that the Report is illustrated by many drawings, as shown under the microscope, and that it concludes with a detail of all the cases in which an examination by the microscope or otherwise was made.

*Diseases of the Nervous System.*—In this division we observe some cases of much interest. No. iii., by J. P. Irvine, M.D., is entitled "Dermoid Cyst of the Brain;" and as the author states, must be very unusual, if not unique. A girl, of seven years of age, began to lose power over her legs; this went on till it became complete, and was accompanied by loss of sensation. Then double strabismus showed itself, followed by convulsions and death. The mind was clear to the last. The temperature varied a good deal, and was at times sub-normal. On examination, an abscess, clearly of the strumous character, was found enveloping, as it were, both lobes of the cerebellum. But the strange point was that the cavity of the abscess contained a tuft of hair, rolled in a somewhat regular coil, and paler than the hair of the head. It had all the characters of true hair. The mother thinks it must have begun to grow at the earliest period of fœtal life.

This case is followed by three examples of Infantile Paralysis, detailed by F. Taylor, M.D., C. Turner, M.D., and H. Humphreys, M.D. We wish we could give the details, but can here only direct attention to the cases themselves. We may state, however, that in each disease of the spinal marrow existed, of which engravings are given. It need scarcely be added that in many instances of infantile paralysis the cause is only functional, and rapidly disappears. We have seen many such.

The last communication of this division of the volume, by J. Ross, M.D., is "On the Pathology of Tetanus and Hydrophobia;" and as the author speaks of four cases of traumatic tetanus, and six of hydrophobia, his observations should command attention. Would it not have been better, however, to have used the words "Morbid Anatomy" rather than "Pathology?" We doubt much whether the knowledge on the subject justifies the author in using the word pathology; and we are the more confirmed in this idea when we read that there are no marked differences in the morbid anatomy of the two diseases. His words are, "on comparing a section of the cervical enlargement of the cord, in a case of tetanus, with that already described from the case of hydrophobia, the morbid lesions presented manifest similarities. A large number of leucocytes were infiltrated in tetanus through the whole of the grey substance, and more especially in the grey commissure; but they did not crowd round the vessels as in hydrophobia, and many areas of the granular degeneration of Clarke were also observed in the former. So far, therefore, the morbid alterations in the two sections did not correspond; but with regard to the alterations of the cells in the anterior horns, and in the vesicular column of Clarke, the description given of one applies almost exactly to the other. Minor differences (he goes on to say) with respect to the alterations of the cells in each affection, might be described; but the broad fact stands, that the groups of cells which are shrunken and altered in hydrophobia, are also affected in tetanus."

We have given this passage in full, because it really seems to us to shake the value of the whole communication; we mean as to there being any necessary connection between the morbid anatomy and the diseases of which the patients died. We surely would not consider them the same disease, and yet this is the conclusion to which the author's observations lead us. There are no sufficient distinctions, such as would lead us to say one morbid state causes hydrophobia, and another tetanus: and our impression is that the right track has not yet been reached. And we are the more confirmed in this opinion, because we observed that when reading on the subject of pyæmia in some of the cases detailed, a similar state of the brain is described as being present. This proves to us that these leucocytes are present in different diseases, and can have little or nothing to say to such diseases as hydrophobia or tetanus.

*(To be continued.)*

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## CLINICAL MEDICINE. (*a*)

On looking over this book there does not appear any particular reason why the author should have written it; or, on the other hand, why he should not have done so. The work of Dr. Frederick Roberts is well-known, and so good, that we do not see much opportunity left for another like work, even when it is issued with a different title, and presents some singularities in its arrangement. It commences with a chapter on Symptomatology, which is worth the careful attention of the student; for very few men now-a-days have ever seen—perhaps ever heard of—the excellent article on this subject by the well-known Marshall Hall in the "Encyclopædia of Practical Medicine."

In speaking of body temperature Dr. Flint points out how sudden rises of temperature may be purely nervous; a man may be "fooled by temperature," and not unfrequently is. He fails, however, to make the proper distinction betwixt pyrexia with a dry skin and pyrexia with a moist skin. The section on the professional conduct of physicians is especially good, and ought to be read carefully by every medical student and committed to memory. The remarks on the proper bearing in a sick room; the blending of candid truth with caution, and on "giving up" patients; on the wanton carelessness which often embitters a patient's existence by being told that sudden death is likely to occur, without sufficient reason; and on the necessary cautions about talking about patients' ailments, are very sagacious, and very appropriate. As a specimen of Dr. Flint's arrangement of his matter we may take the first chapter on Diseases of the Respiratory System. The first section describes cough; the second, expectoration; the third, respiration; the fourth, voice; then the ordinary physical signs follow. Then the acute inflammatory diseases are given as regards their diagnosis; then the general symptoms common to each

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(*a*) "Clinical Medicine; A Systematic Treatise on the Diagnosis and Treatment of Diseases." By Austin Flint, M.D., Professor of Medicine in the Bellevue Hospital, New York. J. & A. Churchill, 1879. Pp. 785.

form; after that the prognosis in each; and finally the treatment of all is discussed at considerable length. By this arrangement undoubtedly much practical information is conveyed to the reader, and the grouping is successfully achieved. As regards the treatment of these diseases, Dr. Flint keeps strongly in view the failure of the heart, but he seems strangely oblivious of the fact that there is a respiratory centre which may become exhausted, and that there are agents which act directly upon it, and stimulate it when embarrassed. He also, probably from forgetfulness about this centre, gives opiates more freely in acute chest disease than is the rule in this country. One sentence is so remarkable that we quote it entire. "Inasmuch as acute bronchitis has no tendency to destroy life, and is unattended with great prostration, supporting measures of treatment are not called for." Well, we will leave this subject to the verdict of experienced readers, our own experience not enabling us to endorse it. His remarks on the treatment of acute endocarditis are very good and sound; only the idea of digitalis being a cardiac sedative, and of its being useful to relieve the valves from over-strain, is moribund, if not obsolete, in this country. That "aconite may be substituted for digitalis if the latter occasion gastric disturbance," is certainly news, especially when a few lines above it is said that digitalis increases the strength of the heart's action. That under any circumstances aconite can strengthen the heart's action, is incredible, and we recommend to Dr. Flint a course of study on the action of aconite and digitalis, and can recommend to him for that purpose H. C. Wood's "Treatise on Therapeutics," which will give him a great deal of information as to modern researches in these drugs, of which he apparently stands in great need. He might as well talk of strychnia being a substitute for chloral!

Certainly Dr. Flint's views of treatment are novel to us in England. In speaking of chronic gastritis he follows Jaccoud, who "advises that the patient be encouraged to take certain kinds of food which are supposed to excite, more than other kinds, the secretion of gastric juice, and he mentions boiled ham as particularly eligible for that purpose. The safest and best guides in the selection of the articles of diet are the desires of the patients, and the results of experimental trial." Oh, Shade of Hippocrates! of what use is a physician here? Where are all the results of physiological experimentation, of empirical lore? Those who have faith in the digestive powers of diastase, of pepsin, and of pancreatine, will feel how utterly they have wasted their time in research as sterile as a vestal virgin. Dr. Flint's brief dismissal of functional disorders of the liver in these words, "our actual knowledge of functional disorders affecting it, either quantitatively or qualitatively, is extremely small," will not be accepted by those who have carefully studied the works of the late Dr. Murchison. The chapter on renal diseases is of a totally different order, and the description of the different forms is good and clear, and the therapeutic handling of renal diseases is sound and judicious. The section on diseases of the nervous system is the largest and best in the book, and includes the consideration of the different forms of insanity. Curiously, in so good a section the well-marked disease, "Progressive General Paralysis," is omitted. Again, the weakness of the work in its therapeutical aspect is revealed by the fact that the effects of cold feet in the production of sleeplessness are not considered in its treatment. Then follows a section devoted to the consideration of fevers in their various forms, which is well worth perusal. The preventive measures to be adopted in the different forms of infectious fevers are prominently put.

In the section on gout, which we are told is not common in the United States, he writes, "Doubtless heretofore the extent of the pathological relations of this diathesis was much exaggerated, and probably at the present time it is generally under-estimated." Skin diseases are not entertained in the work; rightly enough.

Taken as a whole we do not see that Dr. Flint has supplied a work that was at all needed; nor do we think he will add to his reputation by its publication. It may be useful to his students, but we do not see anything about it, except the chapter on the behaviour of physicians, which induces us to recommend it to our readers. Probably there are few of them who would not be benefited by reading this book; but in saying so, we do not see that the same might not be said, with quite as much truth, about the perusal of the works of Fred. Roberts and Syer Bristowe.

## CHILDREN'S LIVES, AND HOW TO PROTECT THEM. (a)

THE effort to popularise medical knowledge is at once a difficult and a thankless task, and an author who satisfies the public and the profession may be congratulated if he issues an accurate and a readable work. Dr. Lomas has in a large measure fulfilled both these desiderata in his little book on "Children's Lives, and How to Protect Them." Within the scope of twenty-five chapters are discussed in an intelligent and pleasant manner, most of the chief points connected with this theme. In the earlier ones are considered the relationship between the health of parents and their offspring, the maternal state, and parturition in reference to the infant life. Next follow some chapters devoted to the mother and child, baby's progress, bringing up by hand, teething and weaning. Then attention is directed to the nurse and nursery, and no less than six chapters are subsequently devoted to the consideration of the febrile and infectious diseases of childhood and their complications, based largely upon the author's individual experience.

Infection, the eradication of the infectious diseases of childhood and after recovery, are next referred to; as also the most common causes of inflammatory diseases of the chest.

In the four concluding chapters the author dwells on the minor maladies of children, and the accidents to which they are prone; the last chapter dealing with the eradication of hereditary taint.

A copious, well-arranged index follows the text, and enhances the value of the book for popular ready reference.

The above *résumé* of the chief features of the book will give an insight into the nature of the work better than a critical consideration of its professional value. The language is good and explicit, the printing excellent.

As a popular guide in medical matters, the book may be safely recommended to those who at home or abroad may find themselves in need of a guide how to act until they can obtain the personal advice of a medical man.

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# Correspondence.

## SHAM SPECIAL HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is impossible to destroy a nest of reptiles by sprinkling them with rose water, and if the flagrant abuses connected with these institutions are to be amended the task must be taken in hand in a spirit different to that exhibited by one of your mealy-mouthed contemporaries in his feeble talk about qualified quacks. The *Medical Press and Circular* has never adopted the *rôle* of Mr. Facing-both-Ways, and has never degraded itself by cringing before roguery supported by riches, or fearing to expose dishonesty lest a rich knave should be offended. The key-note of this subject has already been struck recently in your columns in the exposure of the nefarious proceedings at one of these sham benevolent institutions, and I trust now—the time being ripe for it—you will not let the sound die away without effect, but that you will lend your voice to the raising of that chorus of denunciation which, at the signal of a worthy leader, is ready to burst forth from the united voices of all the honest members of the profession.

Quackery, no doubt, we shall always have with us, at least, until the public becomes sufficiently educated in these matters to discriminate for itself, and until the human disposition is so changed that a large portion of mankind no longer appears to take a delight in being deceived; but this does not imply that it is any the less the duty of a noble and beneficent profession like the medical to protect the weak and ignorant portions of the community from those wolves in sheep's clothing who, by an elaborate system of false pretences, are enabled to prey upon them with impunity. Among all the nefarious plans which have been from year to year invented for the purpose of driving the unwary public into the hands of dishonest and incompetent, albeit "qualified," practitioners, none equals for impudence, daring, and mendacity the special hospital dodge. By this dodge a quack is enabled to carry out every detail of his designs literally at the expense of his victims—the public. And, Sir, the guilt of some of these men is not diminished by the fact that their talents and education are such as might enable them to gain a fair competence by legitimate means. Because a man is an accomplished engraver his crime is none the less if he devotes his skill to the forging of bank-notes; and an educated physician who deliberately sets his plans to the realising of wealth by the plunder of nervous sufferers and *malades imaginaires* displays a condition of moral turpitude deserving of no mercy at the hands of public censors.

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(a) "Children's Lives, and How to Protect Them." By Dr. Lomas. London: Sampson Low, Marston, Searle, and Rivington. 1879.

The special hospital dodge is possible only in a country like England, having a large population of individuals possessed of great wealth and of exuberant benevolence, and in a land where the guardians of the noblest charitable institutions in the world glory in writing over their doors "Supported by voluntary contributions."

No plausible scheme can be started with the ostensible object of benefiting a suffering or neglected portion of the community without at once enlisting the sympathy and obtaining the material support of some out of thousands of philanthropists whose greatest pride is to be alive to every cry of suffering.

It is bad enough that in this country (although no one doubts the benefits conferred by real charity) indiscriminate alms-giving has grown to be a gigantic evil, and it is too much to endure that besides this evil a horde of rogues, the qualified quacks, should be allowed to flourish by means of the misdirected benevolence of a portion of the community. My object in writing to you is to suggest that you should attack the evils of which I complain in detail, and in plain language expose to the public—the profession know them well—the methods by which an unscrupulous quack, by means of the sham special hospital dodge, is enabled to palm himself off on the public as a distinguished specialist. Show how he starts his hospital; explain the system of chicanery by which he is able to obtain at least the nominal support and patronage of wealthy or distinguished philanthropists whose names carry weight with the public; show how a great part of the hospital income is absorbed in printing and circulating circulars and advertisements ostensibly soliciting funds for the hospital, but in reality intended to puff the quack who figures in them as senior medical officer to the "great and noble institution;" show how, in fact, the hospital is merely the private shop of its projector, used not only for advertising himself, but for obtaining paying patients by means of an "intelligent porter" touting in the out-patient department. Examine the internal economy of these fraudulent institutions and investigate the constitution of their sham committees and governing boards composed of the relatives and tools of the quacks. Demonstrate why these quacks have not only no claim to superiority in their chosen department of practice, but are mostly inferior men who, in fair competition in the profession, would have remained undistinguished or obscure. Point out that the hunger for "practice" and the greed for wealth displayed by these men indicate a moral obliquity incompatible with the honest practice of a profession like the medical, and do not overlook the notorious fact that the sham special hospital quack is often an infamous character not less socially than professionally. Make clear these matters to the public and drag these abuses into the light of day in the fearless manner in which you have often attacked similar evils afflicting our profession, and you will earn not only the gratitude of the medical world but of the whole community, which must at last come to recognise how deeply they are indebted to you for the service.

Your obedient servant,

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## PHYSICIANS AS JURORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall be glad to know through the medium of your valuable journal if it is a new phase of the law for medical men to be summoned to serve on the grand jury. As you will see by enclosed, I have been summoned as Francis M'Clean, Physician. I am registered as a dentist, under the late Act, and practise that specialty exclusively. What course am I to adopt to have my name erased from the grand jury, and its consequent interference with my professional pursuits? By kindly directing me on this point in your next issue you will confer a favour on

Yours faithfully,

Francis M'Clean, L.F.P.S.G.

22 Westland Row, Dublin,
March 26, 1880.

[The summons was a stupid error, inasmuch as not only medical men, but registered dentists, are exempt from jury service, the latter under the 30th Section of the Dentists' Act.—Ed. M. P. & C.]

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## DENTAL EXAMINERS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I learn from your issue of April 7, that a general election of examiners for the Irish College of Surgeons will take place on the first Tuesday in May. As your article does not contain any information respecting re-election of dental examiners for this year, I, with others, would be glad to know if any such election is to take place? and if so, when?

I am, &c.,

April 12, 1880. Molar.

[The election takes place in the first week in September in each year.—Ed. M. P. & C.]

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## COMPULSORY TAKING OF LYMPH.

Sir,—Please let me know if it is compulsory on parents to let a dispensary medical officer remove vaccine from a child's arm successfully vaccinated, and oblige,

Yours faithfully,

A Parent.

[The second section of the Vaccination Amendment Act of last year provides that upon the eighth day after vaccination, "the father or mother, or other person having the care, nurture, or custody of the said child, shall cause said child to be taken to the medical officer in order that such medical officer may ascertain by inspection the result of the operation, and may, if he see fit, take from such child lymph for the performance of other vaccinations."

The eighth section says:—"Every person who prevents any dispensary medical officer from taking from any child lymph as provided by Section 2 of this Act shall be liable on summary conviction to pay a penalty not exceeding twenty shillings."—Ed. M. P. & C.]

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## BRAINS OF CRIMINALS.

M. Hanot presented to a society in Paris four brains, derived from the *post-mortem* examinations of as many criminals. Prof. Benedikt, of Vienna, recently called attention to the structure of the brain in certain criminals; he has observed the presence of four frontal convolutions in twelve assassins condemned to death. M. Hanot has found the same anomaly four times in eleven autopsies. The subjects are not criminals of the worst type, but thieves of long standing and regular "jail-birds." In the brains presented the second frontal convolution seemed to be doubled, the supernumerary one being situated at this point. This is especially the more curious, as not a single case of the kind has been observed in patients dying at the hospitals not criminal.

## VACCINATION AND VARICELLA.

A physician recently reports a case in which he had performed vaccination on a child, followed in a few days by the usual signs of a successful result. But on the seventh day the child was attacked with varicella, and the redness, &c., disappeared around the vaccinated surface, and all signs of irritation passed away. On the fourteenth day, when the varicella had run its course, renewed signs of the vaccine impression began, and a perfect vesicle was formed, following the usual course. Thus, the virus had lain dormant in the system during the presence of the acute disease. Can similar instances be furnished?

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## NOTICES TO CORRFSPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Local Reports and News.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**Le Docteur Voisin**, Paris, is thanked.

**A Provincial.**—Most unusual.

**Mr. Elliott.**—More suitable for our contemporary the *Students' Journal.* We have long since given up the "Students' Column," as that department is so well represented in the journal named.

**An Interested One.**—We have a large number of reviews of books in type, yours among the number; we are inserting them as fast as our space will allow, and as nearly as possible in the order of receipt.

**Royal Institution.**—Tuesday, April 27, at 3 p.m., Mr. Robert H. Scott, "Wind and Weather."

### METRIC EQUIVALENTS FOR AVERAGE DOSES OF SOME MEDICINES COMMONLY USED.

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|---|---|
| Atropine<br>Arsenic<br>Strichnia<br>Phosphorus | Grains, 1-30, 1-12 = ·002 ·005 or milligrammes, 2, 5. |
| Antimony tart.<br>Extract elaterii<br>Extract nucis vomicæ<br>Extract phyostygas<br>Morphine | Grains, 1-6, 1-2 = ·01 — ·032, or 3 centigrammes, 2 milligrammes. |
| Calomel<br>Opium<br>Zinci sulphat<br>Acid carbolic<br>Digitalis fol. | Grain, 1 = ·076, or 7 centigramme, 6, 5. |
| Pil. hyd.<br>Pil. rhen. co.<br>Pot. iodid. | Grain, v. 10 = ·325 — ·65, or 325 milligrammes, or 65 centigrammes. |
| Pulv. rhei<br>Sod. bicarb.<br>Magnes carb. | Grains, 10, 20 = ·68 — 1·3, or 68 centigrammes 6 — grammes, 1 3 decigrammes. |

Sodæ salicyl., gr., 20, 40 = 1-3 — 2-6, or 1 gramme 3 decigrams, — 2 grammes 6 decigrams.

LIQUIDS.

| | |
|---|---|
| Tr. opii<br>Liq. morphiæ<br>Tinct aconiti | M v., M xe = C.C. 0·3 — 0·6. |
| Tinct. digitalis<br>Liq. Potassæ<br>Vin. ant. tart. | M. x. — xx. = C.C. 0·6 — 1·5. |
| Syrup papaveris<br>Oxymil scillas<br>Tr. camph. co. | M. 30 — ʒj., or C.C. 2 — 4. |

**A Student.**—As you are anxious to study both specialties, you cannot do better than read a good text-book on the eye and on the throat, side by side with "The Movable Atlases" on these subjects, the former by Mr. Henry Power, the latter by Mr. Lennox Browne.

**Association of Surgeons practising Dental Surgery.**—This (Wednesday) evening, at 7½ p.m., Council Meeting.—8½ p.m. Mr. Christopher Heath: "Thirty-five Years' History of a Maxillary Tumour."

**Hunterian Society.**—This evening, at 8 p.m., Mr. Startin will show a Case of Acute Pemphigus.—Mr. J. E. Adams, "On a Case of Cancer of the Rectum, in which Excision and Colotomy were performed;" and a "Case of Osteotomy of the Femur for Genu Valgum."

### AN APPEAL TO THE BENEVOLENT.

In our advertisement columns will be found an appeal for assistance in a very sad and deserving case, wherein the seven young children of a dispensary doctor have been suddenly deprived of their paternal support and thrown upon the sympathy of the profession and friends. We need hardly say that the most practical form of assistance would be by those who have presentations to charities, utilising them for one or other of these orphans; where this is not practical, contributions of money, however small, will be gratefully received by the gentlemen whose names are appended to the advertisement.

**Clinical Society of London.**—Friday, April 23, at 8½ p.m., Dr. Stokes, of Dublin, "On Amputating through the Hip-joint."—Dr. Southey, "On a Case of Acute Rheumatism with Multiple Embolisms."—Mr. Cripps, "On a Case of Secondary Hæmorrhage from the Stump of the Thigh, with Calcareous Degeneration of the Vessels."—Dr. Graily Hewitt, "On a Case of Acute Hysterical Vomiting of ten months' duration, caused by Displacement of the Uterus."

**Royal Institution.**—Thursday, April 29, at 3 p.m., Prof. Tyndall, "On Light as a Mode of Motion, Theories of Light and Colours."

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### VACANCIES.

Basingstoke.—Medical Officer of Health. Salary, £120. Applications to the Clerk of the Guardians before April 29.

Liverpool Dispensaries.—Assistant House Surgeon. Salary commencing at £108 per annum. Applications to the Secretary before April 26.

Liverpool Royal Southern Hospital.—Junior House Surgeon. Salary, 60 guineas, with board. Applications to the Chairman before April 28.

Notting Hill Provident Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Sec., 8 Pembridge Gardens, W., before May 25.

Rotunda Lying-in Hospital, Dublin.—Resident Clinical Clerk. Salary, £30. Election, April 25.

Victoria Hospital for Children, Chelsea, S.W.—House Surgeon. Salary, £50, with board. Applications to the Secretary before April 28.

Weston-super-Mare Hospital.—House Surgeon. Salary, £70, with board. Applications to the Secretary before May 1.

Worcester County Lunatic Asylum.—Junior Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Sherlock before April 24.

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### APPOINTMENTS.

**Burman**, C. C., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Western District and Workhouse of the Belford Union.

**Butters**, J. G., L.R.C.P.Ed., Medical Officer to the Whitchurch and South Lydford District of the Tavistock Union.

**Crossby**, J. P., L.R.C.P., L.F.P.S.G., Medical Officer of the Sunderland Union Workhouse.

**Henderson**, G., M.B., C.M., one of the Medical Officers of the Coldstream and Eccles Dispensary.

**Levinge**, E. G., M.B. Univ. Dub., L.R.C.S.I., Medical Officer to the Lucan Dispensary, Celbridge Union.

**McCuaig**, D., M.D., L.R.C.S.Ed., Consulting Physician to the North Riding Infirmary, Middlesborough-on-Tees.

**McGachen**, F. W. D., L.F.P.S.G., Medical Officer of the Hanslope District of the Newport Pagnell Union.

**Northey**, G. W., M.R.C.S.E., Medical Officer to the Milton Abbott District of the Tavistock Union.

**Orton**, J., M.R.C.S.E., Medical Officer to the Foleshill District and the Workhouse of the Foleshill Union.

**Patterson**, T., M.D., C.M., Medical Officer for the Fourth District of the Oldham Union.

**Smyth**, J., L.R.C.P.Ed., L.R.C.S.Ed., Senior House Surgeon to the Belfast Royal Hospital.

**Warren**, F. W., F.R.C.S.I., L.K.Q.C.P.I., Demonstrator of Anatomy at the School of Surgery, Royal College of Surgeons, Ireland.

**Army Medical Department.**—The following were gazetted on Friday —Deputy Surgeon-General J. A. W. Thompson, M.D., to be Surgeon-General, vice J. H. K. Innes, C.B., who is granted retired pay. Deputy Surgeon-General G. Pain is granted retired pay, with the honorary rank of Surgeon-General. Surgeon W. A. Duke to be Surgeon-Major.

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## Births.

**Bellamy.**—April 16, at 17 Wimpole Street, London, the wife of Ed. Bellamy, F.R.C.S., of a son.

**Brodie.**—April 15, at Belgaum, Bombay Presidency, the wife of Surgeon-Major Brodie, of a son.

**Callan.**—April 5, at Roden Place, Dundalk, the wife of J. M. Callan, M.D., County Coroner, of a son.

**Cotton.**—April 10, at Southsea, the wife of Dr. Cotton, Deputy Inspector-General of Hospitals, R.N., of a daughter.

**Dyte.**—April 14, at 24 Bedford Place, London, the wife of Dr. D. H. Dyte, of a daughter.

**Gage.**—April 9, at Scotstown, co. Monaghan, the wife of R. C. Gage, M.B., of a son.

**Little.**—April 13, at the Elms, Manchester, the wife of David Little, M.D., of a daughter.

**Lucey.**—April 14, at Southampton, the wife of W. C. Lucy, M.D., of a son.

**Moss.**—April 10, at Chardville, Elphinstone Road, Southsea, the wife of Staff-Surgeon E. L. Moss, R.N., H.M.S. *Atalanta*, of a son.

**Palmer.**—April 12, at Durrow, Queen's Co., the wife of J. R. Palmer, L.R.C.S.I., of a daughter.

## Marriages.

**Colgate—Jolly.**—April 14, at Bath, Hy. Colgate, M.D., F.R.C.S., of Eastbourne, to Ethel Dobell, eldest daughter of W. Cracknell Jolly, of Lansdowne, Bath.

**Given—Charles.**—At Cookstown, co. Tyrone, George Kilpatrick Given, M.D., Gortin, to Marie Elizabeth Cranstoun, only daughter of David H. Charles, M.D., Cookstown, co. Tyrone.

**Minnitt—Saunders.**—At Stoke, near Guildford, Joshua Robert Minnitt, M.B., to Kate Marion, third surviving daughter of Edward Saunders, J.P., late of Ballinderry Park, co. Tipperary.

## Deaths.

**Birnie.**—April 6, at Don Street, Old Aberdeen, Sarah Augusta, widow of M. Birnie, Surgeon, of Aberdeen, aged 85.

**Sharpey.**—April 11, at Torrington Square, London, William Sharpey, M.D., LL.D., F.R.S., formerly Professor of Anatomy and Physiology in University College, aged 78.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 28, 1880

## CONTENTS.

PAGE

The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1880. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture II.—Part II. .......... 339

### ORIGINAL COMMUNICATIONS.

Cerebro-Spinal Syphilis. By C. R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital; Secretary to the Rescue Society's Lock Hospital, London .......... 341

### CLINICAL RECORDS.

St. Mary's Hospital—Case of Syphilitic Laryngitis—Necrosis of Cricoid Cartilage—Tracheotomy—Tracheitis—Bronchitis—Pneumonia, and Death. Under the care of Mr. Norton. From Notes by the House Surgeon, Mr. Ernest Lane .......... 343

### TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

PAGE

Case of Acute Rheumatism with Multiple Embolisms .......... 343
Amputation through the Hip-joint .......... 344
Secondary Hæmorrhage from the Stump of the Thigh .......... 345

HARVEIAN SOCIETY—

Points in the Surgery of the Urinary Organs which every Practitioner ought to Know .......... 346
Changes in the Eye in Pregnancy .......... 346

### LEADING ARTICLES.

BONE-SETTERS AND BONE-SETTING .......... 347
A SAD REVELATION—DR. CARUS WARBURG 348

### NOTES ON CURRENT TOPICS.

The Royal Irish University .......... 349
University Disfranchisement .......... 349
The Metropolitan Water Supply .......... 350
The Irish Prison Surgeons .......... 350
Religious Tests for Eye Doctors .......... 350
The International Medical Congress of 1881 and the British Medical Association .......... 350
A Legal Recantation .......... 350
New Medical M.P.s .......... 351
Lawyers and Doctors in the New Parliament .......... 351

PAGE

Solidified Bromine .......... 351
Death from Chloroform .......... 351
Adulterated Whisky .......... 351
The Health of Bournemouth .......... 351
Special Hospitals and Provident Dispensaries .......... 352
The Dublin Sanitary Commission .......... 352
The Ventilation of Theatres .......... 352
The Health of Ireland .......... 353
Attempted Insurance Fraud .......... 353
French Medical Association .......... 353
Epilepsy caused by Diseased Teeth .......... 353
A Silver Cradle .......... 353
Professor Stokes in London .......... 354
Guy's Hospital .......... 354
Sunday Recreation .......... 354
Mr. J. W. Hulke, F.R.C.S. .......... 354

SCOTLAND .......... 355

### LITERATURE.

The Carmichael Essays, 1879 .......... 355
LITERARY NOTES AND GOSSIP .......... 356
Banquet to Dr. Lyons, M.P. .......... 357
Irish College of Surgeons .......... 358
CORRESPONDENCE .......... 358
Notices to Correspondents .......... 359

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# THE Lumleian Lectures ON THE DIGESTIVE FERMENTS AND THE PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,

Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

## LECTURE II.—PART II.

(*Continued from page* 319.)

### *Peptogens.*

I MAY here advert to a singular view advanced by Schiff in regard to the production and secretion of pepsin and trypsin. Schiff found that when an insoluble aliment such as white of egg (or fibrin, or meat which had been deprived of its soluble portions) was introduced into the stomach of a fasting animal, no pepsin was secreted, and the albumen remained undigested; but if with the albumen certain soluble aliments were introduced into the stomach, then pepsin was produced, and digestion immediately began.

To these substances, which had the power of provoking the formation and secretion of pepsin, Schiff gave the name of *peptogens*. Among the most effective peptogens were found to be solutions of dextrine, extract of meat (or soup), infusion of green peas, bread (which contains dextrine), gelatine and peptones. On the other hand solutions of grape-sugar, soluble starch, fat-emulsion or gum had no peptogenic effect; and milk and coffee had not much. Schiff further found that peptogenic substances were just as effective when they were injected into the blood, or into the cellular tissue, or introduced as enemata into the rectum, as when they were introduced directly into the stomach. On the other hand when peptogens were injected into the small intestine, their influence was not observed—their effect seemed to be annulled by some action of the mesenteric glands, or by some change induced in them in their passage along the thoracic duct.

On the ground of these experiments—and they were numerous and oft repeated and gave constant and decisive results—he concluded that the absoption into the blood of these soluble aliments was a necessary preliminary of proteid digestion—that no pepsin or trypsin was secreted unless these substances existed beforehand in the blood. The first act, according to Schiff, of gastric digestion was the absorption from the constituents of a meal of these soluble peptogens by the veins of the stomach. On this followed immediately the secretion of pepsin and the commencement of digestion proper.

These views and experiments of Schiff have not been allowed to pass without challenge, but they have not yet been overturned. If they should be substantiated they will give, curiously enough, a scientific sanction to the prevailing custom of commencing dinner with soup.

### THE MILK-CURDLING FERMENT.

You all know that one of the most striking properties of gastric juice is to curdle milk. This property is utilised on a large scale in the industrial art of making cheese. Rennet, which has been used for that purpose from remote antiquity, is simply an infusion of the fourth stomach of the calf in brine. The curdling of casein by rennet does not depend upon the acid of the gastric juice, for it takes place when the milk is neutral or even faintly alkaline. It has until lately been believed that this property was an inherent attribute of pepsin, but this opinion is no longer tenable. Brucke succeeded, by a process I need not particularise, in producing pepsin which had an energetic action on proteids, but which did not possess, except in the feeblest degree, the power of curdling milk. Mr. Benger also found that an extract of pig's stomach in saturated brine, while it possessed energetic action as a milk-curdler, had only feeble proteolytic powers. We must therefore regard the agent in gastric juice which curdles milk as a distinct substance from pepsin.

In the course of my experiments on pancreatic extract, I made the unexpected observation that the pancreas also contained an agent capable of curdling milk. I found this property in the pancreas of the pig, the sheep, the calf, the ox, and the fowl. In whatever way the extract of the gland was made, whatever solvent was used, this property of curdling milk was present in it; but the brine extract exceeded all others in curdling capacity. In short, the action resembles exactly that of calf's rennet; and, so far as I know, you could make cheese with pancreatic rennet as perfectly as you can with gastric rennet.

That the curdling agent of the stomach and pancreas is a true ferment, and not some inorganic chemical agent, seems to be proved by the fact that boiling, or even heating to 160° F. (70° C.) instantly destroys its power. I found moreover that like other soluble ferments it is precipitated, but not truly coagulated, by alcohol—for it recovers its solubility and activity when the alcohol is removed, even after a contact of several weeks.

What is the real function of the curdling ferment? Seeing its striking reaction with milk, one's first idea is that it must have something to do with the digestion of casein. But a little consideration shows that this idea is altogether improbable. Although all mammalia start life on a milk diet, milk does not form a part of the normal diet of any adult creature except man. Nor can its universal presence in the mammalian digestive organs be regarded as a vestigial phenomenon—a "memory" of the suckling phase of their existence—for the same curdling property is found in the stomach and pancreas of the fowl which never at any period of its life fed on milk. Moreover, it may be doubted whether the ferment in question is the actual agent which curdles milk on its passage into the stomach—for the acid of the gastric juice, which also curdles milk, would probably be beforehand with it, inasmuch as its action is a good deal more prompt than that of the ferment. In the pancreatic digestion of milk, the occurrence of curdling has appeared to me to be a distinct hindrance to the process. Has this ferment any true digestive functions? I think this is quite open to doubt. Its action on milk is apparently akin to that of the fibrin-ferment on blood—and it may likewise have some kindred purpose—but what that purpose may be I am unable to conjecture.

### EMULSIVE FERMENT.—DIGESTION OF FATS.

The digestive change undergone by fatty matters in the small intestine consists mainly in their reduction into a state of emulsion, or division into infinitely minute particles. In addition to this purely physical change, a small portion undergoes a chemical change whereby the glycerine and fatty acids are dissociated. The fatty acids thus liberated then combine with the alkaline bases of the bile and pancreatic juice, and form soaps. The main or principal change is undoubtedly an emulsifying process, and nearly all the fat taken up by the lacteals is simply in a state of emulsion, and not of saponification. It is however quite certain that both these processes do take place in the small intestine, though in very unequal degrees. The only question in connection with the digestion of fat which I propose to examine is:—Whether these changes are produced by the operation of a soluble ferment, or by some other and different agencies. It is certainly established that the pancreatic juice exercises a marked influence on the digestion of fats, and it is in the pancreas, according to Bernard, that the emulsive ferment is to be found. Bernard demonstrated that healthy pancreatic juice has quite a special faculty of emulsifying fats. Pancreatic tissue has also the same property. If a portion of fresh pancreas be rubbed up with fatty matter and water, you get an emulsion which is fairly persistent. I have not had an opportunity of examining the behaviour of pancreatic juice with fatty matter, and cannot therefore speak of its properties; but it is singular if, as alleged, the effect of pancreatic juice and pancreatic tissue on fat be due to the presence of a soluble ferment, that the extracts of pancreas possess none of the same power. I have made extracts of pancreas in various ways—with simple water, with chloroform-water, with dilute spirit, with solutions of boracic acid, of borax, and of both combined, with glycerine and water, with brine, and with solution of salicylic acid, and of salicylate of soda; and yet I could not satisfy myself that any of these extracts possessed any special power of emulsifying fats, nor of liberating the fatty acids and inducing saponification. Paschutin states that the emulsive ferment of the pancreas can be extracted by a solution of bicarbonate of soda. An extract of pancreas made by myself with a two per cent. solution of bicarbonate of soda was indeed found to have a very emulsifying power, but it had the same power, even in an enhanced degree, after being boiled, which showed that its emulsifying properties could not depend on the presence of a soluble ferment.

I was equally unsuccessful in my attempts to verify the alleged power of extracts of pancreas, and of crushed pancreatic tissue, to liberate the fatty acids. When fresh pancreas, finely triturated with sand, were digested with milk in the warm chamber, I could not obtain satisfactory evidence of the development of free acid from the decomposition of the fat of the milk by a soluble ferment. The pancreas itself yields a slightly acid solution when infused in water, and a mixture of milk and pancreatic tissue always showed a slight acid reaction; but when this primary acidity was neutralised, no further production of acid took place until such time had elapsed as was sufficient to permit the development of organised ferments and the origination of the lactic fermentation.

The views which Bernard developed on the digestive process are based on inductions so wide, and observations so multiplied, that I feel satisfied that their substantial accuracy will be ultimately established in regard to fat, as they have already been established in regard to starch and cane-sugar.

Some observations made by Brucke promise to throw a fresh light on the digestion of fat. Brucke found that oils and fats which contained an admixture of free fatty acids—in other words, which were more or less rancid—were emulsified by a slight agitation with a weak solution of carbonate of soda. J. Gad extended these observations, and showed that even simple contact of a rancid oil with the alkaline solution was sufficient to effect a mechanical division of the oily matter. I have repeated these observations, and the results are certainly remarkable. The different behaviour of two specimens of the same oil, one perfectly neutral and the other containing a little free fatty acid, is exceedingly striking. I have here before me two specimens of cod-liver oil—one of them is a fine and pure pale oil, such as is usually dispensed by the better class of chemists; the other is the brown oil sent out under the name of De Jongh. I put a few drops of each of these into these two beakers, and pour on them some of this solution, which contains two per cent. of bicarbonote of soda. The pale oil, you see, is not in the least emulsified; it rises to the top of the water in large clear globules—the brown oil, on the contrary, yields at once a milky emulsion. The pale oil is a neutral oil, and yields no acid to water when agitated with it—in other words, it is quite free from rancidity; but the brown oil when treated in the same way causes the water with which it is shaken to redden litmus paper. I was surprised to find that olive oil (salad oil), which appeared quite sweet, and had not the slightest taste or smell of rancidity, gave a milky emulsion with the soda solution. This oil did not yield any acid reaction to water when agitated therewith. Nevertheless, it evidently contained a little free fatty acid (probably oleic acid, which is insoluble in water, and therefore does not acidify water shaken up with it), for when a portion of this oil was washed with a strong solution of carbonate of soda, and then allowed to separate, the oil thus freed from acid no longer gave an emulsion with the weak soda solution. It would appear that an admixture of only a very small proportion of free fatty acid is sufficient to induce emulsification—a quantity so small as not to cause any appreciable rancidity to the senses of smell or taste. This specimen of almond oil is to all appearance perfectly sweet, but it communicates a rather sharp acid reaction to water shaken up with it, and it gives, as you see, a perfect emulsion with the soda solution.

The bearing of these observations on the digestion of fat is plain. When the contents of the stomach pass the pylorus they encounter the bile and pancreatic juice, which are alkaline, from the presence in them of carbonate of soda. So that the fatty ingredients of the chyme, if they only contain a small admixture of free fatty acids, are at once placed in favourable circumstances for the production of an emulsion without the help of any soluble ferment, the mere agitation of the contents of the bowel by the peristaltic action being sufficient to effect the purpose.

This view of the matter renders it necessary that fresh inquiries should be made into the effect of gastric digestion on fats. It has hitherto been supposed that fatty and oily substances undergo no change in the stomach, but it is quite possible that something may have been overlooked. It is a familiar experience to most dyspeptics that rancid eructations are a frequent occurrence in the later stages of gastric digestion. If it should turn out that among the complex operations taking place in the stomach there occurred some slight decomposition of the neutral fats, and a liberation of a small quantity of free fatty acid, such a result would supply the necessary condition for the emulsification of the neutral fats in the duodenum. In speculating on this subject it is difficult to shut one's eye to the possibility of the intervention of formed or organised ferments in the digestive process. It is well known that fatty acids are liberated in the decomposition of neutral fats by bacteroid ferments (zymophytes), and the presence of ferments of this class in the living stomach has been so repeatedly observed that it may well give rise to the suspicion that they are a normal ingredient of the gastric mucus, and have a normal function to perform in the digestion of some portions of our food. It is not, however, desirable to push speculations of this kind in advance of observed facts, and I only mention them as hints for further inquiry in regard to the digestion of fat.

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# Original Communications.

## CEREBRO-SPINAL SYPHILIS.

By C. R. DRYSDALE, M.D.,

Senior Physician to the Metropolitan Free Hospital; Physician to the Rescue Society's Lock Hospital, London.

THE history of syphilis of the cerebro-spinal system is not much more than some twenty years of age. Before the commencement of this century, indeed, Ulrich von Hutten, and one or two other writers, spoke of paralysis as being sometimes due to syphilis, but the great Scottish surgeon, John Hunter, in speaking of syphilitic affections at the end of the 18th century, observes that the disease does not affect the brain and spinal cord. Such was also the opinion of Astley Cooper as late as the year 1840. Since that date, the writings of Ricord, Diday, Fournier, Gros, and Lancereaux in France; in Germany, of Virchow, Heubner, Wegner, and Dittrich; in England, of Hutchinson, Broadbent, Green, Barlow, Wilks, Moxon, Buzzard, Weber, Dowse, and Payne, with Bidenkap and Bergh in Norway and Sweden, have made many points which were obscure perfectly clear and intelligible. It is now known that syphilis may cause grave headache, epilepsy, insanity, with paralysis, both cerebral and spinal, and these by no means very infrequently.

*Precocity.*—One of the most unexpected results of more recent inquiry into the cerebro-spinal pathology of syphilis has been the discovery that this disease may cause paralysis very early in its course. It has been found in one set of statistics that, of 168 cases of cerebro-spinal syphilis, there was a period of only some months, or less than one year, between the appearance of the initial lesion and the occurrence of the cerebro-spinal mischief. In these cases the lesion appeared thrice before the end of but one month, within two months in three cases, within three months in five, within four months in seven cases, and within six months in ten cases. If these statistics are admitted, it proves that, of all the viscera, the brain and spinal cord are apt most speedily to suffer from syphilis. Dr. Buzzard's statistics, in his able work on syphilitic nervous affections, published in 1874, give cyphers at variance to this; but I am inclined, from my own experience, to believe that cerebro-spinal syphilis is not so very rarely a very precocious symptom of the disease.

The brain is far more frequently attacked in the early stages of syphilis than the spinal cord; and, in my experience, one of the commonest forms of cerebral lesion is that which produces right hemiplegia conjoined with aphasia, whilst the convulsive forms of diseases are not often observed until far later on in the history of syphilis. In one series of statistics, due to M. Julien, of Paris, hemiplegia was noted seven times out of thirteen cases, which supervened within two years after the appearance of the chancre, while there was only one case of paraplegia.

To describe the symptoms of cerebro-spinal syphilis more in detail, I would add that *syphilitic headache* is deep and internal in its character in many cases, resembling a nail driven into the head; at other times it is diffused. It is often nocturnal, and may last for years. I have two cases of it at present under observation. It is one of the earliest symptoms of the disease, and should be sedulously attended to, and cured, if possible, at once.

The congestive form of cerebral syphilis exhibits vertigo, with buzzing in the ears, dimness of sight, or loss of intelligence. In the case of a gentleman who ultimately became aphasic, I noticed these symptoms for many years. Depression of spirits and impotence are notable symptoms of the conjestive form of the disease, and there may be at the same time paresis of the cranial nerves, with slight ptosis, strabismus, mydriasis, or facial or lingual paresis.

Cerebral headache is occasionally followed by complete blindness. I had such a case in the Metropolitan Free Hospital a month ago, where there was complete amaurosis of the right eye. Fournier mentions a case of cerebral syphilis which had produced complete coma. The patient, a young medical student, was found in a state of unconsciousness from this cause, and his life was clearly saved by large doses of the iodide of potassium.

Here is the case I have just had in hospital. A woman, æt. 32, widow, was admitted on December 16th, 1879, for the following symptoms: complete blindness of right eye with paralysis of the third nerve, and anæsthesia of parts supplied by the fifth nerve on the same side. Ptosis well marked. Could not count fingers with right eye alone open. History: She was married thirteen years ago, but her husband, who was ill before marriage, was treated for paralysis in St. Bartholomew's Hospital, and died some years ago. Her children all but one had died. No. 1 was born dead. No. 2 lived four days. No. 3 lived sixteen weeks. No. 4 was a miscarriage. No. 5 was weakly and has lived nine years. No. 6 died of fits; and No. 7 was born dead. She had suffered from sore throat and alopecia soon after marriage. This patient, when in hospital, suffered quite terribly from headache, and could not bear to sit up or move her head. Very large doses of iodide of potassium, thirty grains thrice daily, did some little good, and then she had mercury rubbed in, but left hospital in February, I regret to say, but little benefited by treatment.

It is always, I may remark, as well to bear in mind that coma supervening suddenly may be syphilitic in causation, and thus a life may be saved.

Syphilitic epilepsy is now a very generally understood variety of epilepsy. I have known of cases of it for more than twenty years, one having occurred twenty years ago in a gentleman connected with me by family relations. Syphilitic epilepsy is thus characterised. It occurs most frequently in adults, between the age of thirty and forty especially. One author, Fournier of Paris, alleges, indeed, that nine-tenths of epileptic fits in adults, coming on for the first time, are due to syphilis. Dr. Ferrier's experiments explain why syphilis causes epileptic seizures, for the lesions of syphilis usually affect the periphery of the brain; or the grey matter of the convolutions, the meninges being first attacked in many cases. Epileptic fits caused by syphilis are not, in my experience, always distinguishable at first sight from those of essential epilepsy, either when the *grand mal* and *petit mal* is present. The invasion of epileptiform seizures, however, in syphilis, is often announced by pallor, emaciation, langour, and headache. Sometimes, but very rarely, I have seen epileptic seizures as the very first symptom.

A first fit of syphilitic epilepsy will almost certainly be followed by many others. At first the fits come on at intervals, but in a shorter or longer period they succeed each other with scarcely any interval. The fits are often preceded by a severe headache, usually in one of the temporal fossæ, and there may be an aura. At first, the fits are merely convulsive in character, but they are gradually accompanied by other symptoms, such as vertigo, or loss of consciousness, *petit mal*. They are sometimes accompanied by delirium, and prompt the patients to commit some violent action. In a short time the epileptic seizures are probably followed by some form of paralysis, and the patient may then sink into dementia and die. Such patients become utterly unfit for business in some cases, morose and taciturn. Their memory may be so lost as to cause them to forget the names of their own children. Their affections become impaired in many instances, and they vegetate rather than live.

The diagnosis of syphilitic epilepsy is occasionally puzzling. There would seem rarely to be any initial cry. There is a far greater frequency of consecutive palsy after it than after ordinary epilepsy. Occasionally, as in the case of a gentleman who ultimately died of cerebro-spinal syphilis, the convulsions are only partial, and in some cases consciousness is maintained during the fit. The convulsions may be limited to one arm or the side of the face. In some instances there is much pain felt during the fit in some part. Partial fits like those described are not seen in purely nervous epilepsy, whereas they are common in syphilis. Charcot and Pitrés (*Rev. de Med. et de Chir.*, 1879) show that in partial epilepsy in animals there is always some alteration of the grey matter at the level of the cortical zone (fronto-parietal). One distinguishing feature of syphilitic epilepsy is that the patient is ill *between* the attacks, which is not the case in ordinary epilepsy. Headaches, vertigo, or some form of paresis are seen, and symptomatic epilepsy is developed in adult life. Naturally the occurrence of some other syphilitic symptom, such as tertiary ulceration, gummata in the testis, &c., much tend to clear up the case. If, again, we hear no history of alcoholism, uræmia, tubercle, lead poisoning, &c., it will be well in doubtful cases to try specifics. The conjunction of aphasia with cerebral syphilis is quite a recent observation, but at the present day there is, I suppose, no medical man with much experience who has not *seen*, even if he has not recognised, such cases. The best monograph, however, on the subject was published ten years ago by Professor Tarnowsky of Saint Petersburg. The conjunction of right hemiplegia with aphasia in syphilis is almost habitual, but aphasia sometimes occurs alone, as I have noticed in more than one case without any paralysis, or it may be accompanied by left hemiplegia, epilepsy, or glossoplegia. It is thought by some that there is a centre of motory influence for the lips and tongue in the third frontal convolution, which accounts for the paralysis of the tongue.

The sudden form of supervention of syphilitic aphasia is the one most commonly met with. The affection may be partial or complete. Sometimes syphilis of the brain causes forgetfulness of certain words; at others there is a complete loss of language. Broca, it will be remembered, defines aphasia in general terms: "The loss or perversion of that faculty which permits us to establish a relation between an idea and a sign, whether that sign be a word, a gesture, or any mark whatever." Syphilitic aphasia is often transitory, but at other times it is permanent, and it may occur at any period of the disease, from a few months after the chancre up to thirty years or more after it. For instance, in one of my cases it occcurred ten weeks after the chancre, in another twenty years after it, and yet both of these were equally incurables.

There are various diseases of the intellect produced by cerebro-syphilis. The commonest form of mental disease it produces is progressive dementia, but delirium and mania are also occasionally caused by it. Syphilitic insanity, then, is not an unknown disease, as some would have us believe. Patients with cerebral syphilis are often remarkable for want of memory and for intellectual indolence. They become nonchalant, forgetful, and quite unfit for business. For instance, a gentleman of great intelligence, affected by cerebral syphilis, became gradually quite unlike his former self, maltreated his relations and friends and utterly neglected them. He lost his memory entirely, and passed into a state of depression with incoherence, gradually becoming demented, and died suddenly. In rare instances cerebral syphilis may cause symptoms resembling melancholia or hypochondriasis, and the patient may have the mania of persecution or suicide; but this latter usually seems to be produced by delirium.

In other instances, the lesions of cerebral syphilis may cause excitement, delirium, and exaltation. Such patients may have attacks of furious mania. Others, again, become eccentric and irascible, and are thought by their friends to be going out of their mind. Such patients will waste their funds, fail in business, and talk incessantly. Other patients, again, are distinctly maniacal. Such are often violent, abusive, and even dangerous to bystanders. These are very sleepless, and often capable of great muscular exertion.

Dr. Batty Tuke (*J. of M. Sc.*, 1873-4), mentions a case where a syphilitic patient exhibited delirium and hallucinations; and Dr. Grainger Stewart (*Syph. Insan.*, *B. M.J.*, 1870) speaks of a case of monomania caused by syphilis. Zambaseo, as early as 1857, mentioned the case of a patient who had secondary symptoms, and became so maniacal that he was obliged to be confined in a lunatic asylum. I have myself certified to dangerous lunacy in cases of a similar description. In short, then, the incoherence, delirium, mania, melancholy, and other mental perturbations caused by cerebro-syphilis, are perfectly similar to those caused by other cerebral affections.

Syphilis may also cause a disease which greatly resembles the affection called *general paralysis*.

Dr. Griesenger, indeed, writing in 1873, seemed to opine that this affection was due to syphilis, and Dr. Skae (*Journ. of Medical Science*, 1875) gives certainly some cases of undoubted general paralysis occurring in syphilitic patients. Perhaps, then, syphilis may be an *occasional* cause of this disease; but it must be remarked that syphilitic brain disease more frequently causes symptoms resembling those of the disease in question. In general paralysis, for instance, are noticed intellectual and motor disturbances first of all, and with these, perhaps, vertigo, epilepsy, maniacal attacks, &c. All these are seen in cerebral syphilis, since we know that in autopsies of syphilitic patients we occasionally find the meninges thickened and opaque and the grey matter softened and degenerated. What, however, distinguishes the general paralysis of the insane from syphilitic generalised paralysis is this: the patients who suffer from the former disease are remarkable for the supreme satisfaction they feel for their own position in life and their surroundings. These are the *soi-disant* kings and illustrious characters of our lunatic asylums. Such a condition of mind is rare indeed among patients with cerebral syphilis. They are generally timid and depressed in spirits. Trembling of the tongue and lips, so common in general paralysis, is wanting in their case. In syphilis, too, of the brain, paralysis soon ensues as a general rule, whereas it does not do so till late in the ordinary general paralysis of the insane, and then it consists rather in want of co-ordination of movements than in the loss of muscular power. Patients, again, with general paralysis maintain their general health, become stout, and digest well, which is not the case usually in patients with cerebral syphilis. In general paralysis the grey matter of the convolutions is far more extensively affected, than it is in cerebral syphilis when hardening of the meninges is the most notable feature. And, lastly, general paralysis of the insane is always fatal, cerebro-syphilis not so, since it is curable in many cases.

(*To be continued.*)

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# Clinical Records.

## ST. MARY'S HOSPITAL.

### *Case of Syphilitic Laryngitis—Necrosis of Cricoid Cartilage—Tracheotomy — Tracheitis — Bronchitis — Pneumonia, and Death.*

Under the care of Mr. Norton.

From Notes by the House Surgeon, Mr. Ernest Lane.

C. B., æt. 32, a milk-carrier, was admitted on Wednesday, March 31, suffering from extreme dyspnœa and aphonia, being transferred from the medical wards to the care of Mr. Norton. His family history could not be obtained, as talking brought on paroxysms of cough which intensified the dyspnœa. He had been suffering from a cough since Christmas, but his breathing had not been seriously impaired till within a week of admission.

When first seen in bed the patient wore an anxious expression, face covered with cold perspiration; respirations, 32 per minute, forced, and accompanied by a rasping sound; pulse, 100, weak and compressible, intermittent at every third or fourth beat. On examination of the throat, the uvula and posterior part of the soft palate were found to have been destroyed by old ulceration. Steam inhalations were ordered, and an emetic of sulphate of zinc, and

Ammon. bromid., gr. x.;
Tinct. aconit., ♏v.;
Mist. ammon. acet., ℥j.,

to be taken every two hours.

On the next day Mr. Norton saw the patient, and ordered tracheotomy to be performed immediately; this was done by the house-surgeon, and a large silver tube was inserted. There was still after the operation some embarrassment of the breathing, owing to the blocking up of the tube at short intervals by a thick viscid mucus. The patient slept well at night, his respirations being quiet, and 26 to the minute; pulse, 98; temperature, 100°. The smell of the air expired was characteristic of necrosed bone.

April 2nd.—The patient was much better, having passed a good night, and being comparatively free from cough. As the laryngitis was evidently of syphilitic origin, the patient was ordered a mixture of iodide of potassium and cinchona. During the day his state seemed very satisfactory, his appetite good, and his cough much less severe.

3rd.—He had passed a comfortable night, but in the morning he had a long and violent fit of coughing, which nearly produced asphyxia, and which was apparently due to the constant accumulation of glutinous mucus in the tube. Respirations, when free from coughing, were 24, quiet and easy.

On the 5th his breathing became again much embarrassed. Respirations, 12 a minute between the paroxysms of coughing, face assuming a somewhat livid hue; the tube was quite free. In the afternoon the patient's breathing was becoming more and more embarrassed, and as the obstruction was beyond the tube, a flexible catheter was passed down the trachea; this came up with some thick brown secretion on it; patient was placed under a steam tent with a view to softening the secretion.

He was seen by Mr. Norton in the afternoon, who ordered vin. antimoniale, ♏xxx., to be added to his medicine, and also a Siegle's carbolic spray to play on the opening of the tube; some forceps were passed into the trachea, and a small quantity of mucus was removed.

At 3.30 a.m., on the next morning, he was worse, his respirations being 30 per minute, head thrown far back, and nostrils widely dilated. Pulse was 120, full, and somewhat compressible. As his face was becoming cyanosed, the median-basilic vein was opened by the house-surgeon, and six ounces of very dark-coloured blood were abstracted, with temporary relief to the patient; but he soon again relapsed into his former state and finally sank at 11.15 on the morning of the 6th.

*Autopsy.*—Body emaciated; scars on outer side of right patella, and of right leg; none in the groin. Brain intensely congested; arteries at base healthy. The whole of the lower part of the palate had been destroyed by ulceration; there was no ulceration about the fauces. The mucous membrane of the posterior surface of the epiglottis was granular from inflammatory exudation. The interior of the larynx was the seat of irregular phagedænic ulceration, which exposed the posterior part of the cricoid cartilage in a state of necrosis. The right true vocal cord and mucous membrane within the right ventricle was much swollen from œdema; the left true vocal cord was in the same condition, though to a less extent. The mucous membrane throughout the trachea was intensely inflamed, greatly thickened, and the seat of small circular patches of ulceration.

*Lungs.*—No fluid in either pleuræ; on the posterior part of the base of the left lung there was recent lymph and numerous sub-pleural petechiæ. Both lungs were intensely congested; hypostatic pneumonia existed over both bases and backs. The branches of the pulmonary artery were gorged with semi-coagulated blood. Bronchi were intensely inflamed; their mucous membrane was of a deep maroon colour, and was covered with thick purulent mucus.

The right cavities of the heart were distended, and the cardiac veins gorged.

*Liver.*—The peritoneum was much thickened over its upper surface; there were several adhesions. Its surface was deeply furrowed by fibrous tracts which sank for some distance into its substance. The parenchyma showed bundles of dense fibrous tissue following the course of many of the vessels, and generally running up to the surface. There were several pale patches due to syphilitic exudation, surrounded by a zone of hyperæmia.

*Remarks.*—The cause of the dyspnœa which proved fatal after tracheotomy had been performed was the swelling of the lining membrane of the smaller bronchial tubes. All the mucous lining of the respiratory tract was thick and spongy, and in a large portion of the tract also ulcerated; consequently, the air reaching the lung cells was insufficient in quantity for carrying out the respiratory function.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

Friday, April 23rd.

Dr. E. Headlam Greenhow, President, in the Chair.

Dr. Southey on

### A CASE OF ACUTE RHEUMATISM WITH MULTIPLE EMBOLISMS.

Phœbe Greenwood, æt. 26, admitted in June, 1879, under my care in St. Bartholomew's Hospital, for her seventh attack of acute rheumatism. She had been twice previously under me in the same ward. She had talipes of the left foot, but was otherwise well made, muscular, and well nourished. She was a widow, had had one child and one miscarriage, and was a woman of nervous temperament, latterly perhaps not very temperate in her habits. Present illness began with well-marked rheumatic pains and joint affection seven days before her admission, at which time she was confined to bed, and was at night time delirious. *Condition on admission.*—Generally hyperæsthetic. Swelling and tenderness of right parotid gland, which prevented her opening her mouth, and produced same deafness of right ear. Characteristic rheumatic blush. Swelling and painfulness of knuckles of left hand; other joints, knees and ankles, had been stiff and painful. There was an ecchymosis and abrasion of skin, from recent fall upon right forearm, and several purpura spots over trunk and limbs, some of them slightly raised, others sunken; a few were vesicular. Temperature, 102·4°; pulse soft, 120; resp., 36. *Physical examination.*—Heart, præcordial dulness increased; systolic murmur loud at apex. Lungs, nothing abnormal. Abdomen full and generally tender. Dulness in splenic region. No urine could be obtained separately. I knew that a cardiac murmur existed when she was last under my care three years ago, or thereabouts. *Course and Treatment.*—Milk and beef-tea diet. Salicylate of soda, 15 grains very four hours. In consequence of manifest delirium the medicine was stopped after fourth dose, and a simple saline given, with stimulants in small doses frequently. Eighth day of illness.—Highest temperature, 100°; lowest, 99°. Pulse, 108. Resp., 42. She was less rational, constantly mumbling and talking to herself; passed urine and fæces involuntarily. The parotid region and whole right side of face was more swollen. No fluctuation; great difficulty experienced in administering nourishment, from tight closure of mouth. Ninth day.—Morning temperature, 99·2°; evening, 101°. Pulse, 128. Resp., 52. She lay flat upon her back, low in bed. Her left eyelid drooped a little. No other paralysis of motion in arms or legs noticed. She took nourishment better; had had some sleep; was less restless. Seemed to understand what was said to her, but articulated too indistinctly for me to make out what she said. She moved her fingers better, and appeared in less pain, although obviously feebler. Tenth day.—Temperature, 101°. Pulse, 108. Resp., 36. Took her nourishment well; had had several short snatches of sleep. Understood what was said to her, put out her tongue, and articulated better. Suddenly, at 3.30 p.m., her breathing became very hurried, and extremities cold. She became first drowsy, then completely unconscious, and died at 7 a.m. on the eleventh day of her illness. *Post-mortem examination.*—Body well nourished; skin a little sallow; muscles dark. The swelling in right parotid was cut into. The tissues were congested, infiltrated with serum, but contained no pus. Several of the joints afflicted with rheumatic pains were incised and examined. Some excess of synovia in right knee, but no purulent fluid. On opening abdomen some recent lymph was found between liver, spleen, and diaphragm, but there was no general peritonitis. Thorax.—Old adherent pericardium; old adhesions between bases of both lungs and diaphragm. Lower lobes of both lungs œdematous. Heart.—All cavities dilated; weight, 13½ ounces. Left auricle.—The endocardium was somewhat opaque and roughened, and a patch of softening lymph adhered loosely to its posterior wall. The anterior curtain of the mitral valve was thickened, and presented numerous minute beadings along its edges. There was a patch of soft easily-detached lymph below and between the free edges of two of the aortic valves, and some atheroma of the orifices of the coronary valves, rendering them more patulous than normal. Apart from the multiple embolisms scattered broadcast throughout the viscera, cerebrum, cerebellum, stomach and intestines, liver, kidneys, and spleen, as well as upon the surface of her body, the feature of principal interest was the manner in which the muscular substance of the heart itself was riddled everywhere with tiny embolic infarcta of various sizes, and in various stages of secondary changes towards central softening. *Remarks.*—The case may be accepted, I believe, as one of rheumatism, with so-called ulcerative endocarditis, in which fragments of softening lymph detach, and are swept into the current of the circulation, and as embolisms of the skin produce the appearances that have led to a so-called separate variety of rheumatism, purpura rheumatica, the piliosis of Schönlein, of which I have published some cases in the *Lancet*. I have seen only a few other cases of rheumatism like it before, in which several purpura spots occurred on the skin, and were especially remarked in the pinnæ of both ears. Such pathological accidents in rheumatic endocarditis are fortunately rare. This disposition of the products of inflammation deposited in the endocardium to break down thus speedily apparently occurs only in peculiar states of the blood of the individual affected by the rheumatism poison. I have already had reason to surmise that the subjects of old ague with enlarged spleens, and the owners of damaged or chronic diseased kidney, when they contract rheumatism, are thus prone to suffer, and to present this fatal clinical complication. This particular case would, I thought, interest the Society, not because it offered much for discussion, and nothing of therapeutic importance, but by reason of its rarity, for I never witnessed such embolism in the heart's muscular tissue: 250 were counted by Dr. Norman Moore who made the autopsy. Further, the accident of two or three quite tiny pin-like infarcta in the cerebral hemispheres, as well as some in the cerebellum, offers a clue to the kind of circulatory disturbance through nerve centres, which is, perhaps, the central cause of hyperpyrexia, capillary pluggings, and microscopic embolisms of nerve matter. Lastly, a too patulous condition of the coronary arteries, favouring, as it must, the passage of any fragments of effete matter, microzysms, bacteria, into the heart muscle, may explain the nutritional disturbances of the fibres themselves and the cardiac plexuses.

### Dr. William Stokes, F.R.C.S., on

### AMPUTATION THROUGH THE HIP-JOINT.

In this case advantage was taken of the facilities afforded for controlling hæmorrhage by means of Mr. Davy's rectal lever, and the best results were thereby obtained. B. Pemberton, æt. 42, tall, muscular, and well nourished, who had been successively a shoemaker, sexton, mason, and cabman, was admitted to Richmond Surgical Hospital, Dublin, Aug. 29, 1879. He then exhibited the signs of advanced coxo-femoral arthritis. He stated that in 1846, being then 9 years old, he fell on the left hip. For long after, the injury affected him, and he was attended in hospital by the late Dr. Hutton, and subsequently came again under treatment for three months. At the end of this time, but for a slight halt, he was apparently quite well. In 1852 the joint was again injured, and troubled him during the next five years. In 1878 he was thrown from a car, being then a cab-driver, and was at once taken to hospital in consequence. After seven weeks he went out greatly relieved, but was forced to resume his bed in April last year, and left it only to be conveyed to the hospital. On admission he was deplorably ill. The least motion of the joint caused exquisite pain; even the weight of the bed-clothes was unendurable. Face wore an anxious expression, and there was extreme exhaustion from pain and sleeplessness. Temperature varied between 99° F. and 102° F. Limb much everted; shortening apparently great, but really only ¾ inch. Three sinuses existed along outer side of limb, two pointing up and in toward the acetabulum, one downward. Probing the former revealed denuded and softened bone. This could not be felt in the third sinus. From all came a copious, almost constant, thin, sanious, watery, purulent discharge; a large bed-sore existed over the sacrum. It was necessary to remove the urine twice a day with a catheter. Defæcation caused much distress. Food was not relished nor desired. There were profuse night sweats. Altogether his condition called for prompt operative interference if life was to be preserved. I considered naturally the relative merits of resection and amputation in this case, and decided against the former in consequence of the great chronicity of the case, the probable (in truth, almost certain) existence of osseous disease below where the section should be made in excision, the age and utterly exhausted condition from discharge and pain of the patient. I accordingly determined in favour of amputation at the hip-joint, and the result has fully justified the course adopted. Being much impressed by what I had learned of Mr. Davy's method of preventing hæmorrhage in the performance of this particular amputation, and having regard to the exhausted condition of the patient, being fully sensible of the great importance of diminishing as far as possible the shock of the operation, I determined on adopting the method during the operation. On October 1st I performed the operation. The limb was first elevated for some minutes, an Esmarch's bandage applied, then the patient was etherised, and lastly the lever introduced by Dr. Thomson without difficulty. It was at once interesting and pleasing to observe that on the point of the instrument being brought over the common iliac artery, the slightest elevation of the handle caused a complete cessation of arterial pulsation in the condemned limb. It is not too much to say that the amputation was by this means rendered almost a bloodless one. The operation was done by the formation of an antero-external flap, made by transfixion, and a postero-internal one, made by incision from without inwards. This part of the procedure did not occupy more than a few seconds. The femoral artery was first secured by a carbolised silk ligature, all others by catgut. The strictest antiseptic precautions by Lister's method were observed both during and subsequent to the operation. Immediately after the operation the temperature of patient was 98·8° F., pulse 136, and respiration 32. The pulse being very weak, some brandy, with 15m. of ether, was given, and the pulse became gradually better, though still remaining at 136. Morphia was then given, after which patient slept for some hours. At 10 p.m. the temperature was 99° F., pulse 130, and respiration 32. The patient did not complain of pain; there was no sign of hæmorrhage or other trouble. *Oct.* 2. Passed a quiet night until 5 a.m., when a severe rigor occurred; a second one occurred fifteen minutes subsequently, but these did not recur.—9 a.m. Temp. 97·6° F., pulse 120, resp. 24; patient complains, but feels otherwise well.—9 p.m. Patient has slept well for about four hours during the day, and has taken a cup of chicken jelly, also some milk and lime water. *Oct.* 3. Has passed a good night, having slept during the greater part of it; temp. 99°F., pulse 112, resp. 24; the wound was dressed; it looked healthy and was quite aseptic; the patient during the day took small quantities of beef tea, chicken jelly, and iced milk. From this date the progress to recovery was uninterrupted. The wound remained aseptic for eight days, after which a small amount of suppuration occurred. The femoral ligature separated on the thirteenth day. The following note was taken on the twentieth day after the operation: "Wound dressed to-day; hardly a trace of suppuration. Bed sore healing rapidly. General state of the patient very satisfactory. Is free from all pain. His appetite is good and he sleeps well." The patient remained in hospital until the middle of December, when he returned home, the wound having completely healed.

Mr. Howard Marsh remarked that many practical surgeons objected to using the lever introduced by Mr. Davy; but he considered this would not long be the case. He had been much impressed with the value of the instrument in his own experience of it. In one case where he had amputated at the thigh before being acquainted with Mr. Davy's method, the patient bled profusely from the femoral artery, and it was impossible to employ Lister's tourniquet in consequence of the shallow breathing of the patient. Death ensued. Soon after this case he had occasion to amputate another leg at the knee; this time he availed himself of the lever, and the result markedly illustrated its value, which, in his (Mr. Marsh's) opinion, Dr. Stokes had in no degree magnified. The instrument is easily introduced, and most effectually controls hæmorrhage, the vessels being so emptied of their contents that their cut ends are not to be recognised by blood issuing from them. The dangers said to be connected with the use of the lever were much over-estimated.

Mr. Jonathan Hutchinson had long been impressed by the fact that many bad cases of hip disease are lost through unwillingness to amputate. He had performed this operation in five cases, in two of which the disease extended below the hip. In four recovery took place, and of one he could say with certainty that life was preserved solely through the operation. The patient was a young adult woman, extremely emaciated, and generally in an unfavourable condition. He could not speak thus certainly of the operation in more than two out of the five cases. In one of the remaining ones death took place later; and of one he did not know the subsequent history. He would only recommend amputation in desperate cases, where excision is not feasible, and would incline to the use of tourniquet or straps, from which he had seen no evil consequences—having employed the former in two, the latter in three out of five cases. In all the immediate result was good. In none of the four cases referred to had he adopted the precautions of Listerism, but he should do so in any future operation. He considered amputation indicated in advanced cases, and had advised the measure on behalf of a young man who was in imminent danger of death. Through the friends of the patient being unwilling to agree to its adoption, delay occurred, and the unfortunate victim succumbed.

Mr. McCormac considered that there were certain cases in which amputation can alone give any hope of recovery. He had a case under treatment at the time in which excision had effected no good, but which might probably have a chance from amputation. Another class of cases was presented by the large rapid-growing tumours of the femur, the instance recorded from his experience, in the paper read by Dr. Stokes, being such an one. In it there had been a large sarcomatous tumour which was removed by amputation, and although hectic had supervened previously, the patient recovered. Langenbeck, speaking, presumably, within his experience of battle-wounds, had attributed the oncoming of shock to loss of blood; in the case referred to there was no loss of blood, but the boy seemed dead, was pulseless, pale, and cold, and it was with the greatest trouble he was restored to consciousness. The blood was emptied from the limb by compression.

Mr. Bryant.—Resection in children is comparatively a not unsuccessful operation, but in the old it is almost invariably fatal. Consequently, in dealing with adult and aged cases, a difficulty of decision is presented which does not occur when the young are in question. Only a few operators have experience of this disease in the adult, but when it does become necessary to elect the treatment to be followed for it, surgeons are too apt to be timid of interfering at once, and to wait in anticipation of some favourable change. Dr. Stokes' successful result should, however, encourage heroic measures where adult patients are concerned. A few months ago he (Mr. Bryant) operated on a young man, æt. 33, for the removal of a tumour in the neck of the thigh-bone. He used Davy's lever, and the patient lost only two or three ounces of blood, and is now up. Mr. Bryant said he always made an external and internal flap, and ligatured not only the femoral artery, but the vein also, thus preventing any serious bleeding. It was found necessary to secure only a few vessels exposed by the posterior flap, and the value of the lever was manifested by the experiences gleaned from its use.

Dr. Gilbart Smith inquired what part of the aorta was digitally compressed in the case where Mr. McCormac had resorted to this mode of controlling hœmorrhage? He thought shock might possibly follow pressure on the solar plexus.

Mr. McCormac explained that only a slight pressure had been exerted, just over the umbilicus, insufficient in any case to bring about the result suggested by Dr. Smith.

Mr. Parker related particulars of a case in which he had operated for removal of a tumour, and in which, though able to stay arterial hæmorrhage, he could not control that from the veins; and he attributed the fatal termination which ensued the following day to shock from loss of blood. He thought Dr. Stokes' case interesting on account of the presence of loose bony sequestra in the joint. Possibly, he suggested, the limb might have been saved had these been removed at an early date.

Dr. Stokes was quite sure that the non-frequency of the operation for amputation was due to fear. A mortality of from 50 to 60 per cent. not unnaturally influences the surgeon even where the probabilities of success are great. There are disadvantages connected with the use of Lister's tourniquet and bandages, because of the necessary interference they set up with respiration. This considerable objection does not apply to the employment of Davy's lever. He held the opinion that loss of blood was an important cause of shock, but reminded Mr. McCormac that Langenbeck did not assign this as the *only* agent in its production. Mr. Bryant's case was an exceptionable one; as a rule, the hæmorrhage from the posterior flap gives the greatest trouble. In reference to the sequestra, he thought that had the case came earlier under notice an attempt to remove the loose bone might have been made; but he did not think the course the disease took was dependent on their presence. He had been compelled to gouge away considerable pieces of diseased pelvic bone, and this could not have been produced by the sequestra.

Mr. W. Harrison Cripps read a paper on

## SECONDARY HÆMORRHAGE FROM THE STUMP OF THE THIGH.

The patient, æt. 64, was under the care of Mr. Harrison Cripps, Royal Free Hospital. He had been suffering for many years from an ulcer about the ankle, which had recently become the seat of a rapidly growing cancer. The patient being anxious for an operation, the leg was removed below the knee. It was then discovered that the tibial arteries were so brittle from calcareous degeneration that they could be neither tied nor twisted. Thus failing to secure the tibials, Mr. Cripps immediately amputated through the lower third of the thigh. The femoral artery being more readily accessible and less diseased, was secured without trouble. The patient progressed favourably for twenty-eight days. He then had a rise of temperature, and the stump became swollen during the night. He had a violent attack of secondary hæmorrhage. This was restrained by an india-rubber band, but immediately recurred on the band being loosened. Mr. Cripps then tied the femoral artery in continuity three inches above the flaps. Though weak from loss of blood, the patient progressed favourably for thirty days, when he had another sharp attack of hæmorrhage from the seat of the second ligature. This was treated by setting the stump firmly in a gutta-percha splint, carefully bandaging the stump from below upwards, and applying elastic pressure along the course of the vessel. This pressure was continued for a week, and no more bleeding occurred, but the patient seemed never able to rally from the loss of blood, and died quietly from exhaustion a month after the last attack of bleeding. At the post-mortem examination a firm clot occupied the femoral vessel as high as the profunda. The author then drew attention to the extreme difficulty of dealing with calcareous vessels in amputation below the knee, and considered that the right treatment in such circumstances was a re-amputation further up. In dealing with secondary hæmorrhage from the thigh stump with degenerate vessels, the author was strongly of opinion that pressure should have a fair trial before adopting other measures. In the case narrated, such treatment appeared effectually to have prevented further bleeding, although the previous ligature of the artery had been unsuccessful.

Mr. **Heath** said such cases presented great difficulties. It was impossible a surgeon could pre-determine the condition of the parts, and in dealing with diseased arteries the nature of the instrument used was very important. Sharp-pointed forceps tear; but with a forceps provided with broad serrated points, the diseased vessel can be successfully drawn out. Long continued pressure would control hæmorrhage, and it had been too little recognised that a limb might be kept blanched for a considerable time without suffering harm. In an artery like the tibial it was quite possible to stay bleeding for hours, and produce a clot. It was unwise to tie a vessel as diseased as were those in Mr. Cripps' case.

Mr. **Bryant** agreed with Mr. Heath that atheromatous vessels should be seized with blunt serrated forceps. This treatment afforded better chances of success than ligation of the artery. In many years he had seen numbers of such vessels, which he always carefully seized together with a portion of the surrounding tissue, and then retained the whole in the grip of the forceps for about a minute. If this course be adopted there need be no fear of secondary hæmorrhage. He had himself had no such accident after torsion applied in this manner to atheromatous vessels. Care must be had, however, that no part of the artery is broken away; it must only be slightly twisted. Mr. Bryant expressed surprise that Mr. Cripps amputated twice, but agreed with him that pressure along an artery's course is good practice.

Mr. **McCormac** wished to know if Mr. Cripps tried the effects of position in checking hæmorrhage.

Mr. **Cripps** said that during the operation the stump was raised in the air for the advantage of light, but no change of position influenced the bleeding. In seizing the artery he had first used ordinary sharp forceps. On the third trial he employed tension forceps, but the shortened vessel had very much receded. He re-amputated because it seemed the only resource left open to him. The swollen condition of the limb prohibited pressure to control the secondary hæmorrhage. On a former occasion he had saved cases when ligature had been employed, by continuous pressure along the course of an artery.

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## HARVEIAN SOCIETY OF LONDON.

Thursday, April 15.

The President, **Henry Power**, Esq., F.R.C.S., in the Chair.

Mr. **Teevan** read a paper on

### POINTS IN THE SURGERY OF THE URINARY ORGANS WHICH EVERY PRACTITIONER OUGHT TO KNOW.

The *first point* he brought before the Society was that retention of urine in children is always caused by a stone unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin. *Second point*—That incontinence of urine which is diurnal as well as nocturnal may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half-an-inch further forwards, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. *Third point*—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. *Fourth point*—That dribbling of urine in men signifies retention not incontinence. He explained the apparent paradox showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by the great pressure, and leakage followed, so that urine was always dribbling away. *Fifth point*—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra. *Sixth point*—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated. *Seventh point*—That a gleet of more than six months' duration means an incipient stricture. *Eighth point*—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. *Ninth point*—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable whilst in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. *Tenth point*—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. *Eleventh point*—Before delivering a child see that the mother's bladder is empty. *Twelfth point*—If a woman had retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

The President, Drs. R. Barnes, Fothergill, Hayes, and Murray spoke, after which Mr. Teevan replied.

The **President** then read the paper of the evening on

### CHANGES IN THE EYE IN PREGNANCY,

Which he said was not sufficiently attended to at present, and were commonly put down to general indisposition or liver disturbance. There were changes in the vascular system in pregnancy, and the eye was secondarily affected thereby. There was apt to be vascular fulness, with some cardiac hypertrophy. Or there might be anæmia and exhaustion, which might lead to corneal ulcer, central, slow, and painful, requiring for its treatment rest and tonics; or there might be an injury, as a scratch from the baby's nail, which ends in sloughing. Too much sewing was not good. Hæmorrhage was rare without albuminuria, which is common in the latter months of pregnancy. It may be due to renal disease, or to congestion of the kidneys. The vision is not necessarily affected in albuminuria. There may be lesions without impairment of vision. Often there is intense headache in albuminuria. Instances were then given of albuminuric retinitis, some of which were serious, others of little moment. White patches may be formed rapidly; they do not pass away so readily as hæmorrhagic clots. In some cases nothing can be found. The treatment is that of renal disease.

Dr. R. Barnes, Mr. Frost, and Dr. Hayes spoke, after which Mr. Power replied.

The meeting then adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 28, 1880.

## BONE-SETTERS AND BONE-SETTING.

THERE are a certain class of injuries to which bones and joints are liable, that are too little recognised as deserving attentive treatment at the hands of the surgeon; and by neglecting which the profession most unwisely encourages the pretensions of specious practitioners, who do not scruple to advantage themselves by trading on the fears of patients thus afflicted. The title "bone-setter" is assumed by those who undertake the cure of the cases thus relegated to them, and by occasionally inducing an improved condition of a stiffened joint, they secure so much of the undiscriminating applause of the vulgar, as suffices to give them a very definite status with the illiterate masses of every social grade, who are swayed by the opinions of others through their incapability of self reflection.

It may be hoped, now, that the bone-setter is an anomaly of a past age, that the exercise of his peculiar powers will be no longer brought into competition with legitimate surgery, and that the public will be reclaimed from the depths of ignorance to which it had sunk while consenting to be duped by the bungling attempts made to relieve its sufferings by irregular practitioners. It is so true that the number of unsuccessful cases in which the bone-setter's art is employed is immeasurably greater than the few instances of relief by treatment at their hands, that it remains an unexplained marvel how they have so long retained a hold on the affections of the people. To the bone-setter, every injury he is called on to treat is a "put-out" joint; and the invariable proceeding to which he resorts for putting it "in" again is violent movement. In the vast majority of instances fatal harm follows the rough handling, and the patient after enduring the torture of "bone-setting" for a time dependent on his capacity of supporting pain and the limits of his credibility, has at length the melancholy satisfaction of arriving at a conviction, scouted at the outset, that he must be seen to by a qualified surgeon. By the time this much of wisdom has been gathered, the injury, possibly only slight originally, has assumed formidable proportions, and tardily yields before legitimate treatment. This fact is, unfortunately, an advantageous one to the quack, for the patient concluding only from immediate data, imagines that his condition has always been thus serious, and fails utterly to comprehend that much of its gravity has directly followed the mal-treatment of the bone-setter. It often ensues, therefore, that the very failures of the latter result in benefit to himself, and instead of exposing his incompetency, serve to magnify the power he posesses in the eyes of unreflecting lay people. And it is in districts where "the light of reason and the shade of law" are conspicuously dim, in provincial towns, or country places, that the bone-setting fraternity find their chief occupation. Among the agricultural population there is an inherited faith in the bone-setter, and we have seen innumerable instances of irreparable damage done by these harpies, on the bodies of the ignorant peasants, who yet, spite of all, preserve their faith in the pretentious humbugs who are the authors of their misery. It is in such cases, perhaps, that the bone-setter finds his best champions; coming eventually under medical treatment, and, after a long continuance of it, possibly undergoing cure, it is to the bone-setter the credit is ascribed, he being assumed to have initiated the improvement. Many such instances will be familiar to the country practitioner. We remember one in which a man was told by a bone-setter in Hull that he had put out a small bone running from his ankle to his great toe, and for the replacement of which the man, with a contused foot, was submitted to frequent violent wrenchings, until at last he came under regular treatment.

There are, undoubtedly, some cases of injury that are amenable to the treatment adopted for all, by bone-setters. At the Clinical Society of London recently an interesting discussion on the subject followed a paper read by Mr. Howard Marsh. Mr. Prescott Hewett, and the President, Dr. Greenhow, very clearly indicated the great dangers to which bone-setters' victims are subjected, when they drew attention to the risks that are run by them in consequence of the ignorant readiness of the quack to undertake the cure of anything. In very pointed illustration, Mr. Hewett instanced cases where bone-setters had set up irreparable mischief through their labours, which were not infrequently necessarily followed by severe operative procedures. The few cases that are successfully manipulated by the bone-setter, Mr. Hewett explained, were slight injuries such as are followed by a limited degree of stiffness about the joint. In this opinion Messrs. Heath and Thomas Smith coincided, and the former hinted at a very important factor in determining the advent of the patients to bone-setters, when he urged that no case of fracture ought to be sent away as cured until the movement of the joint has been perfectly regained. Very often it happens that the surgeon from carelessness, or because he attaches no importance to it, discharges his patient while the motion of a joint is yet restrained; and contents himself with directions for the patient's self-manipulation of it. The directions are followed incompletely, or altogether ignored; the stiffness increases, the surgeon is forthwith branded as incapable, as having failed in his purpose to cure the injury, and resort is had to the bone-setter. If fortunate, the patient is at once relieved, and straightway the quack is elevated as incalculably more skilful than the regular practitioner; unfortunate, his injury is complicated by fracture, inflammation, and possibly suppuration, until at length he is driven to submit again to legitimate treatment. A little more careful and prolonged attention on the part of surgeons would do much to prevent these and similar disasters, and would go far to aid the crusade that is even now setting in, in intelligent circles, against the rank imposture of the bone-setting fraternity.

The employment of forcible movement advocated by Mr. Marsh, and supported by the majority of his critics, needs the most extended recognition in the profession. Mr. Marsh very truly remarked there are numerous cases which make but little progress to recovery under the routine treatment of rest, liniments, bandages, but which speedily yield to forcible manipulation. The surgeon, by failing to adopt this plan, drives the case to the bone-setter; and hence the advisability of following the course pursued by Mr. Marsh in every case of suspected adhesion about a joint. This consists in putting the affected limb through every motion of which it is capable, employing a gradually increasing amount of force as the need arises. The peculiarly favourable nature of a number of injuries, such as slipped tendons, displaced cartilages, and adhesions outside a previously healthy joint, for the employment of those means of reduction, make it a matter of much regret that it is not more often resorted to. In this opinion Mr. Hulke's wide experience leads him to share. He is emphatically sure that if members of the profession only paid adequate attention to the cases that are brought before them—thinking, that is, nothing too trivial to be cured—the public would soon cease to patronise bone-setters. That they continue to thrive can be regarded as nothing less than a reflection on legitimate surgery; and that in London itself there should be room for them to practise in opposition to eminent lights of the profession, indicates the accuracy of the assertion that medical men treat the cases that bone-setters cure less seriously than they deserve.

Dr. Greenhow, the President of the Clinical Society, expressed a hope that the discussion on Mr. Marsh's paper might be productive of good by testifying to the country people that surgeons in London were able and willing to undertake the treatment of such cases as resort to bone-setters. We hope for it even a wider usefulness than this, by its inducing the general practitioner in all places to follow Mr. Marsh's simple recommendations whenever a case of the kind comes under notice.

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## A SAD REVELATION—DR. CARUS WARBURG.

**It has been the fate of some men to be appreciated too late. Bread has been asked for during life and refused, but after death a stone is given, and a statue is raised as some recompense for merit.**

**History furnishes us with many instances of this kind. The sad narrative of Dr. Maclean in *The Times*, September, 1878, in reference to the position of Dr. Carus Warburg, furnishes us with an instance of the cruel injustice of the world in bestowing its favours, and of the fate that may await men of the highest talent if they forget self, in their desire to benefit their fellow men. Professor Maclean said that Dr. Carus Warburg was "wanting the common necessaries of life," though he was the discoverer of a remedy which would have made for him a fortune had he kept it secret, like other astute owners of recipes. Through the agency of Dr. Maclean Warburg revealed, to the profession, the composition of his remedy for malarial intermittent fevers and cholera, in the hope that Government might obtain their supply from him. But if any promise of the kind was ever held out it was not fulfilled, for we presume, when the secret of the remedy became public property, it could be procured at a cheaper price, and Government did not seem to consider itself bound to recompense the discoverer. Dr. Warburg was wanting in worldly wisdom in not having a bond—signed, sealed, and delivered—that he should be adequately rewarded for his prescription, and his position will be attributed by some to his own fault in neglecting this precaution. We are not informed whether any inducements were held out by Professor Maclean, but the facts are that Warburg parted with his secret to him gratuitously, and was absolutely destitute. He possessed a prescription of his own of a complex nature, more so even than that of chlorodyne, a remedy of high reputation in India against the malignant malarias of that country and cholera. Its composition was made known by Professor Maclean in the columns of a contemporary several years since, and he gave his unqualified support to all that had been said in its favour. Dr. Broadbent has, moreover, testified that its efficacy cannot be disputed. The following is the formula :—**

Aloes (Socot.) libram;
Rad. rhei (East India);
Sem. Angelicæ;
*a.* Confec. Damocratis. AA uncias quatuor.
Rad. Helenii;
Croci salivi;
Sem. Fœniculi;
*b.* Cret. Preparat. AA uncias duas.
Rad. Gentianæ;
Rad. Zedoariæ;
Prep. Cubeb;
Myrrh elect.;
Camphor;
*c.* Bolet Laricis. AA unciam.

**The above ingredients are to be digested with 500 oz. of proof spirit in a water bath for twelve hours, then expressed and ten ounces of disulphate of quinine added; the mixture to be replaced in the water bath until all the quinine be dissolved. The liquor when cool is to be filtered, and is then fit for use.**

***a.* This confection is to be found in the London Pharmacopœia, 1746.**

***b.* Added by Dr. Warburg to correct the acrid taste.**

***c.* This is the Polyporus laricis, Polyporus officinalis, Boletus purgans, or larch-agaric.**

**The tincture is of a deep brown colour, has an aromatic and slightly terebinthinate odour, and an intensely bitter and warm aromatic taste.**

**Quinine is one of the most important ingredients, and, as Professor Maclean observes, many may say this vaunted remedy is only quinine concealed in a farrago of inert substances for purposes of mystification. To this objection Professor Maclean answers :—**

**"I have treated remittent fevers of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential islands of the Madras Presidency, on the**

**malarial rivers of China, and in men brought to Netley Hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine when given alone act in the manner characteristic of Warburg's tincture."**

**We may take it for granted that it is of inestimable value in Indian practice, whilst it has also been found useful by physicians in this country. Dr. Warburg must be complimented for acting in the spirit of a true physician in revealing its mode of preparation, but it is a matter of regret that he should have lost by his honourable conduct. In the absence of more definite information as to the exact circumstances under which Dr. Warburg communicated his secret to Dr. Maclean, it is impossible for us to censure the Government of the day. If Dr. Warburg has been ungenerously treated we trust that some reparation has been made him. An annuity was granted to the widow of the late Dr. Donovan, of Skibbereen, so well known by his researches on starvation. There is at least a ray of hope that Dr. Warburg's impecuniosity was effectually relieved before it was too late.**

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# Notes on Current Topics.

## The Royal Irish University.

On Monday, April 19, Her Majesty the Queen affixed her sign-manual to the charter of this new University. The Chancellor is to be his Grace the Duke of Abercorn, K.G., and the following will comprise the Senate :—The Most Rev. R. Chenevix Trench, D.D., Archbishop of Dublin; the Most Rev. Archbishop Edward MacCabe, D.D.; the Right Hon. John Thomas Ball, Lord Chancellor of Ireland; the Earl of Granard, K.P.; Earl of Kenmare, K.P.; Earl of Rosse; Most Rev. Lord Plunket; Right Rev. Bishop Woodlock, D.D.; Right Hon. Lord O'Hagan; Right Hon. Lord Emly; Right Hon. the Lord Chief Justice Morris; Right Hon. Mr. Justice Barry; Sir Robert Kane, Knt.; Very Rev. H. F. Neville, D.D.; Very Rev. James B. Kavanagh, D.D.; Rev. J. L. Porter, D.D., W. K. Sullivan, Ph.D., Thomas Wm. Moffett, LL.D., Presidents of the Queen's Colleges; Rev. Robinson Scott, D.D.; Rev. Gerald Molloy, D.D.; George J. Allmann, LL.D.; John T. Banks, M.D., Physician-in-Ordinary to the Queen in Ireland; F. R. Cruise, M.D.; Thomas Hayden, F.K.Q.C.P.; R. D. Lyons, F.K.Q.C.P.; A. Macalister, M.D.; W. A. McKeown, M.D.; Peter Redfern, M.D.; Rev. W. S. Stevenson; Edmund Dease, Esq.; Arthur Kavanagh, Esq.; James Greer, Esq.; Christopher T. Redington, Esq.; Robert Scott, Esq.; Edward D. J. Wilson, Esq.; John Young, Esq.

It will be observed that the Senate thus designated is an essentially politico-religious, and not a literary-scientific one. Almost every person who holds a seat thereon is selected either as a representative of religious doctrine or of some institution whose interests are involved, and there does not seem to be a single name in the list of any person who owes his position thereon to his scientific or literary attainments irrespective of his official character. As to the representation of our profession, it is altogether one-sided and unsatisfactory, and such as to call forth the warmest protest which it is in our power to utter. Pure physic is certainly well provided for, and the teaching of anatomy has its exponents in Drs. Redfern and MacAlister; but of other departments of medicine, surgery, and the cognate sciences in which it is the function of the new University to examine and to grant degrees there is not a member of the Senate capable of expressing a reliable opinion or offering a suggestion. In what capacity Dr. W. A. McKeown, of Belfast, may be supposed to sit as a senator we are utterly at a loss to guess, for we cannot recognise in him or his contributions to science the faintest claim to represent anything. He is, we believe, a rising practitioner, and in such capacity might have many hundreds of competitors for the senatorship of equal merit, and many scores of those whose claims are altogether superior to his.

The Senate may prove to be a political success, and may, perhaps, pass without criticism, because it embodies a little of every sort of politician. As a conclave of scientists, or of educationalists of high authority, it is a miserable failure, and a warning to the profession to be watchful against medico-educational blunders, when the time comes for the enactment of regulations dealing with this subject.

## University Disfranchisement.

It would seem, from Dr. Lyon Playfair's speech after his election, that the Radical element in the House of Commons are jealous of having too many gentlemen and men of education to dilute the "working man" voters, or temper down the radical vagaries of the labouring constituents. Dr. Playfair said : "I wish to point out that a contest without a strong academic element in it is a matter of extreme danger to the representation of the Scottish Universities. A large section of the Liberals at the present moment doubt the wisdom of University representation at all ; and it is unquestionable that, upon the distribution of seats which must soon follow upon a Reform Bill, all the University seats must stand upon their defence. The old University seats of Oxford and Cambridge may possibly survive that defence ; and I hope the Scotch University seats will also survive it. But my own impression is that they are in far greater danger than the old University seats of Oxford and Cambridge, and I will tell you why. There is a very strong feeling existing among both political parties in the House of Commons that our Scotch University seats are used more largely as mere political seats than as academic seats ; but there is a still stronger reason ; and if those who hear me and those to whom my words are reported only heard the strength of the language used, they would see the danger to the representation of these Universities. It is said that the expense attending Scotch University elections is 'perfectly scandalous.' An English University seat, when contested, costs a few hundred pounds at most; but a short contest in a Scotch University seat costs some thousands. Now this is considered a great scandal, and it is one of the greatest dangers to University representation in the future."

Dr. Samuel T. Gordon, of Dublin, has been appointed to succeed Dr. Eugene Le Clerc as surgeon to the Royal Irish Constabulary Depot in the Phœnix Park. Dr. Gordon served in the Turkish and Zulu wars.

## The Metropolitan Water Supply.

**Professor Frankland** reports of the water supplied by the several metropolitan water companies during the month of March, that of the six drawing their supply from the Thames, four supplied water of somewhat better quality than in the previous month of February; but that the Southwark Company's water was still unfit for dietetic purposes, being much polluted with organic matter. The best water from the Thames was sent out by the West Middlesex, but even here the great improvement in this company's water noticed since the renewal of their filters towards the end of last year, has nearly disappeared, and this water is now only slightly better than that of the Chelsea and Grand Junction Companies, and too plainly proves how rapidly the filter beds deteriorate and become choked up with decayed and dead organic matter. The Lea water delivered by the New River Company was of much better quality than any of the Thames waters, but that distributed by the East London Company was inferior to three out of the five Thames waters.

## The Irish Prison Surgeons.

The last step taken by the Irish Prisons Board has been to reduce eleven of the county gaols to the level of bridewells under the responsible charge of a warder, and thereupon the surgeons in charge of those prisons cease to be connected with them, and the medical attendance upon the prisoners devolves, under the 15th section of the Medical Charities Act, upon the medical officer of the dispensary district. That section says:—

"It shall be the duty of any salaried medical officer of a dispensary district under this Act, or (if more than one), then the nearest of such medical officers, save in the case of his sickness or necessary absence, and then the other nearest of such medical officers . . . to give his medical attendance and care, so far as shall be necessary, to the prisoners or inmates in any bridewell or house of correction situate within such respective district, and to supply to such prisoners and inmates the necessary medicines, the account of which medicines shall be submitted to the next meeting of the committee of such respective district, who shall make provision for the payment thereof; and it shall be lawful for the said commissioners, if they shall think fit, to take into account the probable extent of such extraordinary duties with respect to any such bridewell or house of correction, in fixing the amount of the salaries of the medical officers of such districts."

We understand that, in the present case, the warder in charge has received orders to call in the dispensary doctor if any prisoner should be seriously ill, and to pay him "the usual fee."

As regards the position of the medical officers of the disestablished prisons, there is no doubt that they are entitled to superannuation under the 32nd and 33rd sections of the Prisons Ireland Act ("Irish Medical Directory," page 604), and under the Prison Officers Superannuation Act of 1873, but the amount of such superannuation must depend on the circumstances of each claimant.

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The death of Surgeon-Major Robert Henry Bolton, Army Medical Department, second and last surviving son of R. C. Bolton, Esq., of Doneraile, co. Cork, has been announced by telegram from Kandahar, Afghanistan. He was forty years of age.

## Religious Tests for Eye Doctors.

A correspondent of the *Lancet* publishes a letter recently addressed to the Secretary of King's College by Dr. Tweedy in which he observes that one of the conditions of candidature for the posts of Professor of Ophthalmology of King's College and Ophthalmic Surgeon of King's College Hospital is that "all candidates must be members of the United Church of England and Ireland, and must make a declaration to that effect in their application." Being unable to make such a declaration, he therefore asks whether he is disqualified as a candidate for these posts. The reply which he receives is that "the Council would have no power to elect him. Their charter is decisive upon the subject in all cases except teachers of foreign languages.

This sectarian exclusiveness in an English Government institution the *Lancet's* correspondent very cogently contrasts with the following explicit declaration of freedom of religion in Turkey. The paragraph appears in the *Times*, April 16th, 1880:—"The Sublime Porte having expressed its desire to maintain to the utmost extent the principles of religious liberty, the high contracting Powers take note of its spontaneous declaration. *In no part of the Ottoman Empire shall difference of religion be held in the case of any person as a motive for exclusion from or disqualification for any public function, nor from the advantages of the exercise of any profession of industry.*" No doubt the Council of King's College is bound by its charter, and cannot disregard sectarian qualifications if it would, but we think there can be no excuse for allowing such a restriction to continue to exist, and, if an alteration of charter be necessary, it is the business of the Council to get that alteration.

## The International Medical Congress of 1881 and the British Medical Association.

At the meeting of the Committee of Council of the Association last week, the President of the Council reported that there had been a meeting of the delegates of the universities. colleges, and other public bodies, to consider the arrangements for the meeting of the International Medical Congress in 1881, and that the interval between the 4th and the 14th of October had been fixed for the time of holding the meeting. The President of the Council then read a letter from the President-elect, proposing that a business meeting only of the Association be held in the year 1881, and that the whole energies of the Association be directed to assist in making the meeting of the International Congress a success. A discussion ensued, but no resolution was proposed.

## A Legal Recantation.

In the *Medical and Surgical Reporter* we read that two Baltimore physicians were sued for alleged malpraxis in the treatment of a fracture of the arm, damages $10,000. One of them explained the nature of the case and the treatment employed so clearly that at the conclusion of his testimony the counsel for plaintiff said, "The plaintiff takes pleasure, as does his counsel, in saying that this suit was brought under a misapprehension of the facts, and that he is so impressed with the doctor's free, full, and candid explanation of the whole case that he authorises his counsel to apologise to the doctor, and to enter a *nol. pros.* in the case."

### New Medical M.P.'s.

Mr. W. J. Corbet, of Spring Farm, Delgany, co. Wicklow, who has been elected for the county in room of Mr. Fitzwilliam Dick, may, we hope, be claimed as an accession to the Parliamentary strength of the medical profession. Mr. Corbet is third son of the late Mr. Robert Corbet, of Ballykaneen, Queen's Co.; he occupied for many years the office of chief clerk to the Inspectors of Lunatic Asylums in Ireland, from which appointment he retired a couple of years since. Mr. Corbet must be thoroughly conversant with the working of the Irish lunacy system, and must know, as well as we do, its strong and its weak points, and we hope that he will accept the *rôle* of a Parliamentary specialist in lunacy questions, while devoting himself to his other legislative duties.

Mr. John Dillon, of North Great George's Street, Dublin, who has been elected as a Home Ruler for Tipperary, in the place of Mr. Edmund Dwyer Gray, is the second son of the late Mr. John Blake Dillon, barrister-at-law, of Dublin (who was M.P. for the county of Tipperary from 1865 down to his death in the following year), and was born in the year 1851. He was educated at the Catholic University at Dublin, and is a Licentiate of the Royal College of Surgeons in Ireland.

### Lawyers and Doctors in the New Parliament.

One hundred and twenty-nine lawyers and *seven* doctors appear to have been returned to the new Parliament. No wonder that the pickings of the law are lucrative and lavish!

### Solidified Bromine.

The utility of bromine as a disinfectant agent is now well recognised; but, owing to its liquid condition and difficulty of transportation, it has hitherto been but little used for such purposes. Chlorine, which is a gas, is always available by means of the solid commercial chloride of lime; but a similar method of binding bromine in a compound, which would readily yield it up, has heretofore been a desideratum. A manufacturer of Charlottenburg (Prussia), Mr. Frank, has conceived the idea to cause bromine to be absorbed by so-called "kiesel-guhr," that is, the siliceous marl which Ehrenberg has shown to consist of the microscopic shells of infusoria, and which is also used to absorb nitro-glycerine, thus forming the well-known dynamite. The inventor has given to the mixture the inappropriate name "solidified, or solid bromine." In this condition, it is easily applied for disinfecting purposes.

### Death from Chloroform.

A death resulting from the administration of chloroform is reported from Southampton. From the evidence adduced at the inquest it appears that a gentleman, aged thirty-six, a resident of Lymington, went to Southamptom, accompanied by his medical attendant, to undergo a dental operation. Having been examined and pronounced a fit subject for the administration of chloroform, he was placed under its influence, and two teeth had been extracted when it was found that he had ceased to breathe. Artificial means to restore respiration were immediately resorted to, but all efforts proved fruitless. A verdict was returned by the jury absolving the medical man and dentist from all blame.

### Adulterated Whisky.

At the last Petty Sessions, Athy, County of Kildare, a publican was fined £5 14s. 6d. for selling whisky, which Dr. Cameron, county analyst, certified as adulterated. The conviction was ordered to be recorded upon his licence. On the same occasion the milk vendors were fined £2 14s. 6d. and £1 14s. 6d. for selling adulterated milk.

### The Health of Bournemouth.

We have before us the Report for last year of Mr. P. G. Nunn, Medical Officer of Health for the Bournemouth Urban Sanitary District. From it we get some interesting and valuable particulars of the sanitary condition of this favourite watering-place and health-resort. Mr. Nunn estimates the population of the district at 13,000—a figure which is decidedly not above the mark, more probably below it. The number of deaths which occurred was 279; of these, however, 123 are registered as occurring in visitors who came into the district with their fatal illness upon them. Many also of the permanent residents, it should be remembered, have originally come to Bournemouth because they are in delicate health, and have been unable to live elsewhere. The total death-rate was 21·4 per 1,000, but the resident death-rate may be estimated at 12 per 1,000.

We are glad to observe that Mr. Nunn deprecates the tendency there has been during the past few years to cut down the pine trees. As he truly says, "If this continues to as great an extent as it has done, and if the owners of land neglect to plant younger trees of a similar kind, the town will in time lose one of its greatest attractions, and which are supposed by many authorities to be a great benefit to the invalids."

One of the points in favour of Bournemouth as a winter residence is the large amount of sunshine it enjoys. This has during the past year been accurately measured, and from the observations we find that in 1879 there were registered by the new sun-recorder 1,209 hours of bright sunshine at Bournemouth, as compared with 995 at Kew, and 982 at Greenwich. In the last quarter of the year the figures were, Bournemouth 232, Kew 162, Greenwich 138.

Dr. Nunn concludes his succinct and suggestive report with some remarks on Bournemouth as a summer resort as well as a winter residence. He says—"It is a mistake to suppose that because Bournemouth is so much sought after as a winter resort it must necessarily be a hot place in the summer. This error is difficult to counteract, but those visitors who do spend their summer here will, I am certain, bear testimony to our enjoyable summer coolness. The highest temperatures registered by the observers of our local Meteorological Society on the hottest days in the year are often 8, 9, and 10 degrees below those of several summer resorts celebrated for their coolness in hot seasons.' Some of the reasons which are adduced in favour of Bournemouth as a summer residence are that the trees afford pleasant shady walks, and, by their refreshing greenery, offer a marked contrast to the glare and whiteness of many seaside places, and also that a great part of the town is on a high plateau of ground, and that the prevalent summer winds being off the sea are necessarily cool.

The sanitary condition of Bournemouth, on the whole, may be considered as eminently satisfactory, and far superior to some seaside watering places and health resorts.

## Special Hospitals and Provident Dispensaries.

THE public interest excited on behalf of hospitals, general and special, continually grows, and its result is to be found in the frequent expressions of opinion to be found in the columns of our daily contemporaries. It is gratifying also to note that the objectionable feature exhibited in connection with some "special" institutions is gradually forcing popular recognition; our repeated attempts to expose them being at length productive of good effect. The question that seems most to engage the lay mind just now, however, is that of the pressure thrown on the great charities by the inrush to them of patients who have no legitimate claim on the resources of hospitals whose endowments are intended solely to benefit the sick poor. That this occurs to a large extent, the frequent appeals for voluntary aid, and a cursory inspection of the applicants for relief at, general hospitals, sufficiently indicate. How to prevent the continuance of this unjust burden is an important consideration, and it is met by the provision, made now very generally, to provide medical advice and attendance of a high character at a cost that can be met by the most moderate purse. The spread of provident dispensaries should effect this, but it will only do so successfully when the silly prejudice against them has been eradicated from the mind of the profession. It can surely no more derogate from the position of a medical man to devote his attention to a succession of cases, each of which is seen in return for a small remuneration, than it does when a similar number of patients is prescribed for gratuitously. In each case the actual labour is the same to the practitioner; and in the former there is the advantage that the patient is secured from the imputation of pauperism that does much to rob hospital charity of its finest attributes. In an artificial society there must, unfortunately, be always an immense dependent class; its dimensions should be limited by every possible means, so that the channels for its relief shall be always open to the calls made on it. This can be best achieved by providing means whereby the lower-class patients, too poor to pay the fees of middle-class practitioners, and too proud to solicit gratuitous services, shall be enabled to preserve their independence without sacrificing their support. The spirit they show is worthy of encouragement, and we hope to see the scheme to afford them competent medical aid carried out in the fullest possible way.

## The Dublin Sanitary Commission.

WE venture to inquire from the commissioners who sat last summer to investigate the causes of the high mortality of Dublin, when we may hope to see the resultant report, and whether any casualty has happened to that long-expected document. We are the more anxious for its production because we are well aware that the influences of the late Chief Secretary for Ireland, the Dublin Corporation, and the Irish Local Government Board were all exercised in the first instance to prevent any inquiry being held, and when disease, death, and the clamour of sanitarians forced from them an unwilling investigation, to prevent the unpleasant truths as to the awful state of the city from coming out. In view of this policy, we are apprehensive that the Report of the Commission may be kept back until interest in the excessive mortality of Dublin has died away, and we are anxious to know whether there is any other reason than this for the delay in producing it. We know that its preparation involves much labour, but we had hoped the energy and independence displayed by the Commissioners would have conquered the difficulty, and that we would have had their verdict ere this.

## The Ventilation of Theatres.

THAT a good deal has been done for the comfort of the theatre-going public in the way of ventilation and other necessary accessories, since that very fusty period a half century ago, cannot be denied. That much remains to be rectified is equally certain, though the "ways and means" are still a *bête noir* to theatrical architects. Of necessity a theatre, especially if it be well patronised, must become uncomfortably warm long before the curtain falls, from the immense quantity of gas, and the aggregation of so large a number of human heating apparatus in a confined space; it is therefore obvious that the unhealthy atmosphere thus generated must be got rid of to render the place endurable for a prolonged sitting. Ventilation from below is next to impossible, as the majority of our theatres are hemmed in on all sides by houses. We believe there is one transpontine place of amusement where it has been attempted, by means of a sliding roof, with signal success. Nothing can be more feasible to our minds. Immediately the roof is opened the entire building would resolve itself into one immense upcast shaft for the expulsion of foul air, and the place would as rapidly fill with fresh air by the natural laws of suction; the whole thing could be accomplished between the acts, the roof replaced, and health and enjoyment be thereby ensured to the public and performers alike. Then, again, when the electric light is brought to greater perfection, much may be done by adopting that method of illumination, which evolves no heat, in place of the oppressive and unhealthy gas jets. At most theatres, it should be said, much more gas is used than necessary. Having visited one or two of the London houses during the last few weeks, we were struck with the ill-ventilated, over-heated condition of the Princess's, especially during and after the fire scene, the stench from the chemicals employed and the fumes being such as to render enjoyment of anything that follows out of the question. On the other hand, we noticed at the Lyceum, where the "Merchant of Venice" has attained such a deserved popularity, the atmosphere could only be objected to by the most æsthetic, from the simple fact that a minimum quantity of gas is burned throughout. Managers should take the hint thus practically given by Mr. Irving; reduce their gas bills, and minister to the health and enjoyment of their patrons.

## Health of Ireland.

THE average death-rate for the week ending April 17, in the sixteen principal town districts of Ireland was 36·1, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Queenstown, 14·4; Waterford, 20·4; Kilkenny, 21·0; Dundalk, 22·4; Galway, 26·4; Clonmel, 27·0; Londonderry, 30·3; Sligo, 33·1; Lurgan, 33·7; Belfast, 35·1; Limerick, 36·5; Cork, 39·0; Dublin, 40·3; Wexford, 41·3; Newry 42·7; and Drogheda 44·3.

The mortality last week, in twenty large English towns, inclusive of London (in which the rate was 21·6), was equal to an average annual death-rate of 22·7; in Glasgow, 23·5; and in Edinburgh, 28·0.

In the Dublin district the deaths represent an annual rate of mortality of 41·3.

Fifty deaths from zymotic diseases were registered, being 11 more than in the preceding week, and 16 over the average for the fifteenth week of the last ten years; they comprise 4 from small-pox, 7 from measles, 10 from scarlatina, 6 from whooping-cough, 12 from fever (2 typhus, 9 typhoid or enteric, and 1 simple continued fever), 2 from erysipelas, 5 from diarrhœa, &c.

The week now closed is the fourth consecutive week in which 4 deaths from small-pox have been registered. Nineteen new cases of the disease were admitted into the Dublin hospitals during the week, being 10 less than in the preceding week; 14 patients were discharged during the week, 4 died, and 65 remained under treatment.

The mortality from measles and scarlatina is equal to the high average for the earlier weeks of the year; the deaths (9) from typhoid or enteric fever are five in excess of the average number for those weeks.

Six cases of scarlatina, 10 of typhus, and 8 of typhoid fever were admitted into the principal hospitals last week.

## Consumption of Quinine.

ACCORDING to a statistical calculation of the amount of quinine consumed in the universe, published by the *Presse Méd. Belge*, it appears that 100,000 kilogrammes of the sulphate, valued at 56,000,000 fr., are consumed annually. If we add the value of the other salts—as the chlorhydrate, bromhydrate, &c.—which may be put at about 2,000,000 fr., we have a total of 58,000,000 fr. expended for this one drug annually.

## An Attempted Insurance Fraud.

AT the Lurgan Petty Sessions last week John M'Alindon was charged with having knowingly and unlawfully caused to be inserted in the registry of deaths for the district of Lurgan a false entry, recording the death of one Margaret M'Alindon, she being then alive. It appeared from the evidence that the defendant had the life of his mother, Margaret M'Alindon, insured with the Prudential Assurance Company, and that he went to Dr. Gribbin, who had been a short time previously attending her, and falsely represented that she was dead. The doctor thereupon gave a certificate of death, with which M'Alindon went to the registrar, and had the death registered with the object of getting the insurance money from the company. On making inquiries the officers of the company discovered that the woman was still alive, and hence the present prosecution. The defendant was returned for trial to the next Armagh Assizes, bail being accepted for his appearance, himself in £40 and two sureties in £20 each.

## The French Medical Association.

This body held its twenty-second annual meeting on the 4th inst., under the presidency of M. Roger. The report of M. Brun, who has officiated as its treasurer (as M. Amédée Latour has as its secretary) since its foundation, shows that it is in a flourishing condition. It now has a capital of almost 1,500,000 fr., and has since its foundation expended more than 500,000 fr. in furnishing succour to unfortunate members of the profession or their relatives. Since 1874, aided by generous gifts, it has established several pensioners for life, having accumulated a capital of 605,000 fr. for that purpose. A banquet was given at the Hôtel Continental in the evening.

## Epilepsy caused by Diseased Teeth.

AT the meeting of the Odontological Society, held at the Dental Hospital, Leicester Square, on the 5th instant —the President, Mr. Alfred Woodhouse, in the chair— Mr. Henry Sewill read a communication on "Diseases of the Teeth as a Cause of Epilepsy." In the course of the discussion on Dr. Brunton's paper on Nervous Diseases connected with the Teeth, read at the previous meeting of the society, Mr. Sewill had said that he had never, either in hospital or in private practice, met with a case of epilepsy due to diseased teeth, and he believed such cases to be extremely rare. Other members having stated that they had met with several such cases, and that they believed dental irritation was not a very uncommon cause of epilepsy, Mr. Sewill now brought forward arguments in support of his view, and quoted the opinion of several well-known authorities on nervous diseases. Drs. Gowers, Sieveking, Hughlings-Jackson, Ferrier, and Buzzard all stated that they had never yet met with a case of epilepsy in which there was any reason to attribute the fits to the irritation of diseased teeth. Mr. Sewill thought it would be evident that if diseased teeth acted as excitants of epilepsy on any but very rare occasions that disease would be very much more common than it really was. At the same time, he should advise that in any case where epilepsy and diseased teeth were found to coexist, the sources of dental irritation should, if possible, be removed, but without holding out much hope to the patient that this treatment would influence the fits.

## A Silver Cradle.

A SILVER cradle has been presented to Alderman Mackesy, M.B., ex-Mayor of Waterford, on the occasion of a child being born to the Mayoress in Alderman Mackesy's year of office.

## Cork South Infirmary and County Hospital.

W. K. TANNER, F.R.C.S.I., who for a period of forty years was Surgeon to the above Hospital, has been made Consulting Surgeon. James G. Curtis, F.R.C.S.I., connected with this Hospital for twenty years, becomes Senior Surgeon.

### Professor Stokes in London.

On Friday evening Professor William Stokes, F.R.C.S.I., read a paper at the Clinical Society of London on "Amputation through the Thigh in a Case of Advanced Coxofemoral Arthritis." An unusual interest was manifested on the occasion, and there was a large attendance of eminent English surgeons to hear the essay, and participate in the discussion it evoked. Dr. Stokes expressed emphatic approval of the method of controlling hæmorrhage from the femoral artery in these operations by means of the rectal lever for compressing the iliac, introduced by Mr. Davy. The result of the operation in Professor Stokes' case was eminently successful; and he was heartily congratulated on it by the several gentleman who commented on the details of the paper, of which an abstract will be found in our report of the meeting at which it was read.

### Guy's Hospital.

Our contemporary, *The Students' Journal and Hospital Gazette*, says it is in contemplation to close, by degrees, one hundred beds in Guy's Hospital, the step having become necessary in consequence of a falling off of the income accruing to the charity from certain property, which has suffered depreciation through the commercial depression lately past. It is impossible not to feel that our contemporary is justified in concluding there may be some connection between recent occurrences within the hospital and its financial difficulties. We should be glad to believe this is not so, but the fact points to another conclusion. If this misfortune is indeed due to the much-criticised action of the treasurer and matron, they will have much to regret hereafter in having pursued the course they have maintained in opposition to the direct wishes of the hospital staff. On all accounts we trust the rumour is not well founded.

### Sunday Recreation.

The tendency of the British working man to go where he can be amused is almost the only characteristic that offers any point of attack to those who seek to force him into healthy surroundings in his leisure hours. Very much of the misery and disease incident to the lower orders might be prevented if they could be induced to avail themselves of the opportunities afforded even in London for out-of-door exercise. The air of the parks and great squares of the metropolis is, in comparison with the confined atmosphere of city courts, pure and breezy; and a few hours' weekly exposure to it might do much to remove the injurious effects of the preceding six days' confinement in stuffy workshops and rooms. The efforts of the National Sunday League are directed to this end; and it is satisfactory to note that they are entering on another season of usefulness under more advantageous circumstances than heretofore. By the action of the League, a band will play during the summer, on Sunday afternoons, in Hyde Park, commencing May 16th; and cheap excursions will be made, under the auspices of the association, to country places within easy reach of town. The National Sunday League is an important agent for promoting the healthy exercise of the people, and it is deserving all the support that can be rendered to it by everyone interested in preserving and improving the sanitary excellence of the country.

### Mr. J. W. Hulke, F.R.C.S.

Mr. John Whitaker Hulke, F.R.C.S., F.R.S., &c., Surgeon to the Middlesex Hospital, has been selected by the Committee of the Athenæum Club as one of three gentlemen who receive the membership of the Club without undergoing the ordeal of the ballot. By a rule passed not long ago, a certain number of gentlemen will be elected in this way each year, the honour being intended as a recognition of exceptional worth. That Mr. Hulke is well deserving the distinction, his labours in the field of science amply prove. At the Geological Society he is well known as a palæontologist; and in the medical profession his great services to surgical advance need no enforcing. In electing Mr. Hulke into its body, the Athenæum Club has secured a member eminently worthy of the traditions of the ancient and learned association.

The charter converting the Owens College, Manchester, into the new Victoria University was issued last week.

The Lord Lieutenant of Ireland has been pleased to appoint Alderman Whitaker, M.D., to the Commission of the Peace for the borough of Belfast.

Diphtheria is reported as prevailing to an alarming extent in Austria. It is said that not less than 40,000 persons have been its victims within a few months.

The Vice-Chancellor has appointed Professor Humphry, M.D., F.R.S., to the office of Sir Thomas Rede's Lecturer for the ensuing year in the University of Cambridge.

Dr. Barclay, Dr. Ransome, Dr. F. S. B. F. De Chaumont, and Dr. W. H. Corfield, have been appointed examiners for the examination in State Medicine in the University of Cambridge to be held next October.

We are requested to state that Dr. Lyons, M.P., will see patients at 17 St. James's Place, London, S.W., from 9 a.m. to 1 o'clock, but that he cannot be seen except on public and Parliamentary business at the House of Commons.

The Lord Lieutenant of Ireland has been pleased to appoint Robert Cornwall, Esq., Secretary of the General Post Office, a member of the Board of the Government Hospitals, in the room of Edward C. Guinness, Esq., D.L., resigned.

A notice of motion has been given by a guardian of the Cork Union, that a petition be presented to Parliament in favour of an allocation of a part of the Surplus Church Funds, for the purpose of erecting cottage hospitals in the populous districts of Ireland which are at least five miles from any workhouse.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 16, Leeds 17, Hull 20, Bristol 20, London 22, Sheffield 22, Bradford 22, Salford 23, Wolverhampton 23, Leicester 23, Birmingham 23, Glasgow 24, Sunderland 24, Brighton 24, Manchester 27, Oldham 28, Liverpool 28, Edinburgh 28, Nottingham 29, Newcastle-upon-Tyne 29, Norwich 29, Plymouth 30, Dublin 41.

THE death-rate in the large towns last week from the seven principal zymotic diseases ranged from 0·5 and 1·1 in Brighton and Leeds, to 5·5, 7·3, and 14·6 in Norwich, Dublin, and Plymouth respectively. Measles showed the largest proportional fatality in Plymouth, Nottingham, and Bradford; and scarlet fever in Newcastle-upon-Tyne, Dublin, Norwich, and Sunderland. The deaths from measles in Plymouth, which had been 14 and 16 in the two previous weeks, further rose to 17 last week; no less than 213 deaths from this disease have occurred within the borough since the middle of November last. Small-pox caused 9 more deaths in London, 4 in Dublin, but not one in any of the other large towns.

IN the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were —in Calcutta 26, Bombay 41, Madras 42; Paris 33; Geneva 17; Amsterdam 34, Rotterdam 26, The Hague 22; Copenhagen 25; Stockholm 30; Christiania 25; St. Petersburgh 59; Berlin 28, Hamburg 29, Dresden 27, Breslau 32; Munich 36; Vienna 36, Buda-Pesth 46; Rome 42, Naples 37, Turin 39; Venice 34; Alexandria 33; and New York 24 per 1,000 of the populations. The deaths in St. Petersburgh included 128 which were referred to different forms of fever. Of the 1,264 deaths in Paris, 49 resulted from small-pox and 45 from typhoid fever.

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ABERDEEN UNIVERSITY. — CONFERRING OF MEDICAL DEGREES.—The winter session of the Medical School of the University of Aberdeen was brought to a close on the 23rd inst., when the degrees in medicine and in surgery obtained in the recent examinations were conferred, Principal Pirie presiding.

THE CHAIR OF MATERIA MEDICA IN THE UNIVERSITY OF GLASGOW.—Dr. Matthew Charteris has been appointed by the Crown, Professor of Materia Medica and Therapeutics in the University of Glasgow, vacant by the resignation of Professor Cowan.

INFIRMARY ACCOMMODATION.—Both the Royal and the Western Infirmaries of Glasgow are, and have been for many weeks, fully occupied, and nearly 200 patients are awaiting admission into the medical and surgical departments. This state of matters was brought before the local authority on the 19th inst., in order to take into consideration the devising of some measures to relieve this pressure.

BAZAAR IN AID OF THE MAGDALEN INSTITUTION, DALBETH.—To give employment to the inmates of this institution, and thus help to defray its expenditure, a large and commodious laundry, with every modern improvement, has recently been added. To meet the cost of erection, and the expenses connected with the reformatory school for girls, it has been resolved to hold a bazaar in the City Hall, Glasgow, on the 21st to 24th inst.

FUNERAL OF PROFESSOR SHARPEY.—The funeral of this distinguished physiologist, Emeritus Professor of Anatomy and Physiology in University College, London, of whom we published an obituary notice in our last, took place on the afternoon of Saturday, the 17th inst., at Arbroath, his native place, to which the remains were brought from London on the previous day.

THE SPREAD OF FEVER AT BURNTISLAND.—Dr. Spence, the Medical Officer to the Burntisland Local Authority, in his annual report on the health of the town, attributes the outbreak of scarlet fever, which affected about fifty families from first to last, and resulted in six or seven deaths, to the presence in school of some child who had a slight attack, but who became a centre of infection.

HEALTH OF EDINBURGH.—The mortality still keeps high. The deaths for the week ending with Saturday, the 17th inst., amounted to 110, with a death-rate of 27 per 1,000. There was an unusual mortality from chest diseases and from measles.

THE HEALTH OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 17th inst., were at the rate of 24 per 1,000 per annum, against the same number in the previous week, and 25, 29, and 27 in the corresponding weeks of 1879, 1878, and 1877 respectively.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages for the week ending with Saturday, April 17th, the death-rate in the eight principal towns was 24·9 per 1,000 of estimated population. This rate is exactly the same as that for the corresponding week of last year, but 1·0 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 11·8 per 1,000; and the highest in Leith, 31·1; and in Perth 31·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·4 per 1,000, being an increase of 0·6 on the rate for the previous week. Of the 46 deaths from whooping-cough, 30 occurred in Glasgow, 19 in Edinburgh, and 13 in Dundee. Acute diseases of the chest caused 140 deaths, a slight decrease on the number for last week.

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## Literature.

### THE CARMICHAEL ESSAYS, 1879. (*a*)

THE Carmichael Essays of this year have been promptly published, and in creditable form. That of Mr. Walter Rivington, which obtained the first of these splendid prizes, is an exhaustive treatise, and commences with a brief history or account of each one of the 19 licensing corporations of the United Kingdom, from the giant College of Surgeons of London, with its annual income of £15,000, down to the Apothecaries' Hall of Dublin, with an income of less than £15. Mr. Rivington next proceeds to consider the constitutions of the various corporations, and strongly censures the restrictions placed on the Fellows of the London College of Surgeons, by which the entire control of the Corporation rests in the Council only, a councillor retaining office on an average for eight years. He proposes an annual election of all councillors instead of the present arrangement, by which three only out out of twenty-four retire annually. Mr. Rivington next discusses the question of prescribing chemists, and gives a lengthy quotation from the *Daily Telegraph*, in which the case in their favour is very strongly put. He comments strongly,

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(*a*) "The Carmichael Essays, 1879." By Mr. Walter Rivington, M.B. Lond., and Dr. Thomas Laffan, L.K.Q.C.P.

however, on the chemists' incapacity for the work, and the serious significance of slight ailments. But there can be no doubt that his quotation from Mr. Serjeant Simon's speech on Dr. Lush's Bill puts the matter in the light in which the public regard it, viz., that Parliament supplies the standard of medical qualification, and recommends to the public persons qualified accordingly, but if it went beyond that, would infringe the rights of the public. What right had Parliament to say he should not consult a bone-setter? We fear that the spread of education among the masses can alone set this matter right.

Mr. Rivington points out, what has already been done over and over again, that the competition of corporations is the true cause of the licensing of badly qualified practitioners, and is severe on the defence adopted by the corporations, that rough and ready men must be supplied to the public. On the alleged necessity to supply such a grade of practitioners he truly remarks, "the necessity was that such a supply should cease and determine. For what was the effect? To overcrowd the ranks of the profession; to lower the wages of professional advice and assistance; to encourage quackery; and to produce the demand, whilst hindering the accomplishment, of Poor-law medical reform. Raise the standard of preliminary and medical education and examination, and a natural cure is applied to many of the hardships and much of the injustice for which remedies have been sought."

Mr. Rivington is perhaps unique among writers on medical politics in upholding the value of the work performed by the General Medical Council. Yet he admits (p. 115) that "the General Medical Council has still to undertake the systematic consideration of the subject of medical education." Why, the consideration of this subject was the very object of its existence, and yet is still to be undertaken, after, as we gather, and are by no means disposed to dispute, a purposeless existence of 21 years. Mr. Rivington's views on the question of female practitioners are mild. He considers women naturally disqualified for practice, but sees no harm in their studying medicine, and would not oppose their entering the profession. He thinks that now that they are admissible the whole movement will die a natural death. We agree with him that there is nothing contrary to feminine delicacy and purity in a scientific study of the handiwork of the Creator in the human frame. But we think, differing from him, that there is a certain limited public demand for female practitioners which will always produce a corresponding limited supply.

Mr. Rivington sums and supports the arguments in favour of direct representation of the profession on the General Council, and prefers this method to that of enlarging the franchise of the corporations.

The author next discusses the system of Poor-law medical relief in the three kingdoms, coming, as a matter of course, to the conclusion of every one who has treated the subject before him, that the medical officers are wretchedly underpaid and severely overworked. The Public Health and Registration Acts are next summarised; and the Army, Navy, and Indian Services are then discussed. An account is then given of the medical associations and scientific societies; and then the medical schools and hospitals are reviewed from a statistical standpoint. The systems of medical education adopted in France and Germany are narrated. Medical charities are next dealt with, and the defects of the present system of granting out-patient relief are pointed out, and provident dispensaries are recommended in preference.

The state of the examinations next comes under review, and some defects are pointed out. The author hits a serious blot in the examinations of the Irish College of Surgeons when he remarks (p. 370) that full marks in materia medica would almost ensure a pass in anatomy and physiology. No wonder that the visitors of the General Medical Council were dissatisfied with this; but it was not as bad as the fiasco at the Faculty of Physicians and Surgeons of Glasgow, where on the occasion of the visitors' attendance, there being two candidates for examination in anatomy, it was found that both the examiners *had gone grouse-shooting*. But why do candidates present themselves for examination, or visitors attend to see them examined, *on the 12th of August?* The real fault undoubtedly lay with them, in that they had not gone grouse-shooting also. The examinations of the University of Dublin are cited as having been reported favourably of by the visitors, but the preliminary of the Queen's Colleges is mentioned as having been extremely defective, as were also the clinical portions of the professional examination. At last, after 400 pages of statistics and narrative, we come to the author's suggestions for improvement, with which he occupies 40 pages.

But his suggestions are, after all, only those that have been made over and over again already. The elevation of the standard of culture in general education and natural science; emancipation of the profession from the drug-trade; the cessation of gratuitous services; the opening out of high office in the State; life peerages; all these things have been urged by former writers.

The author is in favour of the compulsory formation of conjoint boards of examination, and uniformity of examination. He would entrust the preliminary examination to the Universities; had the Queen's not been defunct we should have protested, after what he himself has told us of her preliminary standard. He approves of Greek being made compulsory, and laments the outcry against it as due to the ignorance and inefficiency of many schoolmasters, the want of education of parents, and idleness and want of self-discipline of the boys. But he disapproves of compulsory work at Greek composition. In all this we fully agree with him. The results of the recent intermediate examinations in Ireland show that Greek is so widely taught that, in this portion of the empire at least, no real hardship will be inflicted by making it compulsory on a lad to know something of Greek at the age of 18. The author would abolish the list of optional subjects at the preliminaries, and make all really essential subjects compulsory. He considers that the scientific subjects necessary can all be readily acquired by youths before the age of 16 or 17, including physics, physical geography, botany, inorganic chemistry, a selection from organic chemistry, and the classification of animals. In all this we fully agree, and consider it proved, as in the case of Greek, by the results of the intermediate examinations. The author next suggests a curriculum of study, in which, like previous writers, he recommends that medical studies should be begun in the summer session. His curriculum is sound, but the ideas put forward in connection with it can hardly be said to be new, except that it would not demand hospital practice in the first year. But we think that the first year's student gains general ideas in hospital practice which greatly facilitate his entering on more specialised hospital study in his second year. He learns how to set about his work. The author would have an examination at the end of each year, and after that at the end of the third year should be passed, would certificate the student as assistant to a general practitioner. For the final examination he is opposed to the total abolition of the certificate system, and would continue to require certificates of the actual performance of all practical work; and he would have free trade, under limitations of competency only, as regards the acquisition of such certificates by the student. One very practical and original suggestion the author makes, that the controlling authority ought to define the exact amount of such subjects as chemistry, physics, anatomy, &c., that the student will be expected to know, so as to avoid burdening him with too extended a range of study, and require this limited range to be known thoroughly. He would also qualify provincial infirmaries, &c., as partial schools, and receive from them certificates in such subjects as they might prove themselves fully competent to give instruction in. He would, in part, modify the lecture system, so as to make it less professional and more tutorial, with *vivâ voce* examination. He would wish also, as far as possible, to centralise the London schools, making perhaps three instead of the present numerous small ones, but leaving, of course, the hospitals as at present.

The author next treats of the defects of the hospital system, which he would wish placed under State control; and concludes by adopting the proposal to enfranchise the licentiates of the Colleges, and allow them a voice in the management of collegiate matters. There is little that is new in Mr. Rivington's book, little originality of thought, or fertility of suggestion, but it is undoubtedly a laborious compilation, affording much information regarding the profession, and summarising what has already been done and written with a view to the amelioration of its condition. We shall speak of Dr. Laffan's Essay on a future occasion.

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## Literary Notes and Gossip.

We understand that the Executive Committee of the General Council has accepted the estimate of Messrs. Spottiswoode and Co., to print and bind 5,000 copies of the revised edition of the British Pharmacopœia.

MR. DARWIN'S new work on "The Circumnutation of Plants" will be in the hands of the reviewers this week. The book is issued by Mr. John Murray.

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THERE are at present no less than 1,986 newspapers and periodicals published in the United Kingdom, a number one would imagine greatly in advance of actual requirements; yet a week does not pass without further additions. Of this extensive array, London supports 514, the provinces 1,055, Scotland 174, Ireland 158, Wales 66, and the surrounding islands 19.

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THE English version of the narrative which Professor Nordenskjöld, the great Arctic explorer, has in hand, "The Voyage of the *Vega*," will be published by Messrs. Macmillan and Co. at as early a date as circumstances permit.

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A RUSSIAN author has just been made the victim of an ugly joke by an elephant. Whilst visiting a menagerie, carrying in his coat-pocket the manuscript of a new work, an elephant with literary tendencies plunged his trunk into it, took the book, and swallowed it before its ill-starred author and the bystanders had recovered from their astonishment. No news of a post-mortem has as yet been received.

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A MOVEMENT is on foot to press for a home postage of one halfpenny, an ocean penny postage, a sixpenny telegraph service, and a universal money order system. A committee is in course of formation to press the important questions on the new Parliament. We presume the British public will next require the Post Office authorities to allow them a royalty on all letters with which they are honoured in consideration of the trouble taken in writing them.

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ANONYMOUS journalism—that is, the editorial "we" in vogue in this country—has its advantages and the converse; the latter being more particularly apparent in the absence of honours bestowed upon literary men. In France, where every article is signed, authors become at once public men, and are either ignored, prosecuted, or honoured by successive Governments, as it suits their purpose. The latest phase is the tribute to literature by the appointment of M. Léon Say, as French Ambassador to the British Court, and of M. Lemoinne, in a similar capacity to the Belgian Court. Whilst accepting the compliment to literature in other countries, we fear there is little reason to expect an extension of the same to this country, under the present system of anonymous journalism.

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MESSRS. SAMPSON LOW & CO. have produced a novelty in the way of paper knives that is likely to be much appreciated in the office and in the study. The blade is a handy and useful size, and, being of white wood, there is printed on it a considerable amount of information that is constantly being sought for. On one side are measures of length in English and French scales; and the general details of inland postal information. On the other are printed the regulations affecting foreign postage, and the money order service. The appearance of the instrument is neat, it is inexpensive, and it well deserves the name under which it is registered, viz., "the popular paper-knife."

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PROFESSOR VIRCHOW has been elected to preside over a committee deputed to make arrangements for a universal exhibition of Prehistoric German Anthropology. The collection will embrace objects from all the local museums of Germany, and every town has been invited to lend its aid towards making it complete. The date fixed for the opening is next August, and it will take place in Berlin.

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MCGILL University, Montreal, will soon be provided with an extensive and handsome library, reading-room, and museum. Mr. Redpath, a member of the board of governors, has offered to provide funds for the erection of the buildings, and they will be commenced soon.

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A FAMILIAR name has suddenly passed away from literary and artistic circles, in the person of Mr. George Grossmith. His death may be truly described as melancholy. On Saturday evening last he was presiding in London at a dinner of the Savage Club, and had just recited an amusing scene, when he became the victim of an apopletic seizure, from which he shortly expired. There were several members of the medical profession present at the time, but their aid was, of course, of little avail. Mr. Grossmith's two sons were witnesses of his almost tragic end.

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ANOTHER wonderful scientific discovery has just been introduced by Dr. Jechs, of Bethlehem, United States, by means of which persons can be made to see objects or identifiy individuals a thousand miles distant. The instrument which is to accomplish this simple feat is called a Diaphote, and the *modus operandi* is similar to telegraphy. At one end of the wire is placed a mirror composed of selenium and iodide of silver, and at the other end a second mirror composed of selenium and chromium. Each mirror is built up of little plates, and the corresponding couples are connected by separate wires. Any object exhibited at the other end could be brought to one's sight by telegraph; for instance, a London physician could see the tongue of a patient in Belfast without leaving his study; an author could read his proofs hundreds of miles off, and by an extra payment could probably send a favourite pen through the wire to correct them. Such is a brief outline of the latest American invention. Were the said wire long enough we would send our hand across the Atlantic to congratulate our *confrère* Dr. Jechs.

⁂

THE *Medical Students' Register*, 1880, has just made its appearance under the editorship of Mr. Miller, Registrar of the General Medical Council, containing the names, addresses, and qualifications of all the medical students who registered during the past year. These were 2,009, a larger number, we believe, than has ever registered during a similar period. Of these 875 had passed certain preliminary examinations recognised by the Medical Council in the Universities of the United Kingdom, 1,065 at the Colleges and Apothecaries Halls, 58 presented themselves from Colonial, Indian, and Foreign Universities, and 11 from examining bodies not included in Schedule (A) to the Medical Act.

⁂

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, March 31st:—"On Insufficiency of the Aortic Valves," by John Cockle, M.D. "The Physiological and Pathological Relations of the Voice and Speech," by J. Syer Bristowe, M.D. "Atlas of Histology," Part XI., by Drs. Klein and Noble Smith. "Metric Record of Prescription and of Medical Observation." "Healthy Life and Healthy Dwellings," by G. Wilson, M.D. "Surgical Emergencies," by W. P. Swain, F.R.C.S. (Third Edition). "Bile, Jaundice, and Bilious Diseases," by J. Wickham Legg, F.R.C.P. "An Introduction to the Study of Chemistry," by A. P. Luff, F.C.S. "Eighth Annual Report of the Local Government Board." "The Non-Emetic Use of Ipecacuanha," by A. C. Woodhull, M.D. "Rocky Mountain Health Resorts," by Chas. Denison, M.D.

⁂

PAMPHLETS.—The following have been received since the publication of our last list, March 31st:—"A Sketch of the Life and Mission of St. Benedict." "The One-hundredth Annual Report of the Birmingham General Hospital." "The Population Question," by C. R. Drysdale, M.D. "Estirpazione Completa della Laringe, Faringe, Base della Lingua, Velopendolo e Tonsille," dal Prof. Azzio Caselli. "General Report of the Highgate Infirmary," by Drs. Lediard and McCann. "Valedictory Address," by J. V. Shoemaker, M.D. "Science Lectures for the People," delivered in Manchester, 1879-80.

## BANQUET TO DR. LYONS, M.P.

THE medical committee who supported Dr. Lyons, M.P., at the recent election in Dublin, entertained him on Saturday evening last at a public dinner at the Shelborne Hotel, the chair being occupied by Dr. Mapother, President of the Royal College of Surgeons in Ireland. The entertainment was strictly confined to the members of the committee and their guests, yet, nevertheless, between fifty and sixty covers were laid. Amongst the visitors present were the Right Hon. the Lord Mayor, Mr. Brooks, M.P., Mr. Meldon, M.P., Mr. Errington, M.P., Mr. Dawson, M.P., and the Rector of the Catholic University. In responding for the toast of his health, Dr. Lyons spoke at length and with much eloquence and fluency upon the existing state of medical legislation, and expressed his earnest desire to aid with all his influence the objects which the profession have in view. Mr. Meldon and the Lord Mayor and Mr. Errington also spoke with warmth of the importance of medical interests, and the justice of the legislative demands made by the profession, and tendered their services in the House in support of Dr. Lyons whenever he needed such support.

## THE IRISH COLLEGE OF SURGEONS.

On Thursday week last the Fellows assembled to elect a Councillor in the room of Dr. B. G. MacDowel, who resigned his seat to seek the examinership. There were two candidates, Dr. Corley, of the Carmichæl School, and Dr. Nixon, of the Ledwich School. Dr. Corley was elected. We understand that Dr. Nixon intends to seek a seat at the general election in June next as a representative of his school, which since Mr. Ledwich's death has not sent a member to the College Council. The election of examiners will take place on Tuesday next—the first Tuesday in May. Mr. Kendal Franks has announced his candidature for the Surgical Court, and Dr. MacNaughton Jones, of Cork, for the Midwifery Court, and we believe the outgoing examiners will all seek re-election.

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# Correspondence.

## THE LONDON WATER SUPPLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I should be glad, with your permission, to make a few observations upon your leader of last week on "The London Water Supply." Although the attempt of the late Government to deal with the subject was in many respects objectionable, and therefore proved abortive, the questions raised and brought more prominently to the notice of the Legislature are of such vast importance to the health and comfort of the four millions of inhabitants of London that they cannot be allowed to drop, and must, in some shape or other, engage the attention of the new Parliament.

It is quite evident, as you say, that "London has decided to have a purer and better water supply, and at a cheaper rate." This will not be brought about before the Government washes its hands of matters as they stand at present. Parliament determines that monopoly shall cease, and London, following the example of other towns, sets itself the task of finding those who will undertake to bring into the metropolis a good supply of pure, wholesome, softened water at high pressure. London will then have spring water at one-half to two-thirds the charge made by existing companies. The high dividends which the water companies contrive to get out of their customers is one reason why neither Government, the Metropolitan Board of Works, nor any other public body have been able to get possession of their works, and unless Government is prepared to pay a price far above the value of their undertakings, thus making itself a party to saddling the ratepayers of London with a permanent debt of enormous magnitude, this will not be brought about. But if the Water Companies were purchased to-morrow London would be no nearer obtaining a supply of pure water. This great desideratum will yet have to be accomplished at an additional outlay of several millions, for, as you have pertinently put it, "London has said she must have pure water, and at a cheaper rate" I firmly believe that we should not be long without a decided change for the better if the new Parliament can be persuaded to admit a competing supply. If the water supply were thrown open, as other necessaries of life are, competition would soon bring the Water Companies to their senses, and they would not only give us purer water, but at a very much reduced rate.

In the earlier history of the water companies, the rivalry that existed, if it brought less dividends to the companies, was a gain to the consumers. The civil war waged between them for supremacy, to be followed by exhaustion, produced a great and powerful combination against the public, and with monopoly came an immediate advance in price. This brought about complaints of bad water, and in 1848 the Companies drawing their supply from the Thames were pumping a daily estimated mass of impurity and sewage of 48,000 tons, and serving it out to the public. The surveying officers reported that at the point of the river from which the Lambeth Company drew its supply, "the water held in suspension and solution all the drainage of the Metropolis." As it was, so it will be until the end of the chapter, only with a less degree of pollution, if we may believe the remarkable evidence of the engineer of the Company, given at Kingston a week ago. From him we learn that a somewhat alarming state of things still goes on with the full knowledge of the officers of the Company, and that the 9,630,000 gallons said to be taken from "*a spring*" turns out to be anything but spring water. The fact is, that the Company some time ago laid down perforated pipes 4,800 feet long in all, parallel with, and at the distance only of 57 feet from the Thames; these pipes at the end are turned at a right angle away from the Thames for 90 feet only. Nevertheless, the engineer of the Company persists in it that half the water comes from the Thames and half from the subsoil which he calls "a spring;" but how the 90 feet of pipes will deliver an equal quantity from the "*spring*" as do the 4,800 feet from the Thames, through the nauseous slip of porous soil, surpasses mortal comprehension. The engineers, upon being pressed by counsel to say whether, looking at the condition of the Thames at Thames Ditton, and the filth that gets into it, the Lambeth Company would be bold enough, under any circumstances, to supply this water to London, replied with more candour than comfort to those who drink it: *It was a matter of necessity*.

This is not all, for it came out in evidence, and I suppose must be taken as a matter of fact, that to enable the Company to lay down these pipes from their reservoir at Moulsey to their filter beds at Ditton, the subsoil water proved so troublesome that the engineer was obliged to put in a culvert to keep it down. This culvert, which he said is open-jointed, is laid for a mile on the level, and is, therefore, almost certain to be affected by the 770 cesspools of Moulsey. Nevertheless, this culvert has since been taken into their pumping sump. The statement, then, that the Lambeth Company is supplying spring water ("*pure spring water*" say the servants) to London, is by this evidence completely blown to the winds; and it follows that the chemical analysis made to show the purity and wholesomeness is as little to be relied upon. This will be the more apparent when I state another fact, that just above the intake of the Company at Ditton, the filthiest of filthy streams, the Rythe, pours its black water into the Thames, and that immedialely opposite are the sewage works of Hampton Court Palace. After all, perhaps this is only an average specimen of the Thames water supplied to London. But why should it be so when pure deep well water, at a reduced price, is within our grasp?

There is no comparison between the water supply of London and that of many of our large provincial towns, Manchester, Canterbury, Tring, &c., &c., and where the water sold to the inhabitants harbours no organisms, infective or otherwise, and which is free from the danger of an infectious fever. What Londoners must insist upon having is *spring water*, water which will place London at least upon an equality with other inhabitants of this country, and with regard to a prime necessary of health andlife.

I remain, your obedient servant,
Jabez Hogg.

1 Bedford Square, London,
April 24, 1880.

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## ANIMAL VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you or any of your numerous readers who are thoroughly competent to give an opinion on the matter, let me know if the subject of animal inoculation and animal vaccination be definitely settled?

Some authorities say that it is not only good, but that it is the proper practice to *inoculate* the calf with *small-pox virus*, and then vaccinate the human subject with the resulting matter. Others equally high in authority say that the above practice would be simply a fertile source of propagating small-pox. Others, again, say, to pass the vaccine lymph from the human subject to the cow is good practice, and then vaccinate from the resulting matter, to which it is replied that vaccination performed with lymph taken from a cow which has been vaccinated with human lymph is *not reliable.* And, finally, we have another batch of authorities who say that animal lymph for vaccination purposes *must* in the first instance be obtained from a cow in which disease has *spontaneously arisen.* Is the genuine vaccine disease in the cow a disease *sui generis?* Answers to the above questions, if possible in your next issue, will very much oblige

Yours, &c,

IVORY POINT.

[The question of animal vaccination is far from being settled. It has had no trials made of it in this country. The first point referred to by our correspondent is the most obscure of all. On the one hand it is distinctly asserted by Mr. Ceely and by Dr. Green in this country that human vaccine is nothing but small-pox from human beings passed through the cow or calf, whilst the experiments of Chauveau, Viennois, and Meynet at Lyons, seem directly contradictory of this view. The calf is, according to Chauveau, &c., very easily inoculated with the vaccine virus, but shows scarcely any eruption when small-pox is inoculated. On the Continent it has recently been the practice to employ virus which has been obtained from so-called spontaneous vaccine occurring in cows, but there seems to be no doubt but that the inoculation of the calf from the arm of an infant, and then vaccinating from this source, is good practice, and it certainly is a certain way of avoiding syphilis. From the evidence given up to this moment we are personally inclined to believe that vaccinia is a disease first of all originating in the bovine species, and not a product of small-pox from man to that species; but as the contrary is vigorously maintained in England, it is imperatively necessary that a committee of one of our medical societies, or a Parliamentary commission, should endeavour to clear up the point by furthur experiments on animals. Whatever be the conclusion, however, arrived at, most candid persons are in favour of giving the public the choice of calf or humanised lymph, so long as vaccination is obligatory.—ED. M. P. & C.]

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## ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your readers may feel interested in knowing that the matter of St. John's Hospital for Diseases of the Skin, Leicester Square, to which you have so often plainly called attention, is about to be brought to a legitimate conclusion.

At 9 p.m. on Saturday last I received a summons at the instance of Mr. St. Vincent Mercier, the Secretary, and of the Board of St. John's Hospital, to appear at Bow Street Police Court at 2 p.m. next Saturday to answer a charge of publishing defamatory libels concerning them.

I have the honour to be, Sir, your obedient servant,

GEORGE HOGGAN, M.B.

7 Trevor Terrace, Rutland Gate, S.W.

[Our correspondent is not the only one who has been favoured with one of these interesting documents, our publisher having been similarly favoured.—ED. M. P. & C.]

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# Medical News.

**Royal College of Surgeons of England.**—The following candidates, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on Tuesday, April 20th :—

Chadwick, James Morley
Clegg, Walter Thomas
Day, William Aloysius
Francis, Lloyd
Fraser, Donald A., L.S.A.
Gripper, A. D., L.R.C.P. Edin.
Harris, John R., L.R.C.P. Edin.
Hewitson, William Andrew
McDonagh, James S., L.S.A.
Matthews, Valentine, L.S.A.
Paddle, James L., L.R.C.P.L.
Puddicombe, W. Noble, L.S.A.
Renner, Chas., M.D. Wurzburg
Richardson, J. H. Howard
Richardson, Charles Boards
Sayer, Mark Feetham
Sprenger, Francis Jefferies
Tooth, Howard Henry
Walters, Frederick Rufenacht
Wells, A. P. Lethbridge

The following were admitted on Wednesday, April 21st :—

Ashwell, Herbert George
Bedford, W. G. Augustus
Bovill, Henry H., L.R.C.P. Lond.
Bridges, Ashley Colston, L.S.A.
Buller, Audley Cecil
Collier, William, L.R.C.P. Edin.
Ewbank, Henry
Farmer, Septimus
Hill, Alexander
Hoyle, William Evans
Jerome, John William
Jones, Rees Rowland
Jones, W. C., L.R.C.P. Edin.
Langridge, Albert Henry
Mead, Robert W., M.B. Edin.
Owen, Richard Jeffreys
Pratt, Reginald
Sloggett, Arthur T., L.R.C.P. Edin.
Tinker, Frederick Howard

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

AT a meeting of the Court of Examiners held on the 7th April and following days, the undernamed gentlemen passed the first half of their examinations for the Letters Testimonial of the College—viz. :

Wm. V. Barre, Francis G. Bonynge, Joseph Boyd, Shepland McC. Boyd, Francis F. Brady, John Brady, Humphry J. Broomfield, Augustus J. A. Browne, George V. Byrne, Richard Callan, Thomas S. Campion, Louis J. Carroll, Arthur G. Chance, Walter J. Clarke, Edmund N. Close, Patrick A. Daly, Charles J. Duglas, Thomas J. Dowse, John B. Dunlop, Frederick D. Elderton, Henry L. Ferguson, Michael Fitzgerald, Thomas M. Gallaher, William Henry, William W. Jacobs, Bliss S. G. Jenings, James A. Johnston, John Keenan, Denis P. Kenna, Thomas S. Lacy, Edward Lambkin, Francis S. Lambkin, Thomas W. Lewis, John Lowe, Samuel F. Lougheed, Thomas Magnor, Vincent J. Magrane, Patrick A. McDermott, Harry S. McGill, Arthur W. MacMath, Daniel Moon, Reginald L. Mosley, George C. Moutray, Francis J. Mulock, Edmond Murphy, George Nelis, Augustus Nickson, Richard McD. Nugent, Richard F. O'Brien, Joseph F. O'Carroll, John A. C. Penny, William W. Pike, James Quirke, Alexander Ross, Edmond Ryan, William Smith, Robert J. Tate, Samuel M. Thompson, William J. Trotter, Macnamara M. Williamson, Augustus W. Woodroffe, and Henry J. Wyatt.

At the examination in General Education, held on the 21st April, the following gentlemen were adjudged Certificates of Qualification, the names in the first and second classes being arranged in order of merit :

*First Class.*—Daniel Sheehan (Daniel Kenny and William L. Symes, equal), Richard McC. Sadlier, Humphrey Warthington (Henry Beatty and John Shuter, equal), (Thomas L. Feeny and William J. Molloy, equal), John Bernal (James F. Thompson and Richard Woodroofe, equal), George R. Williams.

*Second Class.*—George A. Draper, John Esmond, John J. Buggy, John O'Grady, Francis J. Dempsey, Charles A. Hamilton, George T. Taylor, Robert Close, John Griffin, Frederick Levinge, James Normile, Edward D. Patman, Michael A. Gordon, Michael J. Healy, John K. Hopkins, John J. McDonnell, David Hamilton, and James P. Lawlor.

*Unclassed.*—Robert J. Becom, Charles W. Brooks, Edward R. F. Cookman, George R. Cox, Thomas C. Croke, Robert Cross, Patrick T. Dillon, Walter C. Dyer, Charles Farrell, Herbert J. Hammond, Robert Harding, Henry C. Hodgens, John Moyle, Cornelius J. O'Donnell, John O'Loughlin, Charles Packenham, Daniel Power, Patrick J. Power, Robert J. Rousselle, William Scott, and Richard Smith.

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## NOTICES TO CORRESPONDENTS.

DR. CAMERON's paper "On the Toxic Principles present in certain kinds of Whisky" is unavoidably held over.

SURGEON-MAJOR CURRAN, Warrington.—We will commence your papers "On Sunstroke" shortly.

"LA NOVEDADES CIENTIFICAS."—Thanks; but we cannot further extend our Exchange List.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—May 3, Ordinary Meeting.—A Paper on "Nerve-stretching in Neuralgia," by Arthur Underwood, M.R.C.S., &c.—Casual Communications from Mr. G. H. Harding, Mr. E. M. Todd, and Mr. Moon.

ABERNETHY was greatly annoyed by the questions of an idle gossip concerning his patients. "How is Mr. H—— this morning?" asked the gossip, who had been on the watch for the physician. "He is ill," curtly replied Abernethy. "Does he keep his bed?" persisted the questioner. "Of course he does," replied the doctor, "you don't think he's been fool enough to pawn it, do you?"

### POST-MORTEM EXAMINATIONS.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I will thank you to give me your opinion as to what constitutes a post-mortem examination at coroners' inquests

The interpretation put on the Act by the coroner and grand jury is that there must be an internal examination of some one or all of the great vital organs to constitute and enable them to certify that there was a post-mortem examination.

It is contended, on the part of the medical man, that a close and careful examination of the entire body is in itself a post-mortem examination. Your opinion is looked for with much interest.

Yours, &c.,

Kerrycrisis. MEDICUS.

[We have looked into the law on the subject. It seems to us that a post-mortem examination for medico-legal purposes means such an examination after death as is necessary to determine accurately the cause of death. If that cause be obscure, or dependent upon unknown or only suspected internal conditions, a post-mortem is incomplete without a thorough examination of every organ until an obvious cause of death is found. If the cause be externally apparent, as in case of crushing of the head and protrusion of brain-matter, then a post-mortem examination need not involve a *sectio cadaveris;* but it is none the less a post-mortem examination within the meaning of the law. In fact, the examination must be such as will justify the medical jurist in swearing to the cause of death to the best of his knowledge and belief, and the responsibility rests on him alone of justifying such testimony by a sufficient examination.—Ed.]

**Dr. W. G. Mortimer**, New York.—We cannot further increase our Exchange List.

**Epidemiological Society.**—Friday, April 30, at 8 p.m., Surgeon-General C. A. Gordon, "On Certain Views regarding Fever in India."

**Mr. Gardiner Brown.**—We shall be glad to receive the cases.

**Harveian Society of London.**—Thursday, May 6, at 8½ p.m., Mr. Reeves, "Rectal Stricture, with special reference to Rectotomy and Twenty-five Colotomies."—Mr. Cripps Lawrence, "Rickets."

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## VACANCIES.

Basingstoke.—Medical Officer of Health. Salary, £120. Applications to the Clerk of the Guardians before April 29.

Brompton Consumption Hospital.—Assistant Physician. Honorary. Applications to be sent to the Secretary before May 5.

Cumberland Infirmary, Carlisle.—House Surgeon. Salary, £100, with board. Applications to the Secretary before May 11.

Mercer's Hospital, Dublin.—Resident Medical Officer. Election, April 30.

Notting Hill Provident Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Sec., 8 Pembridge Gardens, W., before May 25.

Weston-super-Mare Hospital.—House Surgeon. Salary, £70, with board. Applications to the Secretary before May 1.

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## APPOINTMENTS.

**Curtis, J. G.**, F.R.C.S.I., Senior Surgeon to the South Infirmary, Cork.

**Gordon, S. T.**, L.R.C.S.I., Medical Officer to the Royal Irish Constabulary.

**Fitzsimon, C. C.**, M.D., Assistant House Surgeon to St. Bartholomew's Hospital, Rochester.

**Fullerton, R.**, M.B., B.Ch., Assistant Medical Officer to the City and County Lunatic Asylum, Stapleton.

**Leeper, G. R.**, M.B., Medical Officer to the Ederney Dispensary District of the Irvinestown Union.

**Mason, W.**, L.R.C.P.Ed., Medical Officer to the Second and Seventh Districts of the St. Anstell Union.

**Minors, R.**, M.R.C.S.E., Medical Officer to the Benenden District of the Cranbrook Union.

**Parsons, F. J.**, L.R.C.P., M.R.C.S.E., Medical Officer to the Morchard Bishop District of the Crediton Union.

**Prince, H. F.**, L.F.P.S.G., Medical Officer for the Snettisham District of the Dorking Union.

**Roberts, N. E.**, M.B., Assistant Resident Medical Officer to the Workhouse and Infirmary of the Township of Toxteth Park, Liverpool.

**Tanner, W. K.**, F.R.C.S.I., Consulting Surgeon to the South Infirmary, Cork.

**Warner, F.**, M.D., M.R.C.P.L., Lecturer in Botany at the London Hospital Medical School.

**Navy Medical Department.**—Staff-Surgeon R. T. MacCarthy to H.M.S. *Flying-fish;* Surgeon J. Crowley to H.M.S. *Implacable;* Surgeon J. A. MacMunn to the *Ganges.*

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## Births.

**Browne.**—April 19, at Dungannon, the wife of Thomas J. Browne, M.B., of a daughter.

**Johnston.**—April 20, at Stranorlar, co. Donegal, the wife of H. M. Johnston, M.D., of a son.

**Lancaster.**—April 22, at 247 Lewisham High Road, London, S.E., the wife of H. F. Lancaster, M.D., of a son.

**Stokes.**—April 18, at 5 Merrion Square North, Dublin, the wife of William Stokes, F.R.C.S., of a son.

**Walker.**—April 22, at 56 Ladbroke Grove Road, Notting Hill, the wife of A. Dunbar Walker, M.D., of a daughter.

## Deaths.

**Cullen.**—April 18, at Ballingarry, co. Tipperary, Owen Cullen, L.R.C.S.I., aged 31.

**Gourlay.**—April 20, at his residence, Weston-super-Mare, Frederick Gourlay, M.D., in his 45th year.

**Henry.**—April 8, at St Helier's, Jersey, James Henry, M.D., Staff-Surgeon, Bengal Navy, aged 61.

**Lockley.**—April 13, at Bootham, York, Thomas Lockley, M.D., and J.P. for the West Riding of Yorkshire, aged 68.

**Moore.**—April 14, Richard Bond Moore, L.R.C.P., M.R.C.S.E., of Wolverhampton, aged 35.

**Moylan.**—March 20, on board H.M.S. *Euphrates, en route* to India, W. J. Moylan, A.M.D., in his 32nd year.

**Russell.**—April 19, at Lurgan, Philip Crampton Russell, M.B., aged 70.

**Saul.**—April 20, at Dromore, co. Down, Isaac Cromie Saul, M.D., aged 42.

**Stewart.**—April 13, at Arcachon, France, John Stewart, eldest and last surviving son of the late John Grant Stewart, M.D., C.B., Inspector-General of Naval Hospitals and Fleets.

**Thomson.**—April 18, at Rockville, Bangor, Henry Thomson, M.R.C.S., aged 55.

HOSPITAL for SICK CHILDREN, BRISTOL—VACANCY for HOUSE-SURGEON. Salary £100, with Rooms, Coal, Gas, and Attendance. Applications, with Testimonials, to be addressed to the President and Committee of the Hospital for Sick Children, Royal Fort Road, Bristol, on or before May 8th.

THE LONDON HOSPITAL MEDICAL COLLEGE, MILE-END, E.

The Hospital contains nearly 800 beds.

The SUMMER SESSION will COMMENCE on MAY 1st.

Full Students now entering can compete for the Entrance Scholarships in October.

All appointments are free to full students.

Special entries may be made for medical and surgical practice, also for the course of practical surgery.

MUNRO SCOTT, Warden.

ROYAL COLLEGE of SURGEONS in IRELAND.

NOTICE is hereby given that on TUESDAY, the 4th of MAY next, at the hour of Three o'clock, p.m., the President, Vice-President, and Council will proceed, according to the provisions of the Supplemental Charter and the bye-laws in force thereunder, to elect from among the Fellows of the College, EIGHT EXAMINERS to examine Candidates for Fellowship and Letters Testimonial.

THREE EXAMINERS to examine Candidates for the Diploma of Midwifery.

And THREE EXAMINERS to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before Friday, the 30th of April.

By Order, JOHN BRENNAN, Registrar.

April 20th, 1880.

ROYAL COLLEGE of SURGEONS, IRELAND.

EXAMINATION FOR LICENSE IN DENTAL SURGERY.

A GENTLEMAN who has had considerable EXPERIENCE in PREPARING CANDIDATES for ABOVE EXAMINATION is OPEN TO ENGAGEMENTS.

Address "Grinder," Office of *Medical Press and Circular*, 8 Molesworth Street, Dublin.

DISEASES of the SKIN.—Professor McCALL ANDERSON'S CLINIQUE on DISEASES of the SKIN (at the Dispensary for Out-patients, 8 Elmbank Street, Glasgow) will commence on MONDAY, MAY 3rd, and be continued during the Summer Session every Monday and Wednesday at Half-past Two p.m. Fee One Guinea. The Directors offer the sum of £5 to be expended in a prize or prizes to the most deserving students.

JAMES GRAHAME, Hon. Sec.

Duly Licensed under the Anatomy Act.

SCHOOL of ANATOMY, PHYSIOLOGY, and OPERATIVE SURGERY. Demonstrations by Mr. THOMAS COOKE, F.R.C.S., Senior Assistant-Surgeon to the Westminster Hospital. The whole of Anatomy (on the dissected body), of Physiology (with microscopical preparations, &c.), and the Operations (all performed on the dead body by the Students), are gone through every three months. *Fees:* Anatomy, &c., Three Months, 3 guineas; Six Months, 4 guineas; for the Higher Examinations, with *special* supplementary class, 5 guineas. Operations, 5 guineas. Dissecting-room open daily. Prospectus and visitor's ticket on application to private address, 16 Woburn Place, W.C.

Mr. COOKE'S TABLETS OF ANATOMY AND PHYSIOLOGY (Longmans and Co.) contain "in the fewest words and plainest language, and in about one-tenth the space the matter which is found in the most accredited standard works. The author is evidently a sound teacher."—Lancet. "Probably no anatomical or physiological work is more universally appreciated."—Students' Journal.

OPERATIONS on DEAD BODY for FELLOWSHIP and the HIGHER EXAMINATIONS.—Vide above.

THE LATE DR. ROBINSON, SKIBBEREEN.

WE, the UNDERMENTIONED, APPEAL to the kind sympathy of the Public on behalf of the Family of the late Dr. SAMUEL ROBINSON, who died of Malignant Typhus Fever on the 28th ult. The deceased had been, for over twenty years, Dispensary Doctor of Tullagh District (which includes the Island of Cape Clear and Hare Island), and it is almost a matter of certainty that his unremitting attention to the Islanders, during the late fatal epidemic, did seriously impair his health, and accelerate that sad event by which his young, helpless family of seven children, have been deprived of their entire means of support.

Contributions will be thankfully received by any Member of the following Committee, viz.:—

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# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 5, 1880.

## CONTENTS.

PAGE

The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1880. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture III.—Part I. .......... 361

ORIGINAL COMMUNICATIONS.

Cerebro-Spinal Syphilis. By C. R. Drysdale, M.D, Senior Physician to the Metropolitan Free Hospital; Secretary to the Rescue Society's Lock Hospital, London .......... 364

CLINICAL RECORDS.

Necker Hospital, Paris—Case of Left Hemiplegia, with Aphasia, in a Left-handed Woman. Under the Care of Professor Potain .......... 365

PAGE

TRANSACTIONS OF SOCIETIES.

Medical Society of London—
  Neurasthenia of the Brain and Spinal Cord .......... 366
Surgical Society of Ireland—
  Nasal Polypus .......... 366
  Lipoma .......... 367
  Upper Portion of Humerus removed by Excision .......... 367
  Antiseptic Surgery .......... 367

LEADING ARTICLES.

The Prospects of Medical Reform .... 371
The Indian Medical Service .......... 372
Local Government Health Report for 1880 .......... 373

NOTES ON CURRENT TOPICS.

Sir John Lentaigne .......... 374
St. John's Hospital for Skin Diseases v. "The Medical Press and Circular" ..... 374
Guy's Hospital .......... 375
The Princess Louise .......... 375
The Royal Society .......... 375
Cheerfulness as a Medicine .......... 375
The Representation of Surgery in the Senate of the New Irish University .... 375

PAGE

Surgeon-General Gordon, C.B. .......... 376
Chloroform Vapour for Earache .......... 376
A Poisoned Water Supply .......... 376
New Infirmary for Bolton .......... 376
Poisonous Colours Employed in the Arts.. 376
Vaccine from Inoculated Cows .. .......... 377
A New Method of Administering Koosso .. 377

SCOTLAND.

Epidemic among Children—Another death from Hydrophobia—Royal Infirmary of Edinburgh—Glasgow University, &c. .. 378

MEDICO-LEGAL INTELLIGENCE.

The St. John's Hospital for Skin Diseases v. Dr. George Hoggan and Mr. Albert Alfred Tindall .......... 378

CORRESPONDENCE.

Sham Special Hospitals .......... 379
Home Rule in its Surgical Aspects ....... 379
The Examinations at the College of Surgeons, Ireland .......... 380

LITERATURE.

Cobbold's Entozoa .......... 38
Semple's Aids to Materia Medica .......... 380
The Vice-Regal Honorary Appointments ... 381
Notices to Correspondents .......... 382

# THE Lumleian Lectures ON THE DIGESTIVE FERMENTS AND THE PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,

Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

## Lecture III.—Part I.

(*Continued from page* 341.)

The suggestion to administer to invalids artificially digested food appears at first sight a somewhat startling proposal. So great an interference with the order of nature would seem to go beyond the legitimate province of art. But when we reflect how largely art already interferes in the preparation of our food, the taking of this further step will appear less surprising. The practice of cooking is in reality as complete a departure from the ways of untutored nature as artificial digestion would be. Among the almost countless species of animals, not one of them, except man alone, cooks his food, insomuch that man has, not inaptly, been defined as the cooking animal.

*Effects of Cooking.*—The process of cooking fulfils far more important ends than that of improving the savour of food—far more important even than the mechanical disintegration which generally attends the process. It produces certain chemical changes in several of the most important alimentary principles which render them incomparably more susceptible to the action of the digestive ferments than in the uncooked state. The discovery of the use of fire-heat in the preparation of his food must indeed have constituted one of the earliest and most important steps in the process by which man has emerged from the ranks of the dumb creation. The stores of proteid and farinaceous nutriment contained in the seeds of cereals and leguminous plants, and in the bulbs, tubers, roots, and succulent stems of certain vegetables are, in the raw state, nearly altogether beyond his powers of digestion. By the discovery of the art of cooking these immeasurable stores were at one stroke laid open to him.

The practice of cooking is not equally necessary in regard to all articles of food. There are important differences in this respect, and it is interesting to note how correctly the experience of mankind has guided them in this matter. The articles of food which we still use in the uncooked state are comparatively few; and it is not difficult in each case to indicate the reason of the exemption. Fruits, which we consume largely in the raw state, owe their dietetic value chiefly to the sugar which they contain; but sugar is not altered by cooking. Salads mays be regarded more as a relish for other food and as having a *quasi* medicinal purpose, rather than as a substantial source of nutriment. Milk is consumed by us both cooked and uncooked, indifferently, and experiment justifies this indifference, for I found on trial that the digestion of milk by pancreatic extract was not appreciably hastened by boiling the milk.

Our practice in regard to the oyster is quite exceptional, and furnishes a striking example of the general correctness of the popular judgment on dietetic questions. The oyster is almost the only animal substance which we eat habitually, and by preference, in the raw or uncooked state; and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-coloured mass which constitutes the dainty of the oyster is its liver, and this is little else than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested without other help by its own diastase. The oyster in the uncooked state, or merely warmed, is, in fact, self-digestive. But the advantage of this provision is wholly lost by cooking, for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

With regard, however, to the staple articles of our food, the practice of cooking it beforehand is universal. In the case of farinaceous articles cooking is actually indispensable. In regard to flesh meat the advantage of cooking consists chiefly in its effects on the connective tissue and the tendinous and aponeurotic structures associated with muscular fibre. These are not merely softened and disintegrated by cooking, but are chemically converted into the soluble and easily digested form of gelatine. I made some instructive observations on the effects of cooking on the contents of the egg. The change induced by cooking on egg albumen is very striking. For the purpose of testing this point I employed the solution of egg albumen before spoken of, made by mixing white-of-egg with nine times its volume of water. This solution when boiled in the water-bath does not coagulate nor sensibly change its appearance, but its behaviour with the digestive ferments is completely altered. In the raw state this solution is attacked very slowly by pepsin and acid, and pancreatic extract has almost no effect on it; but after being cooked in the water-bath, the albumen is rapidly and entirely digested by artificial gastric juice, and a moiety of it is rapidly digested by pancreatic extract.

My object in making these remarks is to show that the changes impressed on food by cooking form an integral part of the work of digestion—a part which we of the human race get done for us by the agency of fire-heat—but a part which the lower animals are compelled to perform by the labour of their own digestive organs. It must also be borne in mind that the digestive process carried on in the alimentary canal is, strictly speaking, executed on a doubling of the exterior surface, and not in the true interior of the body. If we take all these considerations into account, it will appear, I think, not unnatural that we should try to help our invalids by administering their food in an already digested, or partially digested, condition. We should thereby only be adding one more to the numberless artificial contrivances with which our civilised life is surrounded.

### PREPARATION OF ARTIFICIALLY DIGESTED FOOD.

Dr. Pavy (a) was, I believe, the first to carry into actual practice the idea of preparing an artificially digested food. At his suggestion, Messrs. Darby and Gosden introduced a preparation which consisted of meat reduced to a fluid state by artificial digestion. The formula for this preparation has not, so far as I know, been made public. It is still in the market, and is sent out and advertised by Savory and Moore under the title of "Darby's Peptonised Fluid Meat." A specimen of this preparation is on the table before me. It has the appearance of a light brown very thick treacle. It has a strong salt taste and an agreeable meaty flavour, without any bitterness. It is mostly soluble in water. The solution does not precipitate on boiling, nor with nitric acid, and it gives a strong reaction of peptone, with Fehling's solution, and with tannin.

I have also before me a specimen of artificially digested meat prepared by Mr. Benger. It is a greyish looking extract, with a pleasant meaty flavour, and is quite devoid of bitterness. It dissolves mostly in water, and the solution gives the usual reactions of peptone in great intensity. Mr. Benger informs me that it is made by operating, at a temperature of about 140° F., on finely triturated raw beef with pancreatic extract and a little carbonate of soda. The solution thus obtained is neutralised with hydrochloric acid, and then evaporated at 212° F. to the consistency of a solid extract. Both of these preparations appear to me to be much superior in value to any of the meat extracts hitherto introduced.

But however useful preparations of this class may prove to be, in a limited range of circumstances, it is pretty evident that if artificially digested food is to be employed on the large scale, and among all classes, means must be found to bring the preparation of it within the range of culinary operations and the apparatus of the kitchen and sick-room.

The difficulty hitherto encountered in the production of an artificially digested or peptonised (I may be permitted to use the word "peptonised" as a convenient abbreviation for the phrase "artificially digested") food, suitable for invalids, is mainly owing to the use of the gastric method in its preparation. If you subject any native article of food—say milk, bread, egg, or meat—to artificial digestion with pepsin and hydrochloric acid, you destroy more or less completely the grateful odour and taste, and the inviting appearance, which made it desirable as food, and convert it into an unsavoury mess, from which the human palate turns away with disgust. The unsavouriness of artificially digested food is, however, not due to any ill taste or smell inherent in the products of digestion—which, when purified, are both odourless and free from any unpleasant flavour—but to a number of bye-products of various kinds, which accumulate as digestion proceeds. One of these bye-products is a substance with a pure bitter flavour, which seems to be a constant accompaniment of gastric digestion. It is also developed in some cases in the later stages of pancreatic digestion.

Any extract of pancreas may be used for the preparation of artificially digested food, but the most suitable are those prepared with dilute spirit or chloroform-water. The extract sent out by Mr. Benger, under the name of "Liquor Pancreaticus," is an almost faultless pharmaceutical preparation. It is made by extracting perfectly fresh and finely chopped pancreas, with four times its weight of dilute spirit. By some ingenious devices, Mr. Benger has succeeded in overcoming the mechanical difficulties of the manufacture, and has produced an extract which possesses the diastatic and proteolytic properties of the pancreas in a highly concentrated degree. It is a nearly colourless solution, with very little taste or smell beyond that of the spirit used to preserve it. It is of this preparation that I must be understood to speak in what I have now to say on the production of artificially digested food by pancreatic extracts.

### *Pancreatic Digestion of Milk.*

When milk is subjected to the action of pancreatic extract, at a temperature of 100° F. (38° C.), in an open glass vessel, a series of changes take place in it, which are highly interesting to watch. The first thing that arrests the observer's notice is that the tough wrinkled skin which quickly forms on the surface of warm milk when exposed to the air is either not produced at all, or is only produced in a very imperfect degree. In its stead there forms a slight brittle and perfectly smooth pellicle of quite a different appearance. The next thing noticed is that the milk becomes more or less softly curdled. Bye and bye the curds begin to re-dissolve, and the milk gradually re-assumes its originally diffluent condition. A portion of the curd is, however, very resistent, and remains undissolved for many hours. If the milk be diluted beforehand with one-third or one-fourth of its bulk of water, this curdling phase is altogether omitted, or is only observed as a slight and transient thickening. Next follows a very curious change of aspect. The milk loses its glossy white appearance, and gradually assumes a dull yellowish-grey shade which is characteristic, and the degree of which enables the practised eye to judge with considerable precision how far the peptonising process has advanced. This change of aspect is, however, by no means conspicuous, and would scarcely be remarked in a cursory observation, except by comparison with unaltered milk.

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(a) A Treatise on "Food and Dietetics." 2nd ed., p. 559.

The progressive transformation of the casein into peptone, of which these outward signs are the indications and accompaniments, may be followed by testing the milk from time to time with acetic acid. At first the addition of the acid causes an abundant precipitation of curdy matter, but this reaction progressively diminishes in intensity until at length it ceases altogether. When this point is reached the transformation may be regarded as complete. All the casein has been changed into peptone—even nitric acid no longer causes a precipitate. The time occupied in the transformation (supposing the temperature and the activity of the preparation to be constant) depends on the quantity of pancreatic extract added, and may be made to vary from a few minutes to several hours. In the ordinary operation of preparing peptonised milk for invalids, two or three teaspoonfuls of the liquor pancreaticus are added to one pint of milk, diluted with a fourth of its bulk of water. With these proportions the process is usually completed in from two and a half to three hours.

In preparing peptonised dishes for invalids, I confine myself for the present to articles of which the basis is milk, or farinaceous gruel, or both together.

*Peptonised Milk.*—A pint of milk is diluted with a quarter of a pint of water, and heated to a temperature of about 140° F. (60° C.). Two or three teaspoonfuls of liquor pancreaticus, together with ten or twenty grains of bicarbonate of soda, are then mixed therewith. The mixture is then poured into a covered jug, and the jug is placed in a warm situation under a "cosey," in order to keep up the heat. At the end of an hour or hour and half the product is boiled for two or three minutes. It can then be used like ordinary milk.

The object of diluting the milk is to prevent the curdling which would otherwise occur and greatly delay the peptonising process. The addition of bicarbonate of soda prevents coagulation during the final boiling, and also hastens the process. The purpose of the final boiling is to put a stop to the ferment action when this has reached the desired degree, and thereby to prevent certain ulterior changes which would render the product less palatable. The degree to which the peptonising change has advanced is best judged of by the development of the bitter flavour. The point aimed at is to carry the change so far that the bitter taste is distinctly perceived, but is not unpleasantly pronounced. As it is impossible to obtain pancreatic extract of absolutely constant strength, the directions as to the quantity to be added must be understood with a certain latitude. The extent of the peptonising action can be regulated either by increasing or diminishing the dose of the liquor pancreaticus, or by increasing or diminishing the time during which it is allowed to operate. By skimming the milk beforehand, and restoring the cream after the final boiling, the product is rendered more palatable and more milk-like in appearance.

*Peptonised Gruel.*—Gruel may be prepared from any of the numerous farinaceous articles which are in common use—wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour. The gruel should be very well boiled, and made thick and strong. It is then poured into a covered jug, and allowed to cool to a temperature of about 140° F. Liquor pancreaticus is then added in the proportion of a tablespoonful to the pint of gruel, and the jug is kept warm under a cosey, as before. At the end of a couple of hours the product is boiled, and finally strained. The action of pancreatic extract on gruel is two-fold—the starch of the meal is converted into sugar, and the albuminoid matters are peptonised. The conversion of the starch causes the gruel, however thick it may have been at starting, to become quite thin and watery. The bitter flavour does not appear to be developed in the pancreatic digestion of vegetable proteids, and peptonised gruels are quite devoid of any unpleasant taste. It is difficult to say to what extent the proteids are peptonised in the process of digestion by pancreatic extract. The product, when filtered, gives an abundant reaction of peptone; but there is a considerable amount left of undissolved material. Most of this, no doubt, consists of insoluble vegetable tissue, but it also contains some unliberated amylaceous and albuminous matter. Peptonised gruel is not generally, by itself, an acceptable food for invalids, but in conjunction with peptonised milk (peptonised milk-gruel), or as a basis for peptonised soups, jellies, and blanc-manges it is likely to prove invaluable.

*Peptonised Milk-Gruel.*—This is the preparation of which I have had the most experience in the treatment of the sick, and with which I have obtained the most satisfactory results. It may be regarded as an artificially digested bread-and-milk, and as forming by itself a complete and highly nutritious food for weak digestions. It is very readily made, and does not require the thermometer. First a good thick gruel is prepared from any of the farinaceous articles above mentioned. The gruel, while still boiling hot, is added to an equal quantity of cold milk. The mixture will have a temperature of about 125° F. (52 C.). To each pint (550 cc.) of this mixture, two or three teaspoonfuls of liquor pancreaticus, and twenty grains of bicarbonate of soda are added. It is then kept warm in a covered jug under a "cosey," for a couple of hours, and then boiled for a few minutes, and strained. The bitterness of the digested milk is almost completely covered in the peptonised milk-gruel; and invalids take this compound, if not with relish, without the least objection.

*Peptonised Soups, Jellies, and Blanc-manges.*—I have sought to give variety to peptonised dishes by preparing soups, jellies, and blanc-manges containing peptonised aliments. In this endeavour I have been assisted by a member of my family, who has succeeded beyond my expectations. She has been able to place on my table soups, jellies and blanc-manges containing a large amount of digested starch and digested proteids, possessing excellent flavour, and which the most delicate palate could not accuse of having been tampered with. Soups were prepared in two ways. The first way was to add what cooks call "stock" to an equal quantity of peptonised gruel, or peptonised milk-gruel. A second and better way was to use peptonised gruel, which is quite thin and watery, instead of simple water, for the purpose of extracting shins of beef and other materials employed for the preparation of soup. Jellies were prepared simply by adding the due quantity of gelatine or isinglass according to taste. Blanc-manges were made by treating peptonised milk in the same way, and then adding cream. In preparing all these dishes it is absolutely necessary to complete the operation of peptonising the gruel or the milk even to the final boiling before adding the stiffening ingredient. For if pancreatic extract be allowed to act on the gelatin, the gelatin itself undergoes a process of digestion, and its power of setting on cooling is utterly abolished.

*Peptonised Beef-tea.*—Half a pound of finely minced lean beef is mixed with a pint of water, and twenty grains of bicarbonate of soda. This is simmered for an hour and a-half. When it has cooled down to about 140° Fahr. (60° C.), a tablespoonful of the liquor pancreaticus is added. The mixture is then kept warm under a "cosey" for two hours and occasionally shaken. At the end of this time the liquid portions are decanted and boiled for five minutes. Beef-tea prepared in this way is rich in peptone. It contains about 4·5 per cent. of organic residue, of which more than three-fourths consist of peptone, so that its nutritive value in regard to nitrogenised materials is about equivalent to that of milk. When seasoned with salt it is scarcely distinguished in taste from ordinary beef-tea.

The extreme solubility of digested products—whether of starch or of proteids—detracts from their acceptability to the healthy. To them they appear thin and watery—they miss the sense of substance and solidity which is characteristic of their ordinary food. But to the weak invalid without appetite this sense of substance or thickening is generally an objection, and they take with more ease an aliment which they can drink like water. The jellies and blanc-manges, on the other hand, give to invalids of more power that sense of resistance and solidity which is desired by those of stronger appetite.

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# Original Communications.

## CEREBRO-SPINAL SYPHILIS.

By C. R. DRYSDALE, M.D.,
Senior Physician to the Metropolitan Free Hospital; Physician to the Rescue Society's Lock Hospital, London.

(*Concluded from page 343*)

There are few cases of syphilis of the brain which, untreated, do not lead to some form of paralysis, either of the cranial nerves, or monoplegic or hemiplegic in character. The cranial nerves most frequently attacked are the motores oculi, then the facial and hypoglossal, and then the optic and auditory nerves. The first and fifth pair are far less frequently attacked, and least of all the pneumogastric and spinal accessory nerves. Paralysis of the third nerve is frequently the very first symptom of cerebral syphilis, and the sixth and fourth occasionally are implicated. The cause of the implication of the third nerve seems clear enough. It has a long course and lies exactly in that part of the cranium where meningeal syphilis is most frequent. In paralysis we notice diplopia, ptosis, and occasionally that curious affection, mydriasis of one eye; in paralysis of the sixth, strabismus and diplopia. A young gentleman whom I had treated some years ago for syphilis, was recently treated for diplopia by glasses by a most distinguished oculist. Shortly after, terrible headache supervened, which I attacked by iodide of potassium, and the diplopia ceased. In paralysis of the fourth nerve diplopia is observed relatively to objects situated in the lower half of the field of vision, the head being often inclined downwards and towards the side of the affected eye. These palsies come on insidiously, but they are occasionally accompanied by headache. They sometimes occasion only slight diplopia for a few months, and patients notice this, but have not the least idea of its significance, which holds good also in not a few cases among practitioners in my experience.

If untreated, such affections generally remain stationary or get worse, but they occasionally disappear without any treatment. These palsies are occasionally incomplete and partial. Ptosis, for instance, is not unfrequently the only one noticed, and the same is true of mydriasis. There seems, indeed, to be good reason for assuming that the centre of innervation for the upper eyelid and rectus superior differs from that for the other recti, which will account for the occurence of ptosis alone.

M. Ricord used to say in his witty lectures at the Hôpital du Midi, "a palsy of the eyeball is as it were the signature of syphilis on the patient's eye." Perhaps three-fourths of all cases of paralysis of the motores oculi are syphilitic. This being admitted by all practical observers, it will be wise in us, whenever we notice in a patient the occurrence of ptosis, diplopia or squinting, or mydriasis, to think of the probability of some syphilitic brain affection; to remember that the danger is great, and that in all such cases treatment should be prompt, and above all energetic. "Benignant" nature must in this case be mistrusted. The affections of the auditory nerve caused by syphilis, of which I have a case under my care at present, are buzzing, whistling, and ticking sounds, or deafness of various degrees. The affections of the optic nerve are, as before mentioned, by no means rare, occurring in perhaps one-tenth of all cases of cerebral syphilis. They are of all degrees of severity, from slight amblyopia up to complete amaurosis. The lesions noticed in such cases are for the most part optic neuritis and atrophy of the disc. What is called *descending optic neuritis* is recognised by the intense redness of the disc, conjoined with a slight amount of swelling, the central veins being dilated and tortuous, and the arteries lessened in calibre. These appearances are known since Dr. Hughlings-Jackson wrote on the subject to indicate a lesion seated within the cranium.

In a few cases of cerebral syphilis the facial nerve is affected, but this variety of paralysis is almost always partial, and it does not affect the orbicularis palpebrarum.

The hypoglossal nerve is occasionally affected by cerebral syphilis. The tongue is thus rendered more or less immobile. The olfactory nerve is extremely rarely attacked when the disease is situated in the cranium, but the pneumogastric appears occasionally to be implicated, as shown by the existence of vomiting and hiccough.

One of the peculiarities of cerebral syphilis is that it sometimes gives rise to paralysis or paresis of one extremity alone. In many cases there is transitory paresis of one of the upper extremities, which may, in rare instances, go the length of paralysis. The same may occur to *one* of the lower extremities.

Hemiplegia is one of the most common forms of syphilitic paralysis, and it occurs very frequently in the tertiary or late secondary period, or even in the first year of infection, as has been fully pointed out. This affection is due either to the direct influence of a special syphilitic lesion, or to the inflammation caused by such, or, again, to softening of the brain as explained by Heubner, by plugging of the middle or other cerebral arteries. In the first case, cure is possible, but not in the last. Headache with nocturnal exacerbations is a frequent precursor of such cases of hemiplegia, while the patient may occasionally complain of finding difficulty in the pronunciation of a word or weakness in the extremities. Occasionally, slight attacks of hemiplegia appear and disappear, but again relapse, and then remain permanent. Syphilitic hemiplegia occasionally presents the appearance of apoplexy, with or without loss of consciousness. More commonly it comes on progressively, and the patient may, in my experience, be able to walk for hours after the supervention of the first symptom, or indeed weeks may pass before the paralysis is complete. This hemiplegia generally takes place whilst the patient retains consciousness. It not unfrequently occurs in the night time. This form of hemiplegia is frequently incomplete or paretic; thus the face may suffer alone, or the limbs alone.

Whether sensation is affected or not in syphilitic hemiplegia, is a question of where the syphilis is seated which causes it. Generally there is no loss of sensation, but now and then this occurs. When complete hemianæsthesia ensues, it is believed to indicate the implication of the posterior third of the *internal capsule*, which lies between the optic thalamus and the lenticular nucleus.

The intelligence in hemiplegia is sometimes intact, at other times it is affected, and this is entirely due to the localisation of the cerebral lesion. In most cases there is some injury done to the intellectual faculties, and in some hemiplegia is the first act in the tragedy which ends in dementia. In many instances syphilitic hemiplegia is accompanied by paralysis of the motores oculi. Double hemiplegia is an occasional symptom of syphilis; but one side is always first attacked, and the other afterwards. In such cases there are, of course, bilateral lesions in the cranium, such as occlusion of the two Sylvian arteries, with softening of the corpora striata. The *diagnosis* of syphilitic hemiplegia is usually afforded by the concomitant attacks of headache, epilepsy, or transitory palsies. The maintenance of consciousness is most significant, or the gradual supervention and partial character of the lesions.

Ocular paralysis is a frequent concomitant, and amaurosis or mydriasis are excellent diagnostic symptoms. Facial paralysis may occur. All these are rare accompaniments of a case of ordinary hemiplegia.

In addition to these diagnostic marks, we have the possible co-existence of some skin eruption, sarcocele, iritis, &c., and the age will assist us, since syphilitic hemiplegia usually attacks persons under 45, and it may occur as early as 20. Out of 60 cases of syphilitic hemiplegia collected by Fournier, 51 were under the age of 41.

The effect produced by specific treatment is often a good diagnostic point in obscure cases. "Dans la doute donnez l'iodure" is the motto in such cases according to classical writers.

Certain patients affected with cerebral syphilis find it difficult to walk straight, others have some of the symptoms of chorea or athotosis, where the hands and feet alone are affected with slow and regular movements. The paralysis called labio-glosso-laryngeal may be of syphilitic causation. In such cases there are the usual symptoms of this disease—difficulty in articulation, incessant salivation, slow and painful mastication, palsy of the tongue, and difficulty of deglutition. It would seem that a cure has been made by specifics in even such a case. Polydipsia and polyuria may occasionally arise as consequences of cerebral syphilis. Diabetes insipidus is more likely to occur than saccharine diabetes. These affections are probably due to a lesion in the fourth ventricle.

Laryngeal paralysis and vomiting have also been said to be the consequences of cerebral syphilis, and affections of the circulation have been attributed to it. It has often a most remarkable effect on the general health, and causes cachexia.

*Prognosis.*—Syphilitic hemiplegia or other form of specific paralysis may remain stationary without complications for many years; but epilepsy rarely remains stationary, and the same may be said for syphilitic affections of the intellect. Unless rapidly cured these tend to end fatally.

A great number of cases of syphilitic hemiplegia are, when seen first by the medical practitioner, quite intractable, and, indeed, these patients are frequently burdens upon their relations during the whole of their unfortunate lives, even in youth. Specific medication has least of all an effect on lesions of the mind.

Cerebral syphilis may end fatally in a year or two, or even in a few months. The patient may remain blind or deaf of one ear. In such cases he may live an indefinite time, even for forty years, with impaired memory or aphasia, or with ptosis, mydriasis, squint, &c. Some patients, however, may be cured, even when their situations seem beyond hope. Take the case cited by Dr. Buzzard, where treatment cured a patient suffering from paralysis of both upper and lower extremities, double facial paralysis, difficulty of deglutition, dyspnœa, and want of power to articulate clearly.

Take the case also given by Ramskill in the *Lancet* of March, 1869, when a patient who was blind, hemiplegic, epileptic, maniacal, &c., got quite well under treatment. These are, I fear, very exceptional cases.

Dr. Fournier's cases show that the prognosis in general is grave. He gives 138 instances of cerebral syphilis, of which 14 died, 38 remained infirm, and only 30 had been *cured*. The epileptic form is not so grave as the paralytic or mental. This much may be said. Some observers allege that the chief point in the prognosis is the presence or absence of sufficiently active treatment, *i.e.*, mercurial frictions, with the iodide of potassium given for a long time. On the other hand, Mauriac is rather sceptical on this point. However this may be, relapses after cure in syphilitic cerebral diseases are extremely common, just as they are in other tertiary lesions, as those of the tongue, &c.

The treatment of cerebral syphilis I prefer is that by the iodide of potassium. Fournier, however—a very competent man—is accustomed to administer very vigorous courses of mercurial inunction, in combination with the iodide, in all cases of cerebro-spinal syphilis.

I need not say a great deal in this place concerning affections of the spinal cord due to syphilis, because it is now known that the lesions which are found in the spinal cord are identical with those in the cranium. Syphilitic affections of the medulla spinalis usually occur in the dura mater; but the cord itself may be turned into a substance resembling fibrous tissue with obliteration of the nerve cells, or it may be softened as in the brain by plugging of its nutrient arteries. A few cases of gummy tumour have been seen in the cord.

With regard to the affection called locomotor ataxia, there seems to be no doubt that it may be occasionally due to sclerosis of the posterior columns of the cord caused by syphilis. Dr. Fournier, indeed, has gone so far as to allege, in a most important monograph published two or three years ago, that it is one of the *most frequent* causes of this disease. The question is not yet decided.

However this may be, no one can doubt that the paraplegia is not infrequently syphilitic in causation. The motto of syphilis then still remains—"In dubio, suspice venerem."

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# Clinical Records.

## NECKER HOSPITAL, PARIS.

### *Case of Left Hemiplegia, with Aphasia, in a Left-handed Woman.*

Under the care of Professor Potain.

M., ÆT. 36, was admitted under Professor Potain in June, 1876. She had always enjoyed good health up to the beginning of the month of June. At that time she was delivered at term without having had any trouble, either during her pregnancy or at the confinement. It was her third confinement, the two former having been normal.

After delivery the secretion of milk was established in *both* breasts and she suckled her child.

Some days after, without any appreciable cause, without previous headache or stupor, she was suddenly seized with *hemiplegia of the left side and aphasia.*

The left hemiplegia was perfectly clear, the patient being unable to use either her left arm or left leg. The right side remained perfectly free from trouble.

The aphasia was equally well marked, the patient being unable to express her thoughts, speaking words having no connection with her ideas.

Besides at the moment when we first saw her, some time after the attack, it was still easy to recognise a marked weakness of the whole left side; there were also traces of aphasia, the patient having great difficulty with certain words.

All these phenomena disappeared quickly. There did not even remain any facial hemiplegia which had appeared at the same time as the hemiplegia of the limbs. The patient could not inform us as to the side of the face which was paralysed, she only knew that the face had been drawn to one side. There was no doubt we had to do with a left hemiplegia with aphasia.

The following indications explain the case. The patient affirmed clearly that she naturally had used her left hand in preference to her right. It was only by education that she had got accustomed to write and eat with her right hand. But instinctively she much more willingly uses the left hand, which she says has always been much stronger than the right. In fact, she was naturally left-handed. Thus is explained the aphasia with left hemiplegia, since in her case, the brain of the right side (the seat of the lesion) had had from birth a predominance of function, which had caused her to be left-handed, and to speak, as it were, with the right brain, contrary to the rule in virtue of which the seat of the faculty of language is in the left hemisphere, on account of the habitual functional predominance of the latter, a predominance which accounts for men being almost always right-handed.

We may then reasonably suppose, that the lesion (whatever it may be besides) was situated at the level of the fronto-parietal lobe of the right side, involving probably the third right frontal convolution, and extending backwards to the fronto-parietal convolutions (motor zone presiding over the movements of the limb of the left side).

The heart showed no sign of lesion, and the arteries were not atheromatous.

The second interesting point of the case consists in the appearance of vaso-motor and secretory troubles of a quite unusual nature. Before the paralysis both breasts were full of milk, so that the infant could take the right and the left breast alternately. From the moment when the left hemiplegia was established, the lacteal secretion ceased in the right breast, whilst the left breast (the paralysed side) increased in size and secreted much more abundantly than before.

The patient continued to suckle the child with the left breast. The milk remained pure, was never tinted red, and was always sufficient to nourish the child, which was in a satisfactory state of health when the patient consulted Dr. Potain.

It should be added that according to the patient, the paralysed side as well as the left breast seemed warmer than the right side, and moreover that perspiration was more free on the left than the right side.

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# Transactions of Societies.

## MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 26TH.

MR. GANT, F.R.C.S., President, in the Chair.

DR. STRETCH DOWSE read a paper on

### NEURASTHENIA OF THE BRAIN AND SPINAL CORD.

He stated that Dr. Beard, of New York, was the first physician who drew the especial attention of the profession to the signs and symptoms of this disease, and that Erb in Ziemssen's "Cyclopædia of Medicine," vol. xiii., had devoted a special chapter to what he called neurasthenia of the spinal cord. Dr. Dowse remarked that for many years he had discarded the term neurasthenia, because when he was in the midst of pathological work he thought that the term was vague and unscientific, and he expected that the scalpel and the microscope would reveal the cause of any arrest of nervous function. But he had grown wiser in this respect, and he now thought that the term neurasthenia was applicable to a large number of nervous derangements. Sleep was due to nervous exhaustion consequent upon an arrest of function in the hemispheres of the brain, and during this temporary arrest of function, the trophic or nutritive elements of the brain were still actively employed, and the cells of the brain were being re-charged with nutritive pabulum in the form of bioplasm. In the consideration of the asthenic or exhausted state of the nervous system we had to find out whether the arrest of nervous energy was vital and general, or whether it was local and circumscribed; and the former condition was seen and illustrated during the course of many acute diseases, but in none so vividly as in diphtheria, where the patient, as a rule, died from exhaustion of the nervous centres which gave motor power to the walls of the heart. Dr. Dowse said that in the inorganic world matter and energy are indissolubly associated; that we knew of matter only through the transformation of energy, and that we recognised energy only through the affections of matter; that matter and energy are more or less strongly united according to their power of resistance; and so it was in the organic world. Life and vitality were, according to Sir W. Gull, a correlation of energies or forces. Dr. Dowse stated that the brain, and consequently every individual cell of which the brain was composed, was a factor as well as a nidus for the conservation of energy. Molecular displacement in the nerve centres meant the exercise of disruptive energy, which led to a failure in the power of resistance, a diminution of vitality, a lowering of tension, a decrease of tone, and an exhaustion of the nervous system—in fact, an arrest of function and molecular inertia. He said that the energy or force with which a nerve cell is specially endowed may be divided into three parts—1st. The active, or floating, or automatic energy; 2nd. The complementary energy; and 3rd. The residual or latent energy. He had little doubt that most functional troubles of the nervous system were due to the want of an equable development of stable energy, which resulted from abnormal molecular interchange inducing defective correlative integrity of certain individual cells or groups of cells. Dr. Bence Jones held the view that death consisted in the stoppage of the conversion of latent force into active force caused by some arrest of action in the heart, lungs, or brain. Dr. Dowse continued—I think we have seen that heat and energy are the result of molecular motion, that vitality is co-existent and absolutely dependent upon motion, that the energy dependent upon either physical or vital motion becomes expended and finally exhausted, and that the great problem which practitioners of medicine had to solve was—In what manner can we best determine that amount of correlative energy in our bodies which shall render the supply of nerve force equivalent to the demand? Man's power of health—or, in other words, his resisting power to overcome the exhausting influences which surround him in almost every sphere of life—is due and in proportion to the inherent power possessed by his nervous centres to conserve those forces which correlatively made up his vitality. Dr. Dowse then went on to the consideration of the differential diagnosis between neurasthenias of the nervous system which for years remained a mere functional affection, and neurasthenias which were due to intractable arrest of development in the nerve cells, and which led on to defective nutrition of the nervous centres, and ultimately to organic disease—such, for instance, as were found to be associated with some form of mental derangement and with many forms of paralysis. He stated it to be his firm belief that many of the incurable cases of insanity, locomotor ataxy, progressive muscular atrophy, and many other diseases of the brain and nervous system commenced as a neurasthenia of the nervous centres, and when in this state such condition was quite amenable to treatment. Dr. Dowse then reviewed the signs and symptoms, bodily and mental, of an exhaustion of the brain and spinal cord, drawing attention to the effects produced by overwork and worry, and he lastly considered the treatment of this disease. In this question he quite agreed with Dr. Beard, that there was no routine plan for treatment in these cases; each case must be studied closely and carefully by itself. Iron and quinine were much less useful than other drugs, such as arsenic, phosphorus, and strychnine. Dr. Dowse was not in agreement with many observers concerning the value of either Galvanism or Faradisation, for in his hands, although it never failed to give great relief during its application, and it may be for some hours after, yet the good effects soon wore off, and left the patient no better than before its application. He said that the drug upon which he chiefly relied was opium; the pure watery extract of opium, in doses of a quarter of a grain three or four times a day, in some cases acted like a charm; it excited and stimulated for a short time the brain cells, and then left them in a state of tranquillity which was best adapted to their nutrition and repair; and he finally concluded his paper by referring to the benefit of proper feeding and the judicious use of stimulants, travel, and rest.

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## SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held in the Albert Hall, Royal College of Surgeons, Friday evening, April 2nd, Dr. MAPOTHER, President of the College, in the chair.

Mr. B. WILLS RICHARDSON, hon. sec., read the minutes of the previous meeting, which were confirmed.

### NASAL POLYPUS.

Mr. H. GRAY CROLY exhibited a nasal polypus which he removed in the City of Dublin Hospital, from a man, æt. 70.

The patient stated that six months previously he had suffered some slight obstruction of the left nostril, which increased till about three weeks before his admission, when a tumour appeared measuring three inches in circumference. Examined by the throat there was no projection from the posterior nares. The tumour had a broad base and was very vascular. To prevent the blood running down the throat he plugged the nose from behind, and to remove the tumour thoroughly it was necessary to split the lip. At the pedicle were several of the ordinary gelatinous polypi. From the patient's advanced age the polypus would seem to be malignant; but on the other hand there were the favourable symptoms that he was worse in wet weather, there was no fœtor from the discharge and no hæmorrhage. The polypus seemed to be fibrous, and was of remarkable dimensions.

### LIPOMA.

Mr. **Wm. Wheeler** exhibited a tumour and a cast showing the seat of it. The patient was a gardener, æt. 41, suffering from a tumour in the right groin and upper part of the thigh. About twenty-one years ago he first noticed a lump there about the size of a pea. Three years afterwards it had grown much larger, and then appeared to have stopped growing. About 3 months before his admission to hospital he was emptying a barrow, and striking the tumour broke the skin. Thenceforward it rapidly increased in size and became soft. Finding that it interfered with his work he sought admission for its removal. It was external to the great vessels, bladder-shaped, soft, movable, and somewhat pedunculated. The part in the groin was rather harder than the rest, and moved outwards. The tumour was perfectly painless, except at the spot where it suffered injury by the wheelbarrow. At first sight it looked like a fibroma; but on examination it appeared to be a mixed lipoma.

### UPPER PORTION OF HUMERUS REMOVED BY EXCISION.

Mr. **Wm. Thomson** exhibited the upper portion of the humerus of a man under his care in the Richmond Hospital, who had two years ago received an injury about the shoulder-joint, followed by the usual symptoms, and finally the formation of a number of sinuses which were constantly discharging pus. For some time he had been unable to come down upon any exposed bone, but he had no doubt that disease existed in the head of the humerus, and probably in the glenoid cavity. However, a fortnight ago he excised the bone and found the whole of the articular surface, except a fragment about the size of a finger-nail, entirely removed. The two tuberosities remained pretty perfect, but in some parts undergoing a process of degeneration. Beyond what he had mentioned as to the pathological interest of the case, he might say it was dressed under antiseptic precautions. On the day after the operation the patient's temperature rose to 100 deg.; but since then it had been perfectly normal, the pulse varying from 68 to 72, without any inflammatory symptoms. As to the clinical interest of the case, the patient had been out of bed for the last seven days, walking about the ward, and except where the drainage-tube was, the wound had healed up.

### ANTISEPTIC SURGERY.

The **Vice-President** (Dr. McClintock) who had moved the adjournment of the debate at the previous meeting, resumed by saying the importance and magnitude of the subject could scarcely be over-estimated, affecting, as it did, every operation in surgery. The question of antiseptic surgery had been presented to the Society in two phases—the scientific, comprising the theory upon which the whole line of treatment and practice was based, the existence of bacteria, or of spores; and the clinical, which he regarded as the most important, and the true test of the value or utility of the practice. Whether the theory upon which the practice was based was right or wrong had yet to be determined. Although investigated by minds of the highest ability that modern science could supply, opinions were divided. Be the theory right or wrong, if experience showed that beneficial results followed from antiseptic practice, it was clearly the duty of medical men to adopt it; nor would it be the first instance in the history of medicine where an unsound theory had led to good practice. In the use of statistics to arrive at a correct conclusion a great deal of discrimination was, as Dr. McDonnell had stated, necessary; for from statistics not carefully used many false deductions had been drawn. With all respect to Mr. Croly, without under-estimating the skill and ability he had shown, the cases he had put forward would, taken by themselves, afford no conclusive evidence one way or another as to the value of antiseptic surgery. He should have cited an equal number of similar cases treated under the old plan, and compared the results with those following from antiseptic treatment before venturing to draw a positive conclusion. There was, however, one fact stated by Mr. Thornley Stoker that, to his mind, had vast weight in the decision of the question—namely, that he and his colleagues in the Richmond Hospital found that operations ought to be performed under antiseptic treatment, even when erysipelas was prevalent; whereas, in similar circumstances previous to the use of antiseptics, they would have resorted to the knife with extreme reluctance. Of course, in estimating the results of cases they were liable to fall into the same mistake as they did in regard to the use of remedies—confounding the *post hoc* and the *propter hoc*. In his own particular department of surgery he had not much opportunity for the use of antiseptics. However, for the last two or three years, as far as the circumstances of obstetric cases would admit, he had employed antiseptic treatment, using carbolic oil in making internal examinations; on the forceps in operations, and liberally and freely on the hand requiring introduction into the uterine cavity at the time of parturition or immediately afterwards. In addition, he made it an absolute rule that the nurse should thoroughly syringe the vagina with carbolic acid (half-an-ounce of carbolic acid, according to the Pharmacopœia, dissolved in a pint of tepid water). From this treatment he had had more satisfactory recoveries than under the old. In reference to the theory of putrefaction and the influence of bacteria in the air, there was one fact worthy of being borne in mind that frequently came under the cognisance of accoucheurs. After the fœtus died in the uterus, and was retained within the membranes for weeks or months, it was then expelled discoloured, but there was no putrefaction about it. While it had undergone a certain degree of decomposition there was no evolution of gas, no offensive smell; whereas, if the membranes had been ruptured only a few hours, so that the air could gain admission to the uterus the fœtus would become offensive and distended. That was an interesting effect which could be explained either by the necessity of atmospheric air for putrefaction to take place, or the admission of spores or bacteria coming in contact with the fœtus.

Mr. **Rawdon Macnamara** said the important subject under discussion involved a great point of surgical practice supported on the one side by theoretical arguments, and on the other by practical deductions. It was perfectly clear that those who supported the antiseptic plan of treatment on theoretical arguments must base their arguments on Pasteur's experiments—experiments which had been over and over contradicted by no less an authority than Dr. Bastian. It might be stated that Prof. Bastian had been challenged to support his contradiction of Pasteur's facts by reference to the Academy in Paris. But he would not enter into that controversy further than to say that so far as his own individual opinion went, the Englishman had had far and away the best of it. Without going too minutely into it the theoretical points might be summarised. Pasteur says that a sterile liquid into which a chemical substance, such as liquor potassæ, has been put would not ferment or germinate. On the other hand, Bastian says that under such conditions it would germinate. And the whole theoretical argument depended upon which of those two great physiologists was correct in his deductions. Again, Pasteur had challenged Bastian to decide that moot point, but in consequence of the failure of the Commission of Paris the question had not been decided. So that if Pasteur be correct the theoretical assumption would be so far a supporter of the antiseptic treatment of wounds in general by preventing the access of germs. But if Bastian be correct, that the fermentation could go on from within independent of anything from without, the theoretical assumption fell to the ground. In saying that he did not say that the practical deductions fell to the ground, but that the theory upon which they were supported must fall to the ground. He believed there was not a greater confusion of ideas in the minds not of the profession, but of the public at large, than that which referred to what might be called deodorisers and disinfectants. There were lots of things deodorisers which he would not waste time to number; but as the result of long thought upon the subject he believed there was only one disinfectant, atmospheric air. He would like to see the person who would support the idea that any deodoriser applied to the sheets of a typhus fever patient would disinfect them. There was a remarkable historical fact in point. A distinguished man who held that opinion had the courage of his conviction, slept in the sheets, contracted the disease, and died of it. If those germs reaching the wounds caused all the disastrous results witnessed, whatever was employed should be a germicide. It was perfectly clear that if germs floating in the atmosphere, and reaching the raw surface of the wound, were the cause of the disastrous results, whatever was employed for the prevention of the germs should be a germicide. Having made experiments he found that to destroy a germ it was necessary to subject it to a heat which would coagulate its albumen, and in a temperature of 122° Fahr. its vitality did not cease for probably ten or fifteen minutes. In fact, germs had been exposed to a heat of 131° F., and still their vitality was not destroyed. The exact temperature at which they were destroyed had not been accurately defined, but varied between 131 deg. and 140 deg. F. When he saw antiseptic surgery carried out in its integrity and carbolic spray pumped on the exposed wound he put his hand into it, and found it was nothing like 131 deg., or approaching to 140 deg. But it might be said carbolic acid killed them as a poison. Where was the experiment that proved the fact? Again he was told that through the gauze meshes placed over the wound millions of the germs were able to permeate. It reminded him when he was in college with his dear friend beside him (Dr. Haughton), how often they discussed together that celebrated doctrine of St. Thomas Aquinas as to how many angels could dance together on the top of the finest cambric needle. In the wards of the Meath Hospital he had himself left exposed from ten o'clock in the morning to four in the afternoon the naked surface resulting from the amputation of a breast open to the invasion of those myriads of enemies, and he had had union by the first intention. That was a strong fact against the germ theory, because if the germ theory were true the germs must have reached the breast, and produced suppuration. There could not have been union by the first intention. He would quote a passage in which his proposition was more clearly put: "A cause is an assemblage of phenomena, which, occurring, some other phenomenon invariably commences or has its origin. The fact is that it is convenient to select some one element out of the group either for its conspicuousness, its novelty, or its interest, and then we call it the causes. Throwing all the other elements into the back-ground, the conditions must not make us overlook the fact that this cause, this selected condition, is only effective in coalescence with the others. Every condition is causal; the effect is but the sum of the conditions." In consequence of the attention directed to Listerism they had every one of them become more alive to to what was summed up in the one word "hygiene." He regretted that a man who should have been honoured beyond all others as the apostle of the system was forgotten—Professor Macartney, the originator of water dressing and cleanliness. Dr. Darby had made very important observations upon what he would designate as the *vis vitæ*. It appeared to him that the power of life had been lost sight of in the discussion. The influence that life had in repairing untoward consequences of operations was such that every surgeon took care that he got that important factor. For instance, in the treatment of hare-lip operations, where the child was in bad health, and union did not take place, instead of further operation the child's life was put into condition. In latter days while attending to all the conditions of hygiene *plus* carbolic acid, carbolic acid got the whole credit of the result. *Animula blandula vagula hospes comesque corporis* was lost sight of. No, life was the thing to be attended to; the surgeon must see that that life was in proper condition.

MR. WM. WHEELER said he had given much attention to the subject of antisepticism, which, indeed, had received the attention not only of most practical surgeons, but also of medical theorists with varied and contradictory results. No doubt many investigators of the worth of the system were influenced unintentionally by partisanship. Some ascribed all success to antiseptic dressings, and every failure to some fault of detail. Others believed in the theory, but did not perceive any practical benefit from it. Again, there were others who, while admitting the advantage of the drug, rejected the germ theory as not proven, and attributed the result to cleanliness; and there were others, too, in whose hands the practice failed that had not discussed the theory. Well, it was admitted that there were in the air living organisms which were said to have the power when alive of producing putrefaction in the secretion of wounds, and that they must have a fluid of a certain density which would nourish them and allow them to propagate. These germs were supposed by the followers of Mr. Lister to be destroyed by the carbolic acid spray, and that thus they would not be permitted to enter a wound, at all events in a hurtful form; for it must be remembered that Lister and his disciples allowed that certain species of organisms might be present under the dressings without producing any septic effect. Therefore they were asked to believe that the noxious germs were all destroyed or neutralised, and that those that were admitted were harmless. He could not believe that carbolic acid was such a powerful germicide, since Pasteur had proved that air passed through concentrated sulphuric acid would not have the bacteria destroyed. Witness the experiments of Panum, who allowed an infusion of flesh to stand in a warm room for two or three weeks, had it carefully filtered, then boiled for several hours, and finally evaporated to dryness on a water-bath. The dry residue was digested first with cold then with boiling absolute alcohol. After the alcoholic extract had been removed and set aside the insoluble residue was extracted first with cold and then with boiling distilled water and filtered hot. The aqueous extract, which obviously contained exclusively material insoluble in absolute alcohol, when injected into the circulation of dogs, produced the characteristic symptoms of septic infection. Panum summed up that after all the boiling and filtering it would scarcely be believed that living organisms were still present which were not destroyed, and that it might be regarded as established that there existed in putrid fluid a specific chemical body which was soluble in water and had the power when introduced into the circulating blood of calling into existence that peculiar group of symptoms which were recognised as those of septic infection, retaining that power although the liquid was exposed to treatment of such a nature as should destroy the vitality of whatever living organism might previously have been present. And yet they were told that the treatment they were discussing was simple to the understanding, and beautiful to behold. The germ theory had not been proved as regards origin, mode of action, and practical consequences. If anyone believed the spontaneous generation theory of Bastian could be established, then perchance the equation of the germ theory might be solved. It must not be thought that he wished to undervalue the labours of Prof. Lister, for he believed them to be advantageous in bringing before the minds of the profession the necessity of cleanliness in a surgical sense, and this, with adequate drainage and physiological rest, would obtain all that a surgeon could desire. To prevent the formation of pus under that elaborate system was indeed satisfactory; but when he knew that Mr. Syme had thirty-seven cases of femoral ligature without a fatal result, and also read in the *British Medical Journal* that Mr. Spence's statistics under the old method compared more favourably than Mr. Lister's, it must be admitted that as good results occurred under the old as under the new and elaborate method. Cases operated on in the City of Dublin Hospital had been brought forward in which the operations were to his own knowledge performed on a table that had on it a woollen cover stained with the blood of operations from weeks before, proving that attention to minute details was not necessary to procure the results at which Lister aimed. But they were told that pyæmia, septicæmia, and erysipelas were unknown since the introduction of antisepticism. He referred those who made the assertion to Mr. Lister's own statement that he had a case of excision of the mamma from pyæmia, and also to Mr. Wood's address in which he stated that the cases treated by the simple method and by the elaborate were alike attacked with erysipelas in his wards. He found in the *Lancet* in 1873 a letter from a Mr. Thompson, stating that having visited Mr. Lister's wards, he found his cases attacked with suppuration and inflammation just like the cases not antiseptically treated, and that he left the wards with the last remnant of his belief in Lister's theory dissipated to the winds. That statement was not refuted. On the contrary, Lister italicised the words of a German surgeon that under such treatment success could be guaranteed. "This," a surgical writer says, "startles and surprises calm and reflecting surgeons; but when we find it endorsed by Lister our own surprise is changed to another feeling." He proposed giving some statistics of his own; but as time did not permit, he would mention only two cases which he operated on the same morning for disease of the knee-joint in the lower third of the thigh. One was treated antiseptically under the elaborate treatment, every detail being observed; the other with cold water. The former suppurated for six weeks. In the latter the patient went back to Nobber, in the county of

Meath, one month from the date of the operation, perfectly healed. Both patients were operated on in the hospital, and they were in the same ward both before and after the operations.

Rev. **SAMUEL HAUGHTON, M.D., F.T.C.D.,** said he had seen the antiseptic treatment in Edinburgh, in Newcastle-on-Tyne, and in London. To assist in an operation it was necessary to be a believer in the treatment for the success of the operation. He had no objection whatever to attend religious worship of a form he did not quite agree in himself; but antiseptic treatment was occult, beyond all religious belief, the presence even of an unbeliever being detrimental. That was the newest fangled notion going, and he believed it to be a perfect humbug; the secret of the whole thing being the extreme cleanliness. That was a lesson taught of great importance which had been forgotten. He did not pretend to be able to produce statistics in favour of or against the carbolic acid system, but he could not believe in the extraordinary virtue attributed to it. He was not, then, a believer in it, but as an outside observer he expressed his opinion as to the extreme importance of cleanliness, a lesson taught by Lister and his followers. That was, he believed, the secret of it. With regard to the question of germs he was more authorised to speak. As a scientific man, not merely as a medical man, he believed there never was a more miserable idea brought before the world of science than that expressed in the words, *omne vivum ex oov.* For where did the original *ovum* come from? They had witnessed at the British Association the contemptible spectacle of Sir William Thompson telling them that the germ came on a meteoric stone from some other planet; and he had the audacity in 1877 to say in his (Dr. Haughton's) presence that the Papa Beetle brought in the germ with him. "I cannot allow (said Dr. Haughton) such an absurd physiological statement to pass muster. There are a number of ladies present, and they well understand perfectly that unless the Mamma Beetle came as well as the Papa there would be no disastrous consequences." To say they could not go back for the origin of life beyond some living germ was nonsense. There must have been a time on this planet when the laws directed by an Almighty Creator of all things, who predestined and created everything in heaven and earth, arranged that from some complex organic chemical compound a living thing should proceed. Of that he was perfectly certain. It was absurd to say this world could not produce a living germ. To go back to the Papa Beetle's coming in, where did the Papa Beetle come from? Thus was the thing pushed back. But the laws were there, that when certain unknown conditions were fulfilled, the germ would arise; and that therefore the germ, the living thing, would come from organic things was as certain as anything in the world. Hence to postulate for any living thing in the world a previous living thing was nonsense. It might arise from the obscure complex conditions of a festering wound; but to say all external germs must be excluded from it was downright nonsense. As a man of science he could not believe it. The germs would arise from the complex conditions of the wound itself, and would produce bad results, though everything external was excluded.

Mr. **A. H. CORLEY** said while Dr. Haughton had professed himself ready to speak on either side, Mr. Wheeler had made a very long speech, which he listened to most attentively, but from which he could not discern whether he was in favour of or against antisepticism. No doubt Mr. Wheeler said he was not allowed time to state his conclusions, but certainly in his preliminary observations there was nothing to indicate what these conclusions would be. What Mr. Wheeler did say reminded him of Butler's description of "A lawless linsey-woolsey brother; half of one order, half of another." But he wished to address himself particularly to that part of Mr. Macnamara's speech in which he brought forward the argument so often heard now, that he amputated breasts and left the wounds exposed for hours, and that because no bad consequences followed there could be no germ theory, and no value in antisepticism. It should be remembered that there were at least four links in the chain of sequences which ended in a fatal attack of septicæmia, and in using that word he asserted that there was no necessary connection between this condition and suppuration. There might be suppuration without septicæmia, and septicæmia without suppuration, although the conditions which produce septicæmia were very likely to produce, and would certainly augment, suppuration, yet it was by causing local states favourable to the formation of pus. He made these remarks as a commentary on what had been stated the first night of the debate by Mr. E. Hamilton, who said he had never seen so much suppuration as during the past session, although he had never used the antiseptic methods so carefully as during that period. The four links which he "consider necessary" in a complete case of septicæmia were: 1st. The presence of germs. 2nd. An open wound. 3rd. A certain state of that wound; and 4th. A peculiarity of constitution. Dr. McDonnell had alluded to one of these, and Mr. Macnamara had dwelt on the importance of the last. Of the first of these links, the germs, he would add nothing to what had been said, but if it be admitted that the last three were necessary for complete septicæmia, the non-occurrence of that state was no argument against the existence of germs. As to the second link they were all agreed. The difference in gravity between a simple and compound fracture was the best illustration. The third link was a very important one. Professor Lister dwelt strongly on the necessity for immobility in producing such a condition of the wound as would not allow the entrance of germs. All practical surgeons must have in their memory cases of accident or operation which did well until the first or second dressing, and then the disturbance of the wound necessary for the dressing seemed to produce a condition favourable to the entrance of the germs into the circulation, and consequent septicæmia. No one could help being struck with the astounding difference in the result of excision of the knee-joint now from what was obtained twenty years ago, when he was a student. That difference might be partly due to the antiseptic precautions; but it was, in his opinion, as much the result of the treatment now adopted of putting up the limb after operation in an immovable apparatus. It was but just to give full credit to the late Mr. Tyrrell and his colleagues in the "Mater Misericordiæ" Hospital for introducing that treatment into Dublin, and showing its superiority. As regards the fourth link, the constitution of the patient, had not everyone seen cases under the same conditions, in which, some time after operation, shivering fits, nausea, increase of pulse-rate, elevation of temperature, and other symptoms of approaching danger occurred? One or more cases might end in fatal septicæmia, whereas in others the natural powers were able to deal with the poison, and a critical sweating or diarrhœa signalises the victory. But Prof. Lister, while recognising the importance of the last three links, says: "remove or prevent the operation of the first cause and the others are of no account." There was another branch of the subject to which he would allude. There were some opponents of Listerism who nevertheless used carbolic acid. He had the pleasure of listening to the magnificent oration of Mr. Savory, that outcome of professional prejudice, and it seemed to him that in admitting that he used carbolic acid at all, he gave up the whole cause for which he spoke. But on the first night of this debate a term was used, apparently founded on this admission of his, and to which he strongly objected, namely, that of "modified antisepticism." This, like the use of carbolic oil by Mr. Savory, he could not understand. Either there were germs or there were not. If there were not, why use the antiseptic at all? And if there were, why not use it as recommended? Modified antisepticism! Why, Professor Lister would reject the idea with scorn, that any man who held such a view was entitled to be heard. "Modified antisepticism!!" If an adherent of this view accidentally swallowed a poison would he be satisfied with a "modified" antidote? He ventured to say that he would swallow the entire contents of an apothecary's shop sooner than rest satisfied with such an antidote. He could very well understand the value of the water dressing of Macartney, the Vartry lotion which Dr. Macnamara thought they had all forgotten, but in using this the wound was free and open, the discharges passed away and every natural chance given; but with modified antisepticism they were retained without being neutralised, and, together with the accumulation of dirt, were likely to do every harm. "Modified antisepticism!!!" He utterly disliked the term and its signification. As Dr. Macnamara and Mr. Wheeler had both gone back to their college days for illustrations he would go back to his school-days for another. They have probably read Cobbett's Grammar—a work in a series of letters from the celebrated William Cobbett to his son. The writer liked to criticise the grammar of State documents, and taking a sentence from one in which (quoting from memory) it was stated that certain negotiations had met with "modified success," he asked, "What is meant, my dear James, by 'modified success?' The negotiations were either successful or they were not. How would you like the term modified honesty in a servant or modified virtue in a wife?" So much for modified antisepticism. But what principally induced him to speak on this subject was because he had read an article in the *British Medical Journal* of the 20th of March last by Mr. Spence, who might be looked on as the ablest opponent of Mr. Lister's teaching; and it contrasted the writer's plan of treatment with the full Listerism in a manner which he wished to direct particular attention to. He said "I was still testing Professor Lister's method in comparison with other methods." Further on, "The two methods I at present use are Mr. Lister's antiseptic or the simple method, a description of which I append to this communication." Now, when he saw the words "simple method" he at once assumed that it was something like the open treatment or water dressing. He, therefore, turned to the end of the communication, and what did he find was of Mr. Spence's "simple" method in his own words:—"NOTE—The following is the simple method of dressing stumps referred to in the preceding communication: Suppose an amputation of the thigh. After the operation is completed and the drainage tube"—remark, the drainage tube—"is inserted, the stump is laid upon a Gooch's splint, padded and covered with gutta percha tissue and fastened to the splint by a turn of carbolished gauze bandage" (the very bandage Prof. Lister recommended, and which was so ridiculed by Dr. Macnamara in his allusion to the old argument as to the number of archangels that could dance on the point of a needle). "The end of the stump and the drainage tube should project a little beyond the end of the splint. The patient is then laid on a mattress, about one-third of which has been cut away on the side corresponding to the amputated limb. The stump is then swung from a cradle with the point dependent, and under it a plate containing a strong solution of carbolic acid or chloride of zinc which receives the blood or other discharges as they fall from the wound. The cradle is covered with a veil of gauze." This was Mr. Spence's "simple" method of treatment, and as modified antisepticism it was a strong testimony to the merits of Mr. Lister's practice.

Mr. E. H. BENNETT pointed out from the time of Hippocrates to the present the exclusion of air in certain cases was admitted by the secret of success, while in others the air might be introduced with the greatest freedom. Take on the one hand, as an instance, a fractured rib, and on the other a dead fœtus. The air, filtered through the lungs, was admitted to the whole of the tissues of the body, in the case of a ruptured rib, without the production of any damaging results, whereas to admit air in the case of the fœtus decomposition ensued, and the patient became unendurable. In the latter case, under the old system of treatment, the patient went about equipped with an affair like a bird's feeding trough filled with chloride of lime to kill the stench, while under the antiseptic treatment there was no decomposition, the air being admitted with impunity filtered through cotton wool and salicylic acid. Mr. Lambert Ormsby had objected to Lister's treatment on the score of expense, a practical objection no doubt, but in a life-and-death issue a few pence one way or another should not be considered. But even on the question of expense, the statistics were in favour of Lister's system. In Paris it had been found that the total dressings for amputations of the thigh amounted to twelve francs, about seven shillings and sixpence. He had himself a case of amputation of the thigh and not only bought the materials but made the dressings, the cost being seven shillings. Prof. Nussbaum, of Munich, had asserted in reference to an hospital where the cost of living had to be considered, that by Lister's treatment there was a saving of from three hundred to four hundred francs a patient, in consequence of shortening the duration of the stay in hospital. Mr. Croly had disposed of the question of modified antiseptic surgery. He did not believe in the modification which terminated in suppuration. Mr. Ormsby had argued that germs, or at all events the air, did not cause the suppuration in wounds. Suppuration could be produced by a thousand causes besides germs. If a fracture were injudiciously treated an abscess would probably form round it. Bed-sores could be produced and suppuration connected with them entirely independent of the germ question. Tight sutures would, in spite of all the antiseptic surgery in the world, produce suppuration. To say, therefore, that suppuration could only be produced by germs was simple nonsense.

Mr. HENRY GRAY CROLY, replying, said his real object in mentioning the cases he did was not to give statistics, but to introduce the subject, and he did not wish to weary the Society with the details or a number of cases. Why did he give up the ordinary treatment of compound fractures and stumps for Lister's method? Not from any love of Lister, but to adopt what he found produced the best results. It was a slur on the old practitioners to attribute the success of Listerism to cleanliness. Anyone who watched the practice of Mr. Tufnell, who had taught him, could not fail to be impressed with the neatness of his dressings in every operation. The late Dr. Geoghegan, too, had prided himself on his cleanliness and love of fresh air in the wards, devoting his whole heart to the recovery of his patients. It was a slur on such men to talk of cleanliness, as if for the first time in 1880 they were starting the practice of cleanliness in surgery. Having been recently in London he went through almost all the hospitals. In Middlesex first, on operation morning, he saw a breast amputation performed under the spray. Then in King's Hospital he saw Lister himself excise a wrist antiseptically, performing the radical cure of varicocele, cutting out clusters of veins. Another case he showed him, of psoas abscess, not dressed for five days, without a simple drop of pus. Had he seen nothing else that would have thoroughly converted him. In St. George's Hospital he saw two breasts amputated antiseptically. Next he went to Guy's Hospital, where he saw Mr. Bryant perform ovariotomy under the antiseptic spray. Every surgeon he spoke to was an advocate of carbolic acid. Mr. Holden, one of the senior surgeons at St. Bartholomew's, said it had taken hold and they must use it. The question of expense had been settled by Mr. Bennett. In connection with that, the series of good cases in constant rotation to teach a class should not be forgotten. It was objected that he did not dress all his cases. Neither did Mr. Lister. The house surgeon had them dressed, leaving one case for him, as he had always some one to show it to. In the past week he had learned more of Listerism from Lister himself than he had known before. He found he had not been taking sufficient precautions as to changing sheets. In fact, Mr. Lister would not take a knife from the tray to make an incision without dipping it over and over again in the carbolic solution. In addition to his gauze dressings and his macintosh, he had innumerable safety pins, and he took the most extraordinary precautions, the drainage tube being one of the most important things connected with antiseptic surgery. What he (Mr. Croly) used to be most afraid of were blood clots, so that he often left a stump for hours rolled in a napkin to wash away the black-currant jelly clots which were the frightful source of suppuration and mischief. He did not care twopence whether or not bacteria existed. What he cared about was getting healthy action, and if possible, primary union with an absence of erysipelas and blood-poisoning.

Mr. STOKES replied. It was a pity, he said, the theoretical aspect of the subject was entered into at all—not because he did not think it of great importance, but he did not think it possible to discuss the two points together as fully as they deserved. Mr. Macnamara had mentioned in a triumphant manner that Pasteur's experiments had been contradicted and proved to be erroneous by Bastian.

Mr. MACNAMARA—Questioned by Bastian.

Mr. STOKES—Had Mr. Macnamara read the able address by Dr. Roberts, of Manchester, he would not have made the remark he did.

Mr. MACNAMARA—I did.

Mr. STOKES said, had Dr. Bastian satisfactorily answered Dr. Roberts it would have added great force to Mr. Macnamara's remarks to state the proofs Dr. Bastian had adduced. Again, Mr. Macnamara had made no distinction between germs—that some are innocuous and others excite putrefaction, while he stated that to carry out a proper system of antiseptic surgery the agents should be germicides. That he distinctly denied. Mr. Macnamara had also stated that great heat was necessary, mentioning the high degree of 132. That he also denied. It was not necessary that the agents they used should be germicides at all. If carbolic acid, salicylic acid, and others were germicides, well and good. All that was necessary was that the action of the germs should be neutralised, that they should be prevented carrying on putrefactive action or exciting fermentation. He regretted the introduction of the *vis vitæ* as if capable of demonstration, and also that there seemed to be an endorsement of the views of spontaneous generation. It had been frequently flung in Lister's face, "Produce statistics," and that in an offensive way, suggesting that Lister was guilty almost of a *suppressio veri*. Since then some statistics had been put together by one who had done, perhaps, more than any living surgeon to raise the character of English surgery—Spencer Wells. Of 168 cases of ovariotomy 84 were treated without antiseptics, and 84 with antiseptics, the result being that in the cases treated without antiseptics he had 21 deaths, and in the cases treated with antiseptics only six. In refer ence to miscellaneous cases Dr. MacDonnell had taken Mr. Croly to task for bringing forward eight or ten which he had treated antiseptically, but in justice it was right to say they were not brought forward as a contribution to the statistics of antiseptic surgery. Of cases treated in the Glasgow Infirmary during 1875-76-77-78, according to Mr. M'Ewen — a most able surgeon—the number requiring dressings was 3,598, of which 1,884 were treated non-antiseptically, and 1,706 antiseptically; and of the cases treated non-antiseptically there were 110 deaths, giving a mortality of 5·84 per cent., while of those treated antiseptically there were only 50 deaths, giving a mortality of 2·83—less than one-half the other. Again, M. Borquot, of Nancy, had collected the recent statistics of all the great operations and major surgical cases in the hospitals of France, showing that with Lister's dressings the mortality, though much larger than here, was 10·83, while in Paris, with the ordinary operations, the mortality was so great as 52·5 per cent. It appeared, therefore, that the opponents of antiseptics and antiseptic surgery in bringing forward the question of statistics, had had themselves satisfactorily hoisted on their own petard. He had been blamed by Dr. Bennett and Dr. Barton for limiting the subject to ovariotomy. That he never intended to do, but he took ovariotomy as a test operation. He thought excision of the knee-joint was also a test operation. When he was a student, and since he became a surgeon, it was invariably the custom, both in the Meath and Richmond Hospitals, before the operation of excision of the knee-joint was performed, to consider whether or not the patient would be able to undergo the exhaustion of three or four, and even five, months' suppuration. What was the case now? In the last four operations of excision of the knee-joint which he had performed the wounds had united without the formation of a single drop of pus, and the dressings of a case in which he operated a fortnight ago were not soiled by a single drop of suppuration. Now, he asked, had any change come over human nature? What was the reason the results were so different a few years ago from what they were at present? There could be but one answer—namely, that the success was due to the introduction of Listerism.

The **President** said the senior secretary, Mr. Richardson, had made a valuable suggestion—namely, the appointment of a committee to visit the hospitals in Dublin where antiseptic surgery was carried out, and the other institutions where it was ignored, in order to report the results. In St Vincent's he had never used it, and never would, although some of his colleagues did. However, there was no time now to give his reasons why he was an unbeliever in the practice.

The Society then adjourned.

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The medical charities of Manchester have come in for an acceptable windfall on the death of Mr. Thos. Wrigley, of Timberhurst, Bury; the deceased having bequeathed £10,000 to the General Hospital for Sick Children at Pendlebury, £10,000 to the Royal Albert Asylum for Idiots, £10,000 to the Bury Hospital and Dispensary, and £10,000 to Owens College.

At a meeting of the Executive Committee of Council of the Social Science Association last week, it was unanimously resolved, "That in view of the approaching reassessment of the metropolis, a memorial be presented to Mr. Gladstone, praying him to take immediate steps to deal with the subject of the water supply."

The City of London Hospital for Diseases of the Chest, Victoria Park, held its thirty-second anniversary on Wednesday last at the Cannon Street Hotel, under the presidency of Mr. C. T. Ritchie, M.P. Subscriptions announced in the room amounted to £3,000.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 5, 1880.

## THE PROSPECTS OF MEDICAL REFORM.

Although the circumstances under which the new Parliament meets are certainly not propitious for undertaking any troublesome legislation within the remaining part of the present session, we are not without hope that the work of the Select Committee on the Medical Bills may be completed, and a report got out, so as to allow of the Bills being brought in at an early period of next session. When the last Parliament broke up, the taking of evidence by the Committee was approaching its conclusion, and we have reason to know that there was a strong desire to curtail the number of witnesses as much as possible, and to come to a report at once. It would be greatly to be regretted if the work done by the Committee were now lost, for we have no doubt that one fortnight's further deliberation would enable it to deliver its verdict upon the questions submitted to it. We are convinced that legislators are heartily tired of the wrangle of testimony between medical councillors, college delegates, and direct representationists, and would be delighted to settle the question offhand; and as we never saw a necessity for this inquiry into questions upon which the rank and file of the profession are agreed, we also should not be sorry to see the discussion closed. The only piece of information which the Select Committee has as yet arrived at is that there is no community of purpose amongst the licensing bodies, and no controlling power in the General Medical Council. The Committee now knows that each corporation has its own bone to guard, and, while quite ready to snap a share of its neighbour's bone, is also quite determined to allow no one to touch its own, and cares not in the least for the hungry public or the angry profession which put in their claim to a share, or for the General Medical Council, which looks on in a helpless daze of incapacity. The only party to the inquiry who are unanimous in opinion has hardly been yet heard at all, and, by way of elucidating the wants of the public and the profession, the testimony has been taken of those who allege that no such wants exist, and that, if they did, they should on no account be satisfied at the expense of "vested interests." The Committee may pursue this line of investigation for the next two years and arrive at no conclusion in the end, for when that time comes they will still find a crowd of those interested in the existing system of licensing, ready to swear in favour of their own vested rights, and there will still remain medical councillors who will maintain that the medical educational system is as perfect as possible under their admirable administration. We have had enough of this mutual snarling over personal interests, and if the Committee would now lend its ear to the accusers, and hear, without prejudice, their complaints and demands for redress, the inquiry might be closed at once.

If there be any idea—as is whispered in some quarters—of recommencing the inquiry by the agency of a Royal Commission, we earnestly deprecate such waste of time, and foretell as the outcome of such Commission a confusion worse confounded. We counsel the British Medical Association and the Medical Alliance Association, and every organisation which is interested in medical reform, to put in their claim for a re-appointment of the Select Committee without a moment's delay now that a Ministry has been formed, and if that claim be supported, as it ought to be, by the medical members, we have every hope that Medical Reform may be advanced another step before Parliament goes into recess.

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## THE INDIAN MEDICAL SERVICE.

The officers of the Indian Medical Service had good reason to look with a feeling of dismay upon the General Order dated 2nd January, 1880. That order seemed at one fell swoop to abolish the rights, privileges, and prospects of its individual members; and not only this, but to reduce the service itself to an altogether subordinate status. A good deal of the uneasiness and anxiety that arose from that general order have been relieved by a later document of the same kind—namely, that of 15th March; yet that they are far from being completely removed is very evident by the list of grievances contained in Section V. of a Statement by the Committee of the Indian Medical Service Defence Fund now before us.

On the face of it the fact that any body of Government officers should feel themselves compelled to establish a *Defence* Fund indicates a seriousness which cannot be passed over; the very name indicates that they thus stand at bay against attack, if unable, from their position, to repel it. Nor can the circumstance be lost sight of that their loss of confidence in their employers—that is, the State—was considerably added to by the fact that they themselves had in no way been consulted with regard to the measures which so materially affected them. The principal changes introduced into that service affect the administration as regards native troops and the distribution of civil duties. Since 1867 the administration as regards British troops was conducted by officers of the Army Medical Department, that of the native Indian troops by officers of the Indian Medical Service; a third department, namely, of the Sanitary Commissioners, was also at work; so that between the three sets of "authorities" the wonder is that duties were conducted with so little friction as they appear to have been. It is clear, then, that the time had fully arrived for a re-organisation of these several "departments," and for the re-distribution of duties; and the question comes to be, are the changes that have been made such as are best calculated to increase the efficiency of the medical services, and to minimise the inconveniences to individuals whom they affect? This must, to a great extent, be a matter of opinion; but taking the last first, we find the following enumerated in the Statement by the Committee (No. 1) as the chief grievances which appear to be felt, namely:—

"1. The non-extension to the Indian Medical Service of the provisions of the Royal Warrant dated 27th November, 1879, especially as regards rank, pensions, and sick leave counting as service." This seems on the face of it most reasonable, and it is to be hoped that both services will ere long be placed upon exactly equal footing in these respects; the system of fish, flesh, and fowl is as objectionable in regard to the medical services as it is with regard to a good many other things.

"2. The loss to the service of administrative appointments." This applies to deputy surgeons-general, and is undoubtedly a serious grievance. It deprives officers of their *chance* of promotion, and in doing so will, we venture to predict, operate injuriously in that, unless a man has fair prospects of advancement held out to him by his employer, the interests of that employer will not gain thereby in the long run.

"3. The increase to the work and responsibilities of some administrative officers without pay." Here also is a great and palpable grievance; nor does it appear how with the extent of "circles" now assigned to inspecting officers, these officers can get over them at all, even were the seasons in India far more adapted to the traveller than they are. To perform any work hastily, or at the risk of sickness, is anywhere decidedly unpleasant, but especially so in India during the hot and rainy periods of the year. The medical department in India has always, at least for a long time back, been inadequately paid, considering the important functions it has to perform.

With regard to duties, it is more than doubtful if good will accrue from the system of having sanitary commissioners independent of surgeons-general. Rather, the latter officer should have charge of, and superintend all medical affairs connected with the civil administration, as the military surgeon-general does of the army. In that case, sanitation, vaccination, gaols, lunatic asylums, &c., should be within the sphere of the surgeon-general, and their affairs ever directed in particular branches of his office.

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## LOCAL GOVERNMENT HEALTH REPORT FOR 1878.

The Supplement to the Eighth Annual Report of the Local Government Board, containing the Report of the Medical Officers for 1878, has recently been issued, and constitutes a mass of information that cannot be too highly esteemed. Almost all the large volume is occupied by a series of elaborate essays by Dr. Ballard, on the effluvium nuisances arising in connection with various manufacturing and other branches of industry. Dr. Ballard's inquiries in this direction were begun in November, 1875, and in the Report now published, we are presented with the third and concluding portion of the record of his labours. It will be superfluous to say that the work achieved by Dr. Ballard is excellent in itself; it is admirable; but the value of it will be infinitely greater than that represented by a mere accumulation of facts, in that it affords practical suggestions for the improvement of conditions under which the industrial classes conduct the operations they engage in, and for the ultimate removal of the injurious influences which at present endanger their health and life.

"The object," we are informed, "of Dr. Ballard's inquiry has been two-fold: first, to learn the extent to which the public health is injured by one or another offensive trade, or trade process, under one or another condition; and secondly, to ascertain in what measure, and under what circumstances, nuisance and injury to health can be avoided." These objects have been certainly attained, and especially the first; for Dr. Ballard has so exhaustively investigated the evils consequent on a large number of trade processes, that, with his Report in hand it is possible to estimate with accuracy the effects that follow from them to the detriment of the public health.

The manufacture of horsehair appears from this Report to be attended with danger of a very considerable kind. Among the hair imported to this country is that from Russia and Siberia, and this reaches England in a state of disgusting filth. In the cleansing process it is submitted to, a quantity of dust and dirt is scattered from it, in connection with which there is danger of producing fatal disease in the manipulators through the contagium of "anthrax," "malignant pustule," "charbon," or "Siberian plague;" the hair from Eastern Europe being not rarely infected with the potential elements of this frightful malady. We are told that "persons who unpack the bales, who sort the hair, who are engaged in the room where the dusting process is conducted, and those who draw long hair into lengths, are the persons chiefly exposed to danger." That this source of danger is of very great importance is shown by an Appendix to Dr. Ballard's paper, embodying the results of an investigation into an outbreak of malignant disease among operatives in a hair factory at Glasgow. It is asserted by proprietors of hair factories that their *employés* are not subject to the attacks of this disease to any extent; but the theory of immunity is rudely shattered by Dr. Russell's emphatic declaration that "the narrative of the present outbreak makes it abundantly clear how readily even it might have escaped notice, not to speak of sporadic cases at long intervals, such as preceded a similar alarming succession of cases at the Walpole Factory. The death of A. M. L. was registered as from an 'unknown' cause; that of M. McC., as 'sudden supposed heart disease;' that of A. N. as 'unknown.' Yet, now the facts are before us, there can be no doubt whatever that all these died from internal anthrax." Dr. Russell further fairly concludes that other cases may have occurred from time to time, and been assigned to "unknown" causes. In the light of the evidence his inquiries have elicited, it is reasonable to suppose that there is a much more decided danger connected with this particular industry than is generally recognised. In pursuance of the plan of his communication, Dr. Ballard makes certain suggestions for minimising as much as possible the danger, but both he and Dr. Russell are met with objections, that the adoption of their hints would reduce the value of the hair. Admitting the difficulty of preventing the utilisation of infected material, since no control over exporters abroad can be looked for, and that all hair to be submitted in bulk to a process of disinfection would destroy its adaptability to manufacturing purposes, certain palliative measures are proposed. These consist in the wearing of respirators by those engaged in manipulating hair; the habiting the *employés* in close-fitting, high-necked, long-sleeved garments, to prevent bodily exposure as much as possible; smearing the hands with lard or oil to protect them against contagion; thorough washing before leaving the works; abstinence from eating and drinking within the manufactory; and the immediate cauterisation of any suspicious pimple.

These regulations cannot in reason be expected to effect great good; it would, we should imagine, be quite justifiable, in view of the risks incurred by the community from so grave a danger in its midst, to prohibit the importation of "raw" hair from those countries which lie under suspicion. By thus confining the resources of the manufacturer, the safety of his labourers is ensured, and the likelihood of their spreading contagion reduced to the utmost. The frightful nature of anthrax, and its great fatality, are sufficient grounds for pursuing the most rigorous means of excluding the possibility of its spreading in our midst. More especially is this worthy of attention, now that it has been proved how many deaths, not accurately certified, may be due to this dread complaint. If the Reports of Drs. Ballard and Russell effect some radical change in freeing us from the possible dangers connected with this industry, it will have done much to deserve our congratulations. Dr. Ballard reports on "Brick-burning," that the effluvia from the kilns are less injurious than disagreeable, and thus sums up on this point: "The utmost that it appears to me can be truly said is, that the effluvia, when concentrated, produce sometimes a sense of oppression of breathing, and even when diluted by diffusion through the atmosphere, some of those disturbances of the system which in my first report I referred to as probably due to the disagreeable impression made upon the senses, such as headache, loss of appetite, sickness, nausea, or vomiting."

In his multitudinous visits to manufactories of one kind and another, Dr. Ballard has been to most of the important seats of industrial activity, and while he does not always speak in sanguine terms of the possibility of so remedying existing defects as to assure the preservation of the health of those engaged in, or living near works injurious to human beings, he is, nevertheless, encouraging in the general tenour of his remarks. In the majority of instances, employers of labour exhibit an anxiety to reduce as well as can be done the hurtful influence of the exhalations from their works. As there is shown no unwillingness to permit the freest examination of the processes conducted, so there is an equal readiness to adopt any feasible suggestion made in the interest of public health. And we take it that one of the best results, if not the chief, of the extensive labours undergone by Dr. Ballard in preparing his Report, will be a further stimulation of the desire evinced by manufacturers to keep abreast of modern scientific improvements.

We cannot do more than refer to the remainder of Dr. Ballard's important Report. He deals at length with the manufacture of coal gas and its attendant nuisances, of sulphate of ammonia and sal ammoniac, sulphuric acid and numerous other products; also with the manufacture of tin, copper, lead, nickel, &c., &c.; and taken altogether his reports are complete and exhaustive treatises on the hygienic history of British industrial manufactures.

This supplementary Report contains, in addition to Drs. Ballard's and Russell's contributions, a digest of vaccination officers' returns for 1876, and a very valuable report by Mr. W. H. Power on a special mortality among infants at Loughton. It will be remembered that early in 1878 there were several deaths of children in Essex traced to arsenical poisoning through impure violet powder. Mr. Power deals with these cases, and carefully describes and analyses them. His report will be read with much interest, and will convey an amount of most valuable information for the practitioner. It is to be regretted that the Government medical officer, in presenting his report, should feel compelled to write in reference to the work done by the medical officers of health through the Kingdom:—"Reports have been received that are quite perfunctory and without value, giving no evidence of knowledge of sanitary science, or of acquaintance with the sanitary wants of the districts. So with the sanitary work by the authorities of the various localities: when the report of the medical officer of health has enabled an opinion to be formed on the subject, some authorities have been shown to be doing their best to promote the sanitary welfare of their districts, while others have appeared to be careless or daunted by the first difficulty that presented itself." This is not what should be; and we trust to read a more hopeful declaration in the next succeeding report.

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The German Hospital, Dalston, celebrated its thirty-fifth anniversary by a dinner at Willis's Rooms, last Wednesday, the Duke of Connaught presiding. The subscriptions announced were about £3,650.

# Notes on Current Topics.

## Sir John Lentaigne.

The Duke of Marlborough, at the reception held by him previous to his departure from Ireland, conferred the honour of knighthood on Mr. Lentaigne, who is well-known as one of the inspectors of reformatories and industrial schools up to the passing of the Prisons (Ireland) Act, and now a member of the General Prisons Board. Mr. Lentaigne is a Fellow of the Irish College of Surgeons and President of the Irish Zoological Society, and his pre-eminent public services in his own department have long marked him as the recipient of such honour as it was within the power of the Viceroy to confer. Sir John Lentaigne merits the hearty congratulations of his professional brethren, which we offer to him on their behalf with much pleasure.

The dignity of C.B. has been conferred on Mr. Henry Robinson, Vice-President of the Irish Local Government Board. Mr. Robinson is fully entitled to the decoration, being a very active and influential officer of the Irish Government, and though we have had frequent occasion to criticise his administration of the Local Government Department since his accession to office, we willingly recognise the value of his services to that department and to the Irish Government generally.

Mr. Robinson's talents and industry would be simply invaluable to the country if he were modelled less closely to the pattern of his predecessor, Sir Alfred Power, and if he could emancipate himself from the commonplace bureaucratic policy which throws difficulties in the way of progress simply because it *is* progress and might involve trouble if encouraged. Mr. Henry Robinson might be a man of mark in Ireland if the orthodox official autocracy and obstructiveness would permit him. Could he rise superior to these very ordinary qualities of public officers he might be something much greater than a C.B.

## St. John's Hospital for Skin Diseases v. "The Medical Press and Circular."

At Bow Street Police Court on Saturday last, Mr. Flowers had before him the matter of St. John's Hospital *v. The Medical Press and Circular*, in which we are charged with printing false and defamatory statements of and concerning the board of management of St. John's Hospital. Mr. Montagu Williams represented the aggrieved parties, and claimed that a libel against his clients is contained in a letter from Dr. Hoggan which appeared in our issue of March 31st, and likewise in a leading article of the same date. Further, certain letters signed George Hoggan and "Medicus" in the *Standard* newspaper, March 3rd, &c., are relied on for proving the case of the prosecutors. While *sub judice* we are debarred from commenting on the circumstances, but we may quote from the lay press that Mr. Flowers, the police magistrate, refused to endorse Mr. Williams' opinion as to the libellous nature of our comments on Dr. Hoggan's charges. The leading article condemned by the learned counsel, and read by him before the court, Mr. Flowers regarded as "fair comment," and as affording no evidence on which to proceed with the case. We could not help a feeling of amusement at the readiness with which Mr. Williams, after hearing this opinion, offered us the opportunity of *retracting* what had been said in our columns; and it is further worthy of note that twice during the hearing of the summons this tempting offer was held out by the prosecuting counsel. We are at a loss to understand the readiness thus evinced to withdraw at a moment when the public interest is about to be generally excited in the affairs of the hospital. To us it is extremely gratifying that by the committal of Dr. Hoggan and our publisher for trial the fullest and completest answer will be forthcoming to the objections raised against our attempt to expose what we honestly deemed called for criticism. We have always been animated by a desire to uphold the right and attack the wrong. When we err we do so through no vicious intention, and on its being shown to us that a wrong has been done we are desirous of affording all reparation for an unpremeditated injustice. In the case of St. John's Hospital, however, the proof that we have been guilty of unpremeditated error has not yet been adduced. In its absence, and in the public knowledge of our invariable rule to expose public abuses, the desire shown to have us withdraw from this case is a curious occurrence. A report of the initiatory proceedings will be found in another column.

## Guy's Hospital.

The intention to close a number of beds in Guy's Hospital, to which we gave publicity in our last number, has become the subject of comment in the lay press, from which we gather that "Stephen" and "Bright's" wards are to be shut up. This is bad enough, and the necessity, if any exist, for thus reducing the resources of the sick poor, should stimulate the authorities of Guy's to exertions in the direction of reforming the abuses which have crept into the management of the institution. It is, however, with nothing short of actual disgust that we learn how coincidently with the closure of near a hundred beds in Guy's the chapel is being converted at great expense into a den wherein the Ritualistic tendencies of the "innovating" reformers will find congenial surroundings. We quote the following conclding lines from a notice in a weekly lay newspaper, and will only add our emphatic endorsement of the concluding sentence:—

"Great expense is being gone to in order to convert the chapel attached to the building into a High Church by the addition, amongst other things, of the costly paraphernalia of the confessional, &c. If this be so it can hardly fail to create a most unfavourable impression as to the financial management."

## The Princess Louise.

It is said that the accident sustained by the Princess Louise (Marchioness of Lorne) in February last, while sleigh-riding with her husband, is much more serious in its consequences than was originally supposed. Apparently the injury done to the head of the Princess by the bumping process to which she was submitted while being dragged along on the ice, set up an irritation in the ear which has resulted in a chronic inflammation. Her Royal Highness is acutely sensitive of any unusual noise, and the effect of it is to give her considerable pain. She will probably return to England shortly, and place herself in the hands of an aural surgeon.

## The Royal Society.

The election committee have presented the list of names selected by them from those of candidates for the Fellowship of the Royal Society. Among them is Dr. Clifford Allbutt, Physician to Leeds Infirmary, and well known as a contributor to medical and physiological literature. Dr. J. Rae is also one of the "fifteen."

## Cheerfulness as a Medicine.

In *Cassell's Magazine* for May a very sensibly written article, entitled the "Family Doctor," appears, advocating common-sense views of medicine, which it would be well if we could see widely embraced among the people. Remarking on the usefulness of hope in curing disease, the author speaks encouragingly of the influence exerted on a patient by cheerfulness in himself; and consequently it will follow that it is the duty of the medical attendant to encourage this feeling to the fullest extent. There are few practitioners who have not again and again witnessed the exhilarating effect produced by a growing confidence in his own improvement on the part of the patient. The more generally this is recognised as a potential factor in recovery from disease, the easier will be the duty falling to the physician.

## The Representation of Surgery in the Senate of the New Irish University.

In referring last week to the constitution of the new Senate we called attention to the almost total want of representation of surgery in that body, and to the very serious danger that that branch of professional education may be neglected when questions respecting the curricula and examination come to be settled. We need not repeat our protest against an omission which is not only derogatory to the Irish surgical profession, but most prejudicial to the public interest and the welfare of the University itself, but we may call attention to a discrepancy in the statements on the subject which issued from Dublin Castle, which needs explanation. On the 17th of February last the Under Secretary of the Lord Lieutenant, in replying to the protest of the Irish College of Surgeons, quoted as a sufficient representation the names of the four medical members of the Senate who were then known to have been appointed. He expressed regret that "it was not in the power of the Lord Lieutenant to remedy the omission, the thirty-six senators having been already selected," and promised that "in the event of a vacancy occurring His Grace would be prepared to consider the claims of the College of Surgeons." It is to be presumed that the Under Secretary quoted the names of all the medical and surgical senators as a set-off to the protest of the College, and therefore we are impelled to the conclusion that Mr. MacAlister and Dr. McKeown were subsequent appointments to subsequent vacancies. If so, what has become of His Grace's promise? and why were the claims of surgery to representation again ignored? We leave these questions to the consideration of those who ought to be interested in maintaining the *prestige* of surgical education in Ireland, and we certainly expect that they will not permit the senate list to receive the approval of Parliament without calling attention to the proceedings of the late Irish Government in this matter, and the apparent non-fulfilment of the Lord Lieutenant's expressed pledge.

## Surgeon-General Gordon, C.B.

SURGEON-GENERAL C. A. GORDON, C.B., has returned to Portsmouth and resumed medical charge of the Southern district. In accordance with the terms of the new Army Warrant, about the latter end of next month Dr. Gordon will be placed on the retired list, after an uninterrupted full-pay service of nearly forty years, he having obtained his first appointment in 1841. The services of this officer have been extremely varied, beginning when quite a young man at the battle of Maharajapore, while attached to the 16th Lancers; soon after his return home he was placed in medical charge of a force on the West Coast of Africa, and was subsequently on duty in the West Indies. Dr. Gordon also served throughout the Indian campaign of 1857-58, being in charge of Frank's and Sir E. Lugard's columns respectively; afterwards in China; and during a tour of home service, he was sent to France during the Franco-German war, and was in Paris during the whole of the siege. The last important position held by this officer was in medical charge of the Madras Presidency, from which he has only lately returned. Dr. Gordon is yet comparatively in the prime of life, is of robust physique, and is an instance of the misfortune attending hard and fast rules of retirement, as there are yet many years of valuable and willing work on the side of this esteemed medical officer, in losing whom, remarks the *United Service Gazette*, the army parts with a most zealous and efficient officer of tried capacity. Dr. Gordon is a Commander of the Bath, Honorary Physician to the Queen, and will be remembered by our readers for his contributions on the "Hygiene of Cholera," and other valued papers in this journal.

## Chloroform Vapour for Earache.

DR. MORGAN states that he had often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe, forcing the chloroform vapour upon the membrana tympani.

## A Poisoned Water Supply.

ONE of these culpably careless occurrences occurred a week ago to the water supply of the town of Perth, involving, as at Lewes, Croydon, and other places, the lives of a large number of persons, proving beyond all question that it is not the quantity, but the quality, of the organic matter contained in water, that renders it deleterious. It appears for some days a perfect fright prevailed at Perth owing to hundreds of persons being seized with either typhoid fever or diarrhœa. On inquiry it was discovered that the cause of the outbreak was a frightful pollution of the water supply of the town by sewage. Whilst the water pipes were undergoing some necessary repairs, a plug came out, and for a few minutes the water of the Tay (a filthy, dirty stream, polluted by sewage and decaying animal and vegetable matters) flowed into the pipes. Although only a few minutes is said to have elapsed before this was discovered, it is calculated that as much as 50,000 gallons of the water supply of the town was contaminated by the contagium of "dirt fever." Upwards of 400 of the inhabitants were seized with an alarming form of illness of a more or less serious character before the outbreak was traced to its source. A searching investigation was at once instituted by the Water Commissioners, which had the effect of allaying the great alarm and excitement of the inhabitants of the town.

## New Infirmary for Bolton.

ON Saturday last the corner stone of a new infirmary was laid at Bolton. As a manufacturing centre, the population has grown amazingly of late, exceeding at the present time 100,000 inhabitants; and its old infirmary, which was started as a small dispensary in 1814, and enlarged to an infirmary with 26 beds in 1864, is now quite inadequate to existing requirements. The new building will consist of four distinct blocks—the administrative block (which is in the centre), right and left pavilions, and the children's hospital, which is at the back of the left pavilion. The number of beds provided will be—in the men's wards, 42; occasional wards, 17; children's hospital, 16—total, 75. Towards the erection and endowment of the building there has up to the present time been paid or promised the sum of £32,600.

## Poisonous Colours Employed in the Arts.

WE notice with no little satisfaction that the valuable contribution made to our pages by Mr. Jabez Hogg, on "Arsenical Domestic Poisoning," has had the effect of stimulating not alone the Medical Society of London into action in this question of the public health, but also that the Society of Arts has been induced to take it up and appoint a committee to inquire into the practicability of preventing the employment of arsenic in processes by which it is allowed to remain in finished goods, and to obtain evidence as to the effect a total prohibition of the use of such processes, or the prohibition of the sale of articles produced thereby, would have upon various trades.

To promote the object in view the Council have sanctioned the issuing of the following questions:—

1. In what colours, dyes, mordants, or other preparations, used in trades or in manufactures in this country, is any preparation of arsenic employed?

2. For what other purposes and processes is arsenic employed?

3. Do you attach any special importance to the continued use of any arsenical colours for preparations, such as leave arsenic in the finished goods? and, if so, what preparations, and for what reasons?

4. Would it be any disadvantage to you if the use of such colours, dyes, pigments, or other arsenical preparations, both of home and foreign manufacture, were prohibited? and, if so, what disadvantage?

The Secretary of the Society of Arts will be glad to receive answers to the above questions, and communications, statements, or remarks bearing on them from any one interested in this important question.

### Vaccine from Inoculated Cows.

Dr. Varian, writing in the *Philadelphia Reporter*, says:—"In 1864, being disgusted with the weak protective power of the humanised virus furnished by the Government, I determined to raise my own vaccinia by inoculating cows with small-pox virus. I made a number of experiments on adult animals, and finally on calves. Although every precaution was taken, I never succeeded in obtaining any result whatever other than an irritated sore. The animals all appeared to be totally incapable of being affected by the small-pox poison. In the fall of the same year Dr. Chase, in charge of the hospital at Jeffersonville, Ind., sent to me for a supply of small-pox virus, in order to make the same experiment. I learned from his messenger, some months later, that Dr. Chase had also signally failed.

"Considering that we had thus subjected the matter to the *experimentum crucis*, I have no longer any belief in the identity of the two diseases."

### A New Method of Administering Koosso.

Of all the remedies for tape-worm none is more certain or efficient than koosso, and many efforts have been made to bring it into such pharmaceutical shape that, while its properties as a tænicide remain unimpaired, it might be administered without repugnance. Dr. Corre, some years ago, proposed the following method, which has been successfully used in many cases:—One half ounce of fresh powdered koosso is treated with one ounce of hot castor oil, and afterwards with two ounces of boiling water by displacement; express, and bymeans of the yolk of an egg combine the two percolates into an emulsion, and add forty drops of sulphuric ether, flavouring with some aromatic oil. This is to be taken in one dose early in the morning, after a previous fast of about eighteen hours. The worm is usually expelled dead after six or eight hours.

Mr. Porter, Surgeon-in-Ordinary to Her Majesty in Ireland, has been elected a Corresponding Member of the Edingburgh Medico-Chirurgical Society.

The Treasurer of the Bucks Infirmary, at Aylesbury, has received a draft for £100 for that institution, being a contribution from the Royal Charity Fund, granted on the recommendation of Lord Beaconsfield.

We are pleased to note that Dr. T. Emmerson Reynolds, M.D., Professor of Chemistry, University of Dublin, has been elected a Fellow of the Royal Society of Great Britain, for his discoveries in chemical science.

At last street fire alarms have been adopted in London, in the form of iron pillars painted red, having a dial at the top, the key of which will always be in the possession of the police constable on duty, and thus he will be able to communicate instantaneously with the nearest fire engine station when a fire breaks out.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 14, Leicester 14, Brighton 19, Leeds 20, Bristol 20, London 20, Newcastle-upon-Tyne 20, Birmingham 21, Wolverhampton 21, Bradford 22, Oldham 23, Hull 23, Manchester 24, Liverpool 24, Edinburgh 24, Glasgow 25, Sheffield 25, Norwich 25, Sunderland 25, Salford 28, Nottingham 29, Plymouth 32, Dublin 36.

For the post of Medical Officer of Health for the Port of London vacant by the death of Mr. Harry Leach. twenty-three candidates presented themselves, and a careful examination of their several merits resulted in the choice by the Sanitary Committee of the following five names: Dr. B. Browning, Dr. W. Collingridge, Dr. F. W. Humphreps, Dr. J. F. J. Sykes, and Dr. G. Turner. The election will probably take place at the Court of Common Council to be held on Thursday, May 13th.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were —in Calcutta 28, Bombay 41; Paris 32; Geneva 27; Brussels 31; Amsterdam 35, Rotterdam 22, The Hague 24; Copenhagen 27; Stockholm 28; Christiania 21; St. Petersburgh 59; Berlin 26, Hamburg 25, Dresden 24, Breslau 30; Munich 22; Vienna 36, Buda-Pesth 42; Rome 40, Naples 34, Turin 35; Venice 31; Alexandria 32; New York 26, Brooklyn 24, and Baltimore 20 per 1,000 of the populations. Small-pox caused 60, and typhoid fever 50 deaths in Paris; and fevers 156 deaths in St. Petersburgh.

Last week the death-rate from the seven principal zymotic diseases in the large towns ranged from 1·5 and 1·6 in Brighton and Leeds, to 6·3, 8·1, and 13·9 in Nottingham, Dublin, and Plymouth. Measles showed the largest proportional excess in Plymouth, Nottingham, Oldham, and Sunderland; and scarlet fever in Sheffield, Norwich, and Salford. Nine more deaths from fever (principally enteric) were recorded in Sheffield, and 13 in Dublin. Measles caused 18 more deaths in Plymouth, making no less than 231 which have been there recorded since the middle of November last. Small-pox caused 15 more deaths in London, 8 in Dublin, but not one in any of the other large provincial towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Epidemic among Children.—In the fortnightly report by Dr. J. B. Russell, the Medical Officer of Health for Glasgow, there occurred the following: "It would seem that the main features of the past fortnight's bill of mortality are a continued increase in the fatality of measles and whooping-cough, compensated by a diminished fatality of general disease. The prevalence of these infectious diseases of children accounts for the very large proportion of 49½ per cent, or almost one-half of the total deaths, being of persons below five years. All the deaths from measles, and all the deaths from whooping-cough except two, fall below that period. Of the 19 deaths registered in the whole city from measles, the large proportion of five occurred in the Town's Hospital, which seems to be subject to outbursts of measles of a very fatal character among tho children. As regards the infectious diseases of adults, the city maintains still a remarkable immunity."

ANOTHER DEATH FROM HYDROPHOBIA.—Three months ago a young man named Somerville, a printfield worker at Renton, æt. 20, was bitten on the thumb by a dog. Dr. Cullen Brown, of Alexandria, was at once sent for, and he cauterised the wound, and to all appearance it soon healed. About a fortnight ago, however, the young man felt unwell, and had an uneasy feeling about the arm. Dr. Brown was again called, and considering it a case of hydrophobia, he ordered Somerville to be taken to the Glasgow Infirmary, where he died on Friday, the 23rd ult.

OUTBREAK OF ENTERIC FEVER AT POSSILPARK.—A serious outbreak of enteric fever having taken place at Possilpark, about 60 cases having been reported, the Barony Board, the local authority for the district, have instructed Dr. James Christie, Medical Officer of Health for Hillhead, to make an investigation into the cause of the outbreak.

CHAIR OF MEDICINE AT ANDERSON'S COLLEGE.—For this chair, vacant by the appointment of Dr. Charteris to the Chair of Materia Medica at the University, a large number of candidates are spoken of. The trustees are to be congratulated on the fact that there are several very eligible gentlemen applying, and a good appointment can hardly fail to be made.

ROYAL INFIRMARY OF EDINBURGH.—At a meeting of the managers of the Royal Infirmary of Edinburgh, held on the 26th ult., a deputation attended from the teachers and pupils of the various schools in the city for the purpose of handing over subscriptions which had been collected for furnishing wards in the new buildings. The deputation, when handing over cheques amounting to £557 13s. 1d., stated that teachers and pupils alike had cordially and heartily contributed, and that had it not been for the fact that many of the teachers had previously subscribed to the same object through other channels, the amount would have been greater; and they expressed the warmest wishes for the prosperity of the institution. The Lord Provost, who occupied the chair, returned thanks on behalf of the managers for the generous gift, which showed, he said, a most friendly feeling towards the institution.

ROYAL SCOTTISH SOCIETY OF ARTS.—At a meeting of this Society, held on the 26th ult., in the hall, George Street, Edinburgh, Dr. Neil Carmichael, Glasgow, read a communication descriptive of an experimental investigation which he had made into the principles of house drainage, with especial reference to traps and water-closets. In considering the question whether fœtid organic particles or vapours escaped from sewage pipes into houses in dangerous quantities, Dr. Carmichael mentioned as illustrative of the avidity with which water retained these impurities, that in Glasgow the atmosphere above the Clyde—which of course was much polluted—had been found to be as pure as the atmosphere in other parts of the city. The experiments made led, it was stated, to the conclusion that a water trap acted quite satisfactorily, provided certain conditions were attended to in its construction, one of the most important of which was that it should be so placed that it might readily be inspected and cleansed. The water trap being in itself sufficient, when properly constructed, the introduction of other apparatus, such as hinge or ball traps, was quite unnecessary. With reference to the form of water-closet best adapted for use, recommendations were made; the "pan closet," a kind which it was mentioned was far too much in favour, being strongly condemned. Dr. Stevenson Macadam, Mr. Coyne, C.E., and others, expressed concurrence in Dr. Carmichael's views.

REGISTRAR-GENERAL'S RETURNS.—According to the report of births, deaths, and marriages for the week ending with Saturday, the 24th ult., the death-rate in the eight principal towns of Scotland was 25·1 per 1,000 of estimated population. This rate is 1·4 above that for the corresponding week of last year, and 0·2 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 11·8 per 1,000; and the highest in Paisley, viz., 37·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·4 per 1,000, exactly the same as for the last week. A considerable diminution occurred in the number of deaths from whooping-cough in Glasgow. Measles caused 46 deaths, being the same number as for last week. Acute diseases of the chest caused 139 deaths.

GLASGOW UNIVERSITY.—The formal closing of the winter session of the University of Glasgow took place in the Lower Hall of the Museum on Friday, the 30th ult., when the ceremony of capping for honorary and ordinary degrees was gone through, and the presentation of special class prizes was made. Principal Caird presided, and delivered an address. Two well-known and distinguished medical men were chosen for the degree of LL.D., viz., Dr. Cowan, Emeritus Professor of Materia Medica in the University, and Dr. Michael Foster, Prelector on Physiology, Trinity College, Cambridge. An Arnott prize of about £15 for examination in General Physics, open to students of first and second years of their medical studies, was awarded to James Wilson, M.A., Glasgow. A further Arnott prize of £25 for examination in Physiological Physics, or the application of the doctrine of general physics to physiological science, open to students in the third and fourth years of their medical studies, was awarded, as follows, to J. Macgregor Robertson, M.A., Glasgow, £15, and Charles W. Stewart, M.A., Fortwilliam, £10.

A REPORT which is received with incredulity with reference to the Lord Rectorship is at present current, viz., that the Poet Laureate has consented to be the Conservative nominee. Mr. Bright is the choice of the Liberal Club.

## Medico-legal Intelligence.

### THE ST. JOHN'S HOSPITAL FOR SKIN DISEASES *versus* DR. GEORGE HOGGAN AND MR. ALBERT ALFRED TINDALL.

ON Saturday last, Dr. George Hoggan, 7 Trevor Terrace, Rutland Gate; and Mr. Albert Alfred Tindall, 20 King William Street, the publisher of the *Medical Press and Circular*, appeared before Mr. Flowers, at Bow Street Police Court, to answer summonses issued at the instance of Mr. St. Vincent Mercier, charging them that they did on the 1st March, 3rd April, and other days unlawfully and maliciously publish divers defamatory libels of and concerning the secretary and board of management of the St. John's Hospital, Leicester Square.

Mr. Montagu Williams appeared to prosecute; Dr. Hoggan was defended by Dr. Clair J. Grece, but Mr. Tindall conducted his own case. Both Dr. Hoggan and Mr. Tindall were accommodated with seats at the solicitors' table.

Mr. Montagu Williams, in opening the case for the prosecution, said that the charge against the defendants was that of having published a libel against the board of management and the secretary of the St. John's Hospital for Diseases of the Skin. He proposed to narrow the matter as much as possible, because if he placed before the Magistrate the document in question it would be his duty to send the case for trial. Dr. Hoggan was formerly one of the medical officers of the hospital, and left in consequence of a dispute which he had with the board, and since that time he had never ceased to publish what he (the learned counsel) regarded as scandalous libels against the board and the secretary. The libels complained of were contained in *The Standard* issued on the 3rd March, and the *Medical Press and Circular* of the 31st. There was no foundation for supposing that the defendant Hoggan would deny the authorship, as since the application for a summons he had acknowledged the fact, and appeared to glorify in it; but, as a matter of form, this must be formally proved. The letters in question, which have already appeared in our columns, were read by Mr. Williams. The main allegations in them were that there was an amount of £2,174 11s. 5d. unaccounted for in the receipts of St. John's Hospital for the twenty-seven months preceding the publication of the report in September, 1879. In the letter to the *Medical Press*, after asking "What has become of the balance?" Dr. Hoggan challenges the Hospital authorities to submit their books to the Charity Organisation Society as an impartial body, before whom he will be prepared to prove his allegations, as, if they do not, the "public will know what to think of them, if they have not already formed an opinion." He proceeded to say that the Secretary had numerous letters from members of the Royal family and others, asking whether he was going to take any steps to clear himself from the allegations made against him, and under the circumstances he had no option but to come there and prosecute the gentleman. He proposed to prove those facts, and ask the Magistrate to commit Dr. Hoggan for trial.

Formal proof of handwriting having been adduced,

Dr. Hoggan admitted that he was the writer of the letters, both to the *Medical Press* and *Standard*, in fact his name was published with them.

Mr. Williams thought under the circumstances he had better formally prove the publication, and therefore called upon Mr. Albert Alfred Tindall to enter the witness-box, who said:—I am the publisher and responsible manager of the *Medical Press and Circular*. I produce a letter addressed to that paper, dated March 31, signed by Dr. Hoggan. I also produce the manuscript of a leading article of the same date. The letter is signed by Dr. Hoggan himself, and is, I think, in his handwriting. I decline to say whose handwriting the leading article is in, but it is not Dr. Hoggan's, nor has Dr. Hoggan ever written a line for the *Medical Press* editorially, and he had nothing whatever to do with the article in question.

Mr. Montagu Williams said that this was the case against Dr. Hoggan.

Dr. Grece urged that the case was full of infirmities from beginning to end. An indefinite body could not be libelled. The gentlemen forming the board were constantly presenting themselves to the public, courting public charity, and, doing so, they must submit to being publicly criticised in the press. If they could not take the consequences of that criticism, and publicly reply to charges, they had no right to set the law in motion against a gentleman who had written merely in the discharge of a public duty. The statements were simply comments in the public press by a gentleman belonging to the medical profession upon the status and published balance sheets of a body of gentlemen associated together. He trusted that the magistrate would not allow himself to be made an instrument to stop public criticism.

Mr. Flowers.—If this criticism had been simply criticism, I should have hesitated before committing for trial; but there is an imputation of dishonesty, an imputation that £2,000 has got into the pockets of some one or other. I think this case must go for trial. The only thing which occurred to my mind was whether this might not have been sufficiently met by an action at law.

Mr. Williams.—I have been waiting patiently to know whether they would withdraw these charges.

Dr. Grece.—Certainly not.

Dr. Hoggan, having elected to reserve his defence, was then formally committed for trial.

Mr. Montagu Williams then proceeded with the case against Mr. Tindall, and read the leading article complained of, commenting upon Dr. Hoggan's letter, both of which will be found in our issue of March 31st.

After the reading of this article, the Magistrate interposed, and said he hardly thought the leading article was a libel. It appeared to be only a fair comment upon a matter of great public importance.

Mr. Williams called attention to the fact that the letter was published as well, and that was undoubtedly a libel.

Mr. Flowers said he was afraid he could not help himself about sending the Defendant for trial for publishing the letter if the prosecution thought it worth while to go on with the case, but the leading article certainly did not overstep the limits of fair comment. They must not try to muzzle the press, in fact they could not.

Mr. Williams.—We do not wish to.

Mr. Tindall.—I am afraid you are trying to.

Mr. Williams.—I have given them every opportunity of denying the charges.

Mr. Tindall.—We have made no charges.

Mr. Flowers.—In law it would be so. I do not look on the leading article as libellous, and therefore it is the letter I must commit you upon. Have you anything to say why I should not do so?

Mr. Tindall.—I have nothing to say further than that we are simply the guardians of professional honour, and through it, the interests of the public; our action in the matter has been purely on public grounds.

Mr. Flowers then formally committed Mr. Tindall also for trial for publishing the letter only, accepting both the Defendants' recognisances in the sum £20.

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# Correspondence.

## SHAM SPECIAL HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A patient relates the following incident. Some time ago he thought he should like the opinion of an *eminent specialist* attached to a now notorious institution, but being but a comparatively poor man, did not see his way clearly to the payment of what he imagined would probably be the very high charges of the eminent practitioner. He therefore resolved (as some not very conscientious individuals will) to present himself at the out-patient department of the hospital to which the specialist was attached. Here, however, he was at once *spotted* by the "intelligent porter," or some other active officer of the establishment, who suggested the patient seemed well to do and able to pay, whereas the hospital was intended for the poor only. The patient replied that he was certainly not a pauper, and he had been in the habit of paying his medical attendant five shillings a visit, which was as much as he could really afford, and he confessed his reason for presenting himself at the hospital. The intelligent official, however, replied that Dr. So-and-so was a very benevolent gentleman, and always open to listen to a deserving appeal, and that he would no doubt see the patient at his own house and give him the best attention, for a guinea paid in advance at the first of each three visits; and accordingly provided with the address of the great man whose opinion he desired, the patient set out for the house, and there met with every attention—at least, he attended for many weeks, and paid many guineas for treatment which led to no amelioration whatever of the symptoms of which he complained. Comment is unnecessary.

I am, Sir, yours, &c.,

A Specialist.

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## HOME RULE IN ITS SURGICAL ASPECTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following o'er true tale may be accepted as a homily on Home Rule in its surgical aspects. Some years ago, a gentleman came under the care of a Dublin surgeon. The patient was suffering under stricture of the urethra. After some time he gained relief, and ceased his attendance. Relapsing, he sought the services of an Irish provincial surgeon, who, as well as a near relative, failed in getting even the very smallest instrument into his stricture, much less into his bladder. Thereupon, although well aware that he had been previously successfully treated here in Dublin, this surgeon sent him over to the care of a London surgeon, who claims for himself high rank in the treatment of such affections. I think it but right to state that the London surgeon here alluded to was not that deservedly very eminent gentleman, Mr. Barnard Holt. For six weeks persevering but ineffectual efforts, even under the influence of anæsthetics, were made to reach his bladder; and at last, in despair, this poor patient determined to return to Dublin, to place himself under the care of his former surgeon; and I am happy to add that he is now on the high road to convalescence.

To this same Dublin surgeon's care a similar case subsequently came up from a neighbouring part of the country. This surgeon consulted your valuable "Directory," found therein the name of one to whose skill he felt assured that he mightly safely entrust the treatment of the case, and to whom he accordingly sent it with an explanatory letter. Contrast one line of conduct with the other, and then decide upon which side lies the credit of a due appreciation of what should be meant by the words "Home Rule."

But the strangest part of this Home Rule story is to follow. The first-named patient meets in our streets an ardent "Home Ruler," who at the late elections aspired to represent one of our constituencies, and unsuccessfully contested it upon these principles. This gentleman, not an English carpet-bagger, but an Irishman, bred and born, wasted (I am happy to state) his eloquence within the past few days upon this patient in trying to persuade him to leave the care of the Irish surgeon, of whose skill he has had experience in this city, and to seek aid in London. If this be "Home Rule" I'll have none of it.

Not caring for advertising myself, even though it be done gratuitously, permit me to subscribe myself simply

F.R.C.S.I.

20th April, 1880.

[We trust that the narrative of our correspondent may have a beneficial result, by its exposure of the spurious nationalism of those who talk most about their admiration for their country. It has long been understood that a certain class of practitioners in Ireland and elsewhere are in the habit of persuading patients with whom they have been unsuccessful to go to London or the Continent for advice, the intention being that their own failure may not become known amongst their own fellows. The motive is mean and dishonourable, and the procedure discreditable to the profession.—Ed. M. P. & C.]

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## THE EXAMINATIONS AT THE COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your reviewer and the author of the first Carmichael Essay have somehow both fallen into error, of course quite unintentional on their part, about the fancied "serious blot on the examinations of the Irish College of Surgeons" when he remarks (p. 370) that full marks in materia medica would almost ensure a pass in anatomy and physiology.

This is not the case. The examiner in materia medica has two opportunities of testing candidates for the first half of the surgical examination. One, by paper. At this stage in counting the candidate's marks he must obtain before being passed at least 50 per cent. out of a possible 100 on anatomy alone, and then he must pass in both physiology and materia medica in addition. He has to pass three examiners in anatomy, any of whom may give him a No which will not positively reject, or an O, in which case the candidate is peremptorily stopped, no matter what the character of the rest of his answering may be. Of course, this only occurs under circumstances of gross ignorance. The examiners in physiology and in materia medica have also power to stop a candidate if his answering is exceptionally bad. As yet I have found none so ignorant of materia medica that they were unfit to be trusted to prescribe who were not likewise unprepared in their anatomical studies.

The second portion of the examination consists of four separate examinings, each by an examiner and an assessor, two upon anatomy, one on physiology, and one on chemistry and materia medica. The marks may, no doubt, range from 1 to 10, or a No be given, or positive rejection follow an O; but whilst a candidate may score 40, he must at least obtain 20, and even should he obtain a possible 10 in materia medica, which is quite theoretic and almost improbable, still he could not pass without sufficient anatomical marks, deficiency in which cannot be compensated by any amount of answering in materia medica. In practice I have never yet met a candidate able to obtain any high standard of marking in his materia medica who was not also fairly prepared in his anatomical studies.

Yours, &c.,
W. Frazer,
Examiner in Materia Medica, Royal
College of Surgeons.

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# Literature.

## COBBOLD'S ENTOZOA. (a)

Dr. Cobbold's claim on the gratitude of the helminthologist is twofold. As a bibliographer he has most exhaustively catalogued the literature of the science, and as a scientific observer he has enriched the study by the addition of the results of much original work, the volume before us testifying to the magnitude of his labours in this direction, and presenting the reader with an abundant epitome of the chief important facts concerning the history and anatomy of animal parasites. In the introductory chapter Dr. Cobbold claims the earnest attention of the student for a study which he rightly declares to be pregnant with interest of the highest kind, and to be as effectual a stimulus to intellectual enjoyment as can be found within the pale of biology.

This volume is not merely a reprint of the original treatise on "Entozoa," published by the author in 1864, but is an entirely new work; and it is only just to say that it not only maintains, but magnifies, the reputation gained through the earlier work from Dr. Cobbold's pen. To the practitioner it is a valuable assistant in the accurate diagnosis of parasitic diseases, while the attractive style of the book will induce the casual referrer to fill in by its aid the outlines of knowledge previously gained in the field covered by it.

The scientific student who opens this work expecting to find the subject treated after the fashion of the systematist in comparative anatomy, will be disappointed. Rejecting the idea of pursuing a regular sequence of zoological equivalency, Dr. Cobbold divides his volume into two sections; the first treats of parasites of man; the second deals with those infecting animals; and through both divisions he notices, in an order indicated in the introduction, the species that are found. Naturally the medical reader will be attracted to that part of the treatise relating to parasites of human beings, and an attentive perusal will be amply repaid. The history of *Trichiniasis* and *Trichina* (pp. 149-178) is very complete, and we are gratified to note the energy with which Dr. Cobbold defends the claims of Dr. Dickenson to be considered as the discoverer of epidemic outbreaks of this disease (p. 174).

In the appendix to the volume (pp. 480-8) the latest discoveries relating to *filaria* are briefly detailed, and the now well-known paper of Dr. T. R. Lewis is referred to, with some further remarks on the interesting entozoa.

The book is produced in a form better adapted for frequent use than its more bulky predecessor; and the least that can be said of it is that it is the most complete and most important treatise on entozoa accessible to the English reader.

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## SEMPLE'S AIDS TO MATERIA MEDICA (a)

If it be true, as it undoubtedly is, that examinations are daily becoming more difficult, it is also true that helps to pass them are daily becoming more numerous. The individual volumes of these "Aids" have often received commendatory notice in these columns, and the little work before us will help to still further advance the popularity of the series. Dr. Armand Semple knows thoroughly well what the student wants, to get him through his examinations, and also how to condense that information into a readable and assimilable form. The account of the therapeutics of the various drugs is well done, and a very full index adds much to the value of the work, which is a welcome addition to the now important "Aids" series.

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(a) "Parasites; a Treatise on the Entozoa of Man and Animals." By T. Spencer Cobbold, M.D., F.R.S., &c. London: J. & A. Churchill. 1879.

(a) "Aids to Materia Medica and Therapeutics." Part II. The Vegetable and Animal Substances. By C. E. Armand Semple, B.A., M.B., M.R.C.P., &c. London: Baillière, Tindall, & Cox. 1880.

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## THE VICE-REGAL HONORARY APPOINTMENTS.

The change of Ministry and appointment of Earl Cowper to the Lord Lieutenancy of Ireland has determined the election of honorary medical advisers to his Excellency and the Vice-regal Court, and much interest is felt in professional circles in Dublin as to the probable recipients of these distinctions. By the retirement of the Duke of Marlborough, Mr. Smyly and Dr. Hatchell, and Mr. Robert Moore, cease to hold their respective offices of Surgeon, Physician, and Dentist to his Grace, and it is to be presumed that the newly-appointed Lord Lieutenant will select as his honorary medical officers those who support the present Government in politics.

Our interest in the matter, and that of the profession in Ireland, is that the distinctions which are in his Excellency's gift shall be awarded to those who have the highest professional claims and occupy a leading public position. We have already more than once pointed out that these decorations are regarded by the public and ought to be recognised by the medical profession as the reward of sterling scientific work, and as a mark of public appreciation of the industry and professional success of those who receive them. Unhappily, this has not always been so, for both in London and in Dublin there have been occasions on which Royal and Vice-regal favours have been conferred upon practitioners who possessed no title to them such as the profession could recognise; and we hope that the mistake will never again be committed. The Vice-royalty itself is depreciated in estimation when persons of inferior professional status are officially related to it, and if it became usual to confer such distinctions without due regard to the medico-scientific rank of the recipient, the best men in Irish medicine and surgery would cease to covet them.

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## CONVERSAZIONE AT THE MEDICAL SOCIETY OF LONDON.

There was a large attendance on Monday evening at the *conversazione* given by the President and Council of this ancient Society, when the annual oration was delivered by Dr. W. H. Broadbent, the subject of his address being "The Pulse and some of its Indications." Mr. F. J. Gant, F.R.C.S. (the President), occupied the chair, and amongst those present were Sir Joseph Fayrer, M.D., Mr. W. Morrant Baker, Mr. H. Royes Bell, Dr. John Cockle, Dr. Edwards Crisp, Dr. Clement Godson, Mr. Francis Mason, Dr. C. H. Routh, Mr. Henry Smith, Mr. E. J. Streatfield, Mr. J. K. Thornton, Dr. A. Wiltshire, Mr. A. P. S. Gould, Dr. Hare, Dr. Bucknill, Dr. Barnes, Mr. Thomas Smith, Mr. Willett, Mr. Howard Marsh, Mr. Henry Power, Dr. Sansom, Mr. Adams, Dr. Day, Dr. Hall, Dr. Gilbert Smith, Mr. D. H. Goodsall, &c.

After the delivery of Dr. Broadbent's oration, which was listened to with much interest, a motion by Mr. Gant, the President, that it be printed, being carried by acclamation, the meeting resolved itself into a *conversazione*, which was helped by some good music, and a most pleasant evening was the result. We may mention that this closes the present session of the Society.

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## Medical News.

**Royal College of Physicians of London.**—The following gentlemen having passed the required examination, were admitted Members on Thursday, April 29th :—

Dunbar, Jas. John Macwhirter, M.B. Lond., Ladbroke Grove, W.
Lubbock, Montagu, M.B. Lond., Foulis Terrace.
O'Connor, Bernard, M.D. Queen's Univ., Brook Street, W.
Tirard, Nestor Isidore Charles, M.B. Lond., King's College.
Whittle, Ewing Mould Glynn, M.D. Dub., Cambridge.

The following were admitted Licentiates on April 29th :—

Bailey, Robert Greenoak, Public Dispensary, Leeds.
Billiald, Richard Atherstone, Kington, Herefordshire.
Bovill, Henry Howard, 32 James St., Buckingham Gate, S.W.
Bush, Erasmus, New Thornton Heath, Croydon.
Butler, Herbert Paton, Lambeth Infirmary, S.E.
Chaffey, Wayland Charles, 28 Cedars Road, S.W.
Challinor, Samuel Macmillan, Bolton.
Clark, William Thomas Marston, Cross Deep, Twickenham.
Dickinson, Thomas Vincent, 33 Sloane Street, S.W.
Gibbs, Alfred Napier Godby, Clifton, Bristol.
Hartley, John, Middlesex Hospital, W.
Henty, Sydney Haviland, 308 Camden Road, N.
Hine, Henry, Nottingham.
Holland, Edward Wilmot, 140 York Road, S.E.
Kemp, John Robert, Richmond, Surrey.
Pepler, William Henry, St. Bartholomew's Hospital, E.C.
Plummer, Charles Joseph, 3 Wilton Terrace, S.E.
Rake, Beaven Neave, Guy's Hospital, S.E.
Renner, Charles, M.D. Wurzburg, 42 Harley Street, W.
Spackman, Henry Robert, 14 Percy Circus, W.C.
Stevenson, Fred. Coney, M.B. Toronto, Castletown, Isle of Man.
Wheeler, William Henry, 63 King Edward's Road, E.
Wilkins, Henry George Gastrill, Ealing, W.
Williams, William Daniell Campbell, 116 Gower Street, W.C.

**Royal College of Surgeons of England.**—The following candidates, having passed the required examination for the diploma of Member, were duly admitted at a meeting of the Court of Examiners on April 22nd :—

Barratt, Herbert James
Benson, Alfred
Davis, William George, M,D.
Frampton, T. H. Trevethan
Hockridge, Thos. Granville, M.D.
Parkes, Louis Coltman
Perkins, G. C. Steele
Permewan, Arthur Ed., L.S.A.
Reid, Norman Macbeth
Rowlands, Hugh Pugh, L.S.A.
Vise, Christopher, Holbeach
Wheeler, Albert, L.S.A.
Whiting, John, Beccles

**Royal College of Surgeons of Ireland.**—At a meeting of the Court of Examiners recently held, the undermentioned obtained the Fellowship of the College :—

Banks, Samuel Henry (Surgeon-Major).
Potter, Henry (Surgeon-Major).

**Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.**—The following passed the Final Examination for the Edinburgh and Glasgow Double Qualification at the examination held on April 12th and following days :—

Brandreth, Charles L., Blackpool
Thornley, Joseph, Bolton
M'Ilwrath, Samuel, Glasgow
Wallace, Robert, Glasgow
Hyrons, Ernest A., Glasgow
Milroy, James, Glasgow
Peck, John Huntly, Glasgow
Passanha, Vincent A., Dublin
Till, George William, Glasgow

The following passed the First Professional Examination for the Double Qualification at the April examination :—

G. B. Buttery, Ed. A. Cook, James Gilroy, Charles A. Gray, M. H. Guest, John Lyon, John Macdonald, A. R. Mathieson, Henry Oakes, and A. W. White, all of the Glasgow School.

**University of St. Andrews.**—The following gentlemen, having passed the required examinations, had the degree of Doctor of Medicine conferred upon them on April 29th :—

Alderson, Fredk. Henry, M.R.C.S., L.S.A., L.M., Hammersmith.
Bride, John, M.R.C.S., L.S.A., Wilmslow, Cheshire.
Condon, Jas. Hunt, M.R.C.S.L., L.M., Cawnpore, India.
Lyons, Richard Thos., M.R.C.S., 364 Rue St. Honoré Paris.
Mann, John Dixon, L.K.Q.C.P.I., M.R.C.S., Manchester.
May, Harry, L.R.C.P.L., M.R.C.S., L.S.A., Ware, Herts.
Murray, James, L.K.Q.C.P.I., M.R.C.S., London.
Threadgale, Robt. Easey, L.R.C.P.Ed., L.F.P.S.G., Upper Norwood.
Whishaw, John Charles, M.R.C.S.L., Earl's Court, S.W.
Wood, Richard, L.R.C.P.G. & Ed., M.R.C.S., L.S.A., Bromsgrove.

# NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

**Local Reports and News.**—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

**Subscriptions.**—The Publishers respectfully remind Subscribers tha subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

**Matriculation.**—Any of the known surgical text-books—Bryant, Gant, Erichsen, or Holmes.

**Mr. Hy. Power.**—Thanks, nevertheless.

**Taunton.**—We have placed your note in the hands of the reviewer, who will probably explain the point.

**An Author.**—The subscription for the *Index Medicus* is six dollars—about twenty-five shillings per annum.

## WHAT ARE THE CHARACTERISTICS OF CHEYNE-STOKES BREATHING?

*To the Editor of the* Medical Press and Circular.

This question was put to me not long since in a consultation case, and I had to acknowledge my ignorance; and as you mentioned it in your review of Dr. Kennedy's book on fatty degeneration of the heart, the idea occurred to me that I could safely look to you for enlightenment of

Yours truly,
Ignoramus.

["Cheyne-Stokes" breathing, otherwise named "rhythmical irregularity" of breathing, and respiration "of ascending and descending rhythm," may be best described by the following examples of the phenomenon quoted from Stokes's and Hayden's works on diseases of the heart. Dr. Stokes writes: "After a period of suspended breathing, leading his attendants to believe that he was dead, a very feeble, indeed, barely perceptible, inspiration would take place, followed by another somewhat stronger, until at length high, heaving, and even violent breathing was established, which would then subside until the next period of suspension. This was frequently a quarter of a minute in duration." Dr. Hayden: "There was a period of complete suspension of breathing, which, in the recumbent posture, lasted fifteen seconds; during its continuance the poor patient, worn out by want of sleep, seemed to enjoy complete respite from suffering, and passed into a calm slumber. Then a shallow inspiratory movement of the chest was observed; another, somewhat deeper, followed at an interval of about two seconds; respiration now became progressively deeper and more rapid, till after about a dozen acts it had attained the character of a paroxysm of great severity, accompanied by a deep and distressing moan. After about a dozen such quick respiratory efforts, extending over a period of as many seconds, moaning ceased, and the breathing became gradually less and less deep and rapid, till at the end of about fifteen seconds it was entirely suspended, and another and similar cycle was commenced. During the paroxysm of dyspœa the heart's action was remarkably regular."—Ed.]

**Spes.**—Your letter on "St. John's Hospital for Skin Diseases" is held over pending the legal decision referred to in another column.

**Railway Accidents.**—From the returns of accidents and casualties reported to the Board of Trade by the several railway companies in the United Kingdom during the year ending the 31st of December, 1879, it appears that there were reported 37 collisions between passenger trains, by which 151 passengers and 7 servants were injured; 95 collisions between passenger trains and goods or mineral trains, engines, &c., by which 2 passengers and 1 servant were killed and 258 passengers and 50 servants were injured. There were 71 cases of passenger trains leaving the line, by which one servant was killed and 49 passengers and 5 servants were injured. There were in the year 150 cases of trains running over cattle or other obstructions, 58 cases of trains running through gates at level crossings, 49 cases of floodings of portions of permanent way, 2 fires in trains, and 2 in stations. Of passengers there were during the year 75 killed and 602 injured; of servants of the companies, 8 killed and 118 injured; and of "other persons" 1 was killed and no "other person" was injured. The total amounted to 84 killed and 720 injured.

**Epidemiological Society.**—This (Wednesday) evening, at 7 p.m., Council Meeting.—8 p.m., Surgeon-General John Murray, "On Removal in Epidemic Cholera."—Dr. Lawrence Hamilton, "On the Report of the German Medical Commission on the Outbreak of Plague in the Province of Astrakan in 1879."

**Royal Institution.**—Friday, May 7, at 8 p.m., Evening Meeting.—9 p.m., Prof. Flower, "On Fashion in Deformity."

**Dr. J.**—We must for the present refrain from comment; on reference to the report in another column you will see the Magistrate's opinion of our case.

**Obstetrical Society of London.**—This (Wednesday) evening, at 8 p.m., Specimens: Dr. Godson, Encephalocele. Papers: Dr. Braxton Hicks, "On recording the Fœtal Movements by means of a Gastrograph;" also "Case of Extra-Uterine Fœtation—Sudden urgent symptoms—Abdominal Section."—Dr. Charles H. Carter, "Two Cases of Extra-Uterine Fœtation, with results."

**Biologist.**—The only account we have seen at present was in the March number of the *Giornale Internazionale delle Scienze Mediche*: very little is known of the subject in this country.

**The** Dublin Medical Society of the King and Queen's College of Physicians, Ireland, will meet this (Wednesday) evening, at 8 o'clock, when the following communications are set down for reading:—Dr. C. F. Moore will exhibit a Case of Gangrene of part of both Ears.—Mr. Stokes (by permission of the Council), "A Case of Vaccinia Gangrenosa."—Dr. J. W. Moore, "A Case of Hyperpyrexia in Enteric Fever."—Dr. Reuben J. Harvey, "A Case of Septicæmia originating in Disease of the Middle Ear."

**Mr. F. G. Heygate**, Local Government Board.—We shall be glad to receive the Report as soon as published.

**Rejected** Jones says he failed to get through the College, because on being asked by the examiner, "When does mortification ensue?" he could not resist answering, "When you've sneaked up to College, and been spun, and find on returning to the hospital that all the men know you are up."—*The Students' Journal.*

"**Doctor**," said a careful house-wife to the practitioner who was cutting open her husband's shirt as he was in a fit of apoplexy, "cut, if you please, along the seam."—*The Students' Journal.*

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## VACANCIES.

Birkenhead Borough Hospital.—Junior House Surgeon. Salary, £80, with board. Applications to the Chairman before May 11.

Boyle Union, Gurteen Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health. Election, May 19.

Castleblaney Union, Ballibay Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, May 7.

Cumberland Infirmary, Carlisle.—House Surgeon. Salary, £100, with board. Applications to the Secretary before May 11.

Notting Hill Provident Dispensary.—House Surgeon. Salary, £100. Applications to the Hon. Sec., 8 Pembridge Gardens, W., before May 25.

University College Hospital, London.—Resident Medical Officer. Full particulars of the Secretary at the Hospital.

Wallingford Union.—Medical Officer for the Dorchester District of the Union. Salary, £100, with the usual extra fees. Applications to the Clerk of the Union before May 17.

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## APPOINTMENTS.

**Boulter**, Mr. W. E., Assistant Medical Officer for the Workhouse and Infirmary of the Woolwich Union.

**Ceely**, R., F.R.C.S.E., re-appointed Medical Officer of Health for No. 3 District of the Aylesbury Rural Sanitary Authority.

**Clarke**, J. St. Thos., M.B., F.R.C.S.E., Honorary Surgeon to the Leicester General Infirmary.

**Ireland**, Mr. A., Resident Medical Assistant at the Aberdeen Royal Infirmary.

**Knott**, S. J., M.R.C.S.E., Surgeon-Accoucheur to the Western General Dispensary.

**Leeper**, G. R., M.B. Univ. Dub., Medical Officer to the Ederney Dispensary, Irvinestown Union.

**Levinge**, E. G., A.B., M.B., L.R.C.S.I., Medical and Sanitary Officer of the Lucan Dispensary District, and to the Local Royal Irish Constabulary.

**Palmer**, F. C., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer of Health to the Brigg Local Board.

**Paradise**, T. D., M.R.C.S.E., Medical Officer for the Lowton District and the Workhouse of the Leigh Union.

**Pearce**, G., M.D., M.R.C.S.E., Honorary Surgeon to the Leicester Infirmary.

**Rygate**, B. R., M.B., M.R.C.S.E., District Medical Officer of the St. George's-in-the-East Union.

**Williams**, W., M.R.C.S.E., House Surgeon to the Carmarthen Infirmary.

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## Births.

**Allen.**—April 24, at Richhill, co. Armagh, the wife of J. Gower Allen, L.R.C.S.I., of a daughter.

**Carleton.**—April 26, at Delvin, co. Westmeath, the wife of William Carleton, M.B., L.R.C.S.I., of a daughter.

**Martin.**—April 22, at Ballybay, co. Monaghan, the wife of Brownlow R. Martin, M.B., of a daughter.

## Deaths.

**Dennehy.**—April 27, at his residence, Clonmel, co. Tipperary, after a lengthened illness, Cornelius Dennehy, L.A.H., in his 67th year.

**Fergusson.**—At 43 Claremont Square, London, William Edward Laing Fergusson, M.D., after a few hours' illness.

**Heath.**—April 22, at Dovercourt, Essex, Edward Heath, M.D., R.N.

**Llewellyn.**—April 10, at 152 Whitechapel Road, Llewellyn Llewellyn, M.D. St. And., M.R.C.S.E., aged 60.

**M'Closkey.**—April 27, at Strabane, co. Tyrone, Joseph R. M'Closkey, M.D. Edin., of Londonderry.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 12, 1880.

## CONTENTS.

PAGE

The Lumleian Lectures on the Digestive Ferments and the Preparation and Use of Artificially Digested Food. Delivered before the Royal College of Physicans, March, 1880. By Wm. Roberts, M.D., F.R.S., Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College—Lecture III.—Part II. ........ 383

ORIGINAL COMMUNICATIONS.

On the Toxic Principles Present in Certain Kinds of Whisky. By C. A. Cameron, M.D., S.Sc.C. Cambridge; M.K.Q.C.P.I. F.I.C., Fellow and Professor of Hygiene and Chemistry, Royal College of Surgeons in Ireland, Superintendent Medical Officer of Health for Dublin; President of the Society of Metropolitan Officers of Health, &c. ........ 386

Suggestions on Epidemics and the Prevention of Cholera. By William H. Pearse, M.D. Edin., Physician to the Plymouth Public Dispensary ........ 388

PAGE

TRANSACTIONS OF SOCIETIES.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY—

Cystic Disease of Lower Jaw ........ 390

Thirty-five Years' History of a Maxillary Tumour ........ 390

DEPARTMENT OF LUNACY.

The Hereford County and City Asylum ... 391

The Cumberland and Westmoreland Asylum ........ 391

The Roxburgh, Berwick, and Selkirk District Asylum ........ 392

SPECIAL.

France ........ 392

LEADING ARTICLES.

THE LUMLEIAN LECTURES FOR 1880 ...... 393

THE REGISTER OF MEDICAL STUDENTS .... 394

NOTES ON CURRENT TOPICS.

Guy's Hospital ........ 396

The Representation of the Irish College of Surgeons in the General Medical Council 396

Two Great Cities ........ 397

The Annual Election of Examiners in the Irish College of Surgeons ........ 397

PAGE

Benzoate of Soda as a Therapeutic Agent 397

Dr. Andrews, of Belfast ........ 397

University of Dublin ........ 398

The Resolution of the Irish College of Surgeons against Newspaper Puffing ........ 398

Sir William Gull, Bart., M.D. ........ 398

Registrar-General's Quarterly Return .... 399

Typhoid Fever ........ 399

Irish Prison Dietaries ........ 399

Health of Ireland ........ 399

Not Ashamed of the Profession ........ 400

SCOTLAND.

Registrar-General's Returns—Edinburgh University—Anderson's College, Glasgow—Health of Edinburgh —'Missing Link in Scottish Charities, &c. ........ 400

The Assessment of Poor-law Medical Pensions in Ireland' ........ 401

The Annual Meeting of the Irish College of Surgeons ........ 402

NOVELTIES ........ 402

CORRESPONDENCE.

The Carmichael Prize Essay ........ 403

MEDICAL NEWS ........ 403

Notices to Correspondents ........ 404

# THE
# Lumleian Lectures
ON THE
# DIGESTIVE FERMENTS
AND THE
# PREPARATION AND USE OF ARTIFICIALLY DIGESTED FOOD.

*Delivered before the Royal College of Physicians, March* 1880.

By WM. ROBERTS, M.D., F.R.C.P., F.R.S.,

Physician to the Manchester Royal Infirmary; Professor of Clinical Medicine to the Owens College.

## LECTURE III.—PART I.

*(Concluded from page 364.)*

### NUTRITIVE VALUE OF PEPTONISED FOOD.

AT the outset of this inquiry we are met with the question :—Is it certain that the ultimate products of digestion are of equal nutritive value to the mixed transitional products which are produced in succession, and probably absorbed as the food is gradually transformed in the alimentary canal ?—in other words, are maltose and peptones alone as valuable to the economy as a mixture of these substances with the several dextrines and hemipeptones which are presented to the absorbent surfaces in the course of natural digestion ?

With regard to the products of starch-digestion, no direct experiments have been made on the nutritive value of maltose, and we can do little more than conjecture that the intermediate dextrines have a usefulness of their own. That they are absorbed seems proved (as might have been expected from their known diffusibility), for they have been detected in the blood, and especially in the blood of the postal vein.

With regard to peptones, we have more information. It was naturally assumed by the earlier observers who identified peptone as the chief ultimate product of digestion that this was the form under which proteids were taken up by the absorbents, and introduced into the blood for the nutrition of the tissues.

My observations led me to the conclusion that it was far easier to get a supply of peptonised aliment suitable for invalids by the artificial digestion of milk by pancreatic extract than by any other method. But in so important a matter as the feeding of invalids, inference and conjecture seemed hardly a sufficient basis for actual practice.

The questions I proposed to myself were—(1) Is artificially digested, or peptonised, milk alone sufficient to sustain nutrition ? and (2) is it as efficient in this respect as natural milk ? For the purpose of answering these questions I procured four kittens, of the same brood, eight weeks old. Kittens at this age thrive perfectly on an exclusively milk diet. Two of the kittens were fed on natural milk, and the two others on milk previously digested by pancreatic extract. The digestion of the milk in the latter case was carried out to full completion —that is to say, until the milk became greyish and bitter, and no longer gave any precipitate with acetic acid, nor even with nitric acid. The animals were permitted to have as much of their respective foods as they could consume. The experiment was continued for a period of twenty days. The quantity consumed by each pair was as nearly as possible the same. All four continued in perfect health, and took their nutriment greedily. I was surprised to find that the pair fed on peptonised milk showed no repugnance to the bitter taste of their food, but appeared to relish it quite as well as their companions did their natural milk. The following table exhibits the gain in weight at the end of twenty days by each of the four kittens. The weights are given in grams, and in round numbers.

| DIET. | Initial Weight. | Weight at the end of 20 days. | Increase of Weight. | Increase of Weight per cent. |
|---|---|---|---|---|
| Natural Milk...... | No. 1—338 | 514 | 176 | 52 |
| | „ 2—558 | 838 | 280 | 50 |
| Fully Peptonised Milk.............. | „ 3—403 | 626 | 223 | 55 |
| | „ 4—374 | 562 | 188 | 50 |

The table shows that the percentage increase of weight was very nearly alike in all four animals. No difference could be perceived in the sleekness of their coats nor in the vivacity of their gambols. The experiment proves that peptonising the milk in no degree spoils its nutritive value. It also shows, as might have been expected, that in healthy animals with abundance of digestive power there is no advantage to be gained from the administration of food in a pre-digested state. The quantity of food which is taken and absorbed appears to be regulated not so much by the quantity which can be digested as by the quantity which can be assimilated. This experiment had an interesting sequel. After Nos. 3 and 4 had been fed on *fully* peptonised milk for a period of twenty days, they were fed for ten days on *partially* peptonised milk. By using a less quantity of the pancreatic extract in proportion to the milk, and by allowing the process of artificial digestion to go on for not more than half the time allowed in the previous experiment, only a partial conversion of the casein was effected. As nearly as I could judge by the precipitate caused with acetic acid, the casein was digested to about the extent of one half. Under these circumstances I certainly expected that Nos. 3 and 4 would gain weight as before, and would continue to thrive as well as Nos. 1 and 2. It might have been anticipated that under these new conditions the proper digestive powers of Nos. 3 and 4 would come into play and complete with ease the unfinished work of the artificial process. But events did not pass exactly as I anticipated. The annexed table shows the actual results. The weights, as before, are given in grams.

| DIET. | Initial Weight. | Weight on 3rd day. | Weight on 5th day. | Weight on 7th day. | Weight on 10th day. |
|---|---|---|---|---|---|
| Natural Milk | No. 15—514 | gain<br>551—37 | gain<br>570—19 | gain<br>593—23 | gain<br>618—25 |
| | „ 2—838 | 900—62 | 936—36 | 993—57 | 1063—70 |
| Half-peptonised Milk | „ 3—626 | 693—67 | loss<br>687— 6 | loss<br>681— 6 | 693—12 |
| | „ 4—562 | 645—83 | 638- 7 | gain<br>648—10 | 683—35 |

No interval was allowed to elapse between the two sets of experiments, so that the initial weights in the second set are the same as the terminal weights in the first set. The abrupt alteration in the diet of Nos. 3 and 4 produced a marked disturbance in their nutrition. But there was no declension in their general well-being, and they continued to take their modified diet with the same avidity as before. In the first three days Nos. 3 and 4 showed an unusual increase of weight—an increase quite out of proportion to that of their companions. Then came a check; in the next four days they not only showed no gain, but showed even a slight loss of weight. In the last three days they began to gain weight again, and were evidently recovering from the temporary check caused by their change of diet. The explanation of this series of events which has presented itself to my mind is the following, but I by no means wish to lay stress on its accuracy. It seemed as if the enforced rest imposed on the digestive organs for a period of twenty days, during the use of fully pre-digested food, had temporarily diminished their natural vigour—just in the same way as the disuse of a limb diminishes for a time the strength of its muscles. During this first period, immediately following the change of diet, the unemployed digestive powers were suddenly called upon to resume their wonted activity; but, owing to their enfeeblement from disuse, they were unable to respond to the call with due promptness, and undigested materials accumulated in the intestine. This accumulation accounted for the unusual increase in weight during the first period. During the next period the digestive embarrassment made itself felt, and gave a check to the processes of growth and nutrition, and the animals ceased to grow and gain weight. During the last period the temporary enfeeblement of the digestive organs was passing away, in proportion as renewed exercise was restoring them to their original vigour, and growth and increase of weight again commenced.

Whether this explanation be trustworthy or not, the lesson indicated by it is probably a true one—namely, that, except in extreme cases, when the digestive power is wholly lost or in complete abeyance, it is more advantageous to use a food which has been subjected to partial artificial digestion than a food in which the process has been carried out to completion. If the patient possess any digestive power at all, it is better that that power should be kept in exercise than that it should be permitted to deteriorate still further from total disuse. This is in agreement with the rule we apply in other cases of enfeebled function, according to which we endeavour to combine partial rest with moderate exercise.

### *Clinical Experience of Peptonised Food.*

The extreme difficulty of arriving at reliable conclusions in regard to the effect of therapeutical agents is well known to every sober-minded inquirer. The difficulty is not less, but probably greater, in judging of the effects of dietetic means. I have now had a considerable experience, extending over a period of two years, of the use by invalids of peptonised milk and peptonised milk-gruel, and it would be an easy task for me to recite a string of cases in which improvement and recovery followed the use of these articles of diet. But evidence of this sort would be wholly delusive unless checked by such an analysis of the circumstances of each case as would enable me to isolate the influence of the dietetic means. In the immense majority of cases such an analysis would be obviously impossible, the conditions to be taken into account would be too numerous, and their relative influence too difficult to determine. In a question of this kind one is obliged, in a large degree, to fall back on general impressions, and on deductions based on physiological considerations. Nevertheless there are certain cases—most of them cases of incurable disease—in which the conditions are sufficiently simple to permit direct trustworthy conclusions to be drawn.

I found that peptonised milk-gruel was generally preferred, as being more agreeable to the palate, to simple peptonised milk; and by far the larger number of my observations were made with the former preparation. I was also soon satisfied that, with most rare exceptions, peptonised milk-gruel was perfectly acceptable to the invalid's stomach, and that a diet composed exclusively of this article could be used for many consecutive weeks without the slightest sign of failure of nutrition.

The cases in which the use of peptonised aliment appeared to produce the most striking benefits were those in which complete anorexia prevailed, and those in which the stomach was intolerant of food, and immediately rejected every form of nutriment. A brief review of the results obtained in cases of this kind will, I think, prove instructive.

*Uræmic Vomiting.*—In advanced Bright's disease incessant vomiting is sometimes a distressing and intractable symptom. In some cases of this class I have seen the vomiting at once and permanently allayed by the use of peptonised milk-gruel. The downward course of the disease may not have been a moment checked, but the relief to the dying patient was great.

*Gastric Catarrh.*—That form of gastric catarrh which is the Nemesis of alcoholic excess often yields immediately to the use of peptonised food. In the later periods of cirrhosis there frequently prevails severe intolerance of every kind of food—the stomach rejecting even beef-tea and diluted milk in the smallest quantities. The relief afforded by the use of peptonised milk-gruel in some of these cases is most striking—the vomiting ceases almost from the first, and the intolerable sense of distension diminishes.

*Crises of Cardiac Disease.*—Persons suffering from cardiac dilatation and valvular incompetency usually encounter one or more crises which are susceptible of relief before finally succumbing to their disorder. These crises are marked by a general venous stagnation, with severe congestion of the lungs, liver, and kidneys, and rapidly rising dropsy. Associated with these symptoms, there is generally almost complete inability to take food, and sleeplessness. In this condition I have seen marked relief follow the use of peptonised aliment. I have long observed, as I doubt not have many of you, that the condition here described is often alleviated in the most striking manner by the use of exclusively liquid nourishment—such as milk or milk-gruel, given in small portions sub-continuously, or sippingly, as it were, throughout the waking hours—the patient being never permitted to take a distinct meal, nor a particle of solid food. As my practice has been to direct, in cases of this class, the administration of the peptonised aliment in this sipping fashion, the gratifying results noted have been partly due to the mode of administration; but I have been convinced by more than one example, when the same liquid nourishment, in the natural and in the pre-digested condition, has been used in succession, that there was a distinct superiority in the pre-digested article.

*Pernicious Anæmia.*—In the earlier periods of this singular disorder, I am inclined to hope that pre-digested aliment may prove a valuable resource. In cases where the ailment, although fully declared, was still of comparatively recent origin, I have, in the last eighteen months, seen the disorder checked under the use of peptonised milk-gruel. In one case, owing to the irritability of the stomach, the milk-gruel was at first administered per rectum with pancreatic extract, but was afterwards tolerated by the stomach. In three of these cases the amelioration went on to complete restoration. In cases of longer standing I have failed by the same means to obtain the slightest improvement.

*Gastric Ulcer.*—The use of an exclusively liquid nourishment given sub-continuously, in the manner before indicated, is a well-known and most efficacious mode of treatment in these cases. But since adopting the plan of giving peptonised milk-gruel, I think I have perceived that the results were distinctly better than before, especially in cases associated with epigastric pain. The almost absolute rest procured by this food for the ailing organ appeared to be an additional advantage. I may be permitted to mention one case. The patient had suffered from copious and repeated hæmatemesis, and from severe epigastric pain. The irritability of the stomach was such that the simplest nourishment, given in the smallest quantities, was immediately rejected, Peptonised milk-gruel was, however, tolerated at once; vomiting only occurred two or three times during the two first days of the treatment, and then ceased, as did likewise the epigastric pain. This patient used no other food for a period of six weeks, and took daily from two to three quarts—with steady recovery of flesh and strength.

*Pyloric and Intestinal Obstruction.*—Peptonised aliment would appear to be especially suitable for use in these cases, but, so far, I have been somewhat disappointed in the results. The vomiting has generally been effectually controlled, but I have not been able to convince myself, in cases of pyloric stricture, that the fatal event was delayed even a single day. When the obstruction has been temporary, and due to a removable cause, the results have been of course more satisfactory.

I should be glad to see a further trial made of peptonised, or partially peptonised, milk in the gastric and intestinal catarrh of infants. In one severe case of this class a favourable result was immediately obtained; in another case there was greater tolerance of food, and more comfort after it, than with the use of simply diluted milk. It would be interesting also to have experience of the use of peptonised aliment in typhoid fever, and in old age. The greater variety which can now be given to this form of food by the preparation of peptonised soups, jellies, and blanc-manges will obviate the monotony sometimes complained of under the continuous use of peptonised milk-gruel.

### THE USE OF PANCREATIC EXTRACT AS AN ADDITION TO FOOD SHORTLY BEFORE IT IS EATEN.

The administration of pancreatic extract with, or immediately after, a meal, can, I think, have only a limited utility. On entering the stomach the pancreatic ferments encounter the acid of the gastric juice, and when this rises above a certain point the activity of the ferments is destroyed. Still a not inconsiderable interval of time must elapse before this point is reached, and during this interval the pancreatic ferments can accomplish a certain amount of work. I have repeatedly administered pancreatic extract in this way, but I am unable to say positively that I have seen benefit from this mode of administration. There is, however, a modification of this plan, which I have lately put in practice, that promises better results. It is to add the extract to the food fifteen or twenty minutes before it is eaten. Certain dishes commonly used by invalids—farinaceous gruels, milk, bread-and-milk, milk flavoured with tea or coffee or cocoa, and soups strengthened with farinaceous matters, or with milk—are suitable for this mode of treatment. A teaspoonful or two of the liquor pancreaticus should be stirred up with the warm food as soon as it comes to table. And such is the activity of the preparation that even as the invalid is engaged in eating—if he eat leisurely as an invalid should do—a change comes over the contents of the cup or basin—the gruel becomes thinner, the milk alters a shade in colour, or perhaps curdles softly, and the pieces of bread soften. The transformation thus begun goes on for a time in the stomach, and one may believe that before the gastric acid puts a stop to the process the work of digestion is already far advanced.

This mode of administering pancreatic preparations is simple and convenient. No addition of alkali is required, and, of course, no final boiling. The only precaution to be observed is that the temperature of the food, when the extract is added, shall not exceed 150° F. (65° C.). This point is very easily ascertained, for no liquid can be tolerated in the mouth, even when taken in sips, which has a temperature above 140° F. (60° C.). If therefore the food is sufficiently cool to be borne in the mouth, the extract may be added to it without any risk of injuring the activity of the ferments.

*Pancreatic Extract as an Addition to Nutritive Enemata.*—Pancreatic extract is peculiarly adapted for administration with nutritive enemata. The enema may be prepared in the usual way with milk-gruel and beef-tea, and a dessert-spoonful of liquor pancreaticus should be added to it just before administration. In the warm temperature of the bowel the ferments find a favourable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process.

I have now had some experience in this method of alimentation, and have been satisfied with its success. In one case a patient suffering from post-pharyngeal abscess, which entirely occluded the œsophagus, was nourished exclusively for a period of three weeks (until the abscess broke) on enemata of milk-gruel mixed with pancreatic extract.

# Original Communications.

## ON THE TOXIC PRINCIPLES PRESENT IN CERTAIN KINDS OF WHISKY. (*a*)

By C. A. CAMERON, M.D., S.Sc.C., Cambridge; M.K.Q.C.P.I., F.I.C.,

Fellow and Professor of Hygiene and Chemistry, Royal College of Surgeons in Ireland; Superintendent Medical Officer of Health for Dublin; President of the Society of Metropolitan Officers of Health, &c.

WHISKY of excellent quality is easily procurable at fair prices in respectable shops in all the large, and in many of the small, towns of Ireland; but the article vended under the name of whisky in most of the low class of public-houses—especially in villages—in booths and stands at race-courses and fairs, and in roadside *shebeens*, is, as a rule, of very inferior quality and unfit for use.

My position as public analyst for the greater number of Irish counties has caused a large number of specimens of whisky to be submitted to me for examination chiefly under the provisions of the "Sale of Food and Drugs Act, 1875," and Act amending same, 1879. The general results of this examination are, perhaps, worth recording.

The term alcohol is commonly applied to a liquid which constitutes the intoxicating principle of wine, beer, brandy, and other *spirituous* liquors. It is, however, used by the chemists generally in relation to a large class of bodies which have a constitutional resemblance to the common alcohol. There are several groups of alcohols, and ordinary alcohol is classed with those termed monatomic, of which twelve have been discovered or formed up to the present.

The simplest in composition of the monatomic alcohols (or of any alcohols) is wood spirit, or methyl alcohol. It is composed of one atom of carbon, four of hydrogen, and one of oxygen ($CH_4O$). Next to it in simplicity of constitution is common, or vinic alcohol, also termed ethyl alcohol ($C_2H_6O$). This compound, mixed with water, constitutes spirit of wine.

Ethyl alcohol is formed from the sugar of certain fermenting liquids; and at the same time one or more of three other alcohols are often formed, in quantities varying according to the nature of the fermenting material. These alcohols are—propyl, or trityl alcohol ($C_3H_8O$), butyl alcohol ($C_4H_{10}O$), and amyl, or pentyl alcohol ($C_5H_{12}O$). There are two forms of propyl alcohol—normal

$$\text{propyl}\left(C\left\{\begin{matrix}CH_2CH_3\\H_2\\OH\end{matrix}\right.\right)\text{and pseudo-propyl}\left(C\left\{\begin{matrix}CH_3\\CH_3\\H\\OH\end{matrix}\right.\right).$$

The former is found in most fermenting liquors containing sugar. It is a liquid which boils at 96° C.; its specific gravity is 0·8205 at 0°C.; its odour is rather agreeable, but its flavour is very pungent.

Butyl alcohol exists in four forms, one only of which—namely,

$$\text{isobutyl}\left(C\left\{\begin{matrix}CH(CH\ \ )_2\\H_2\\OH\end{matrix}\right.\right)\text{—is found in certain fermented}$$

liquids. Its specific gravity is 0·8032 at 18° C., and it boils at 110° C.; its odour is somewhat overpowering.

Amyl alcohol $\left(CH\left\{\begin{matrix}C_2H_4OH\\(CH_3)_2\end{matrix}\right.\right)$ is an oily liquid which boils at 130° C., and has a specific gravity of 0·825 at 0°C. Its odour is oppressive and persistent, and its flavour is acrid, burning, and choking. The inhalation of the vapour excites coughing.

In addition to these alcohols, which are formed together with vinic alcohol in the manufacture of brandy, whisky, and similar liquids, minute quantities of other alcohols, including the varieties termed hexyl ($C_6H_{14}O$) and octyl ($C_8H_{18}O$) are developed, but they are not of much importance, owing to their minuteness.

As ethyl alcohol boils at 74·4° C. (173° F.) it is the first to come over when fermenting liquids are distilled. The other alcohols are the last to come over; consequently, the last portions of the distillates in the whisky and brandy distilleries contain by far the greater portion of the higher terms of the alcohol series. The very last portion (termed in the whisky distilleries *faints*) is in great part composed of a liquid termed *fosel oil*. Now fosil oil is a very variable article. It is a compound containing chiefly water, ethyl alcohol, amyl alcohol, but the other alcohols just mentioned are present in it in large proportions, as are also various other compounds.

Although the higher terms of the alcohol series have much higher boiling points than ethyl alcohol, yet in practice it is found that they distil over in part with the latter. If the distillation is carried on at too high a temperature, a still greater proportion of amyl, propyl, and butyl alcohols passes over. This is particularly the case in the preparation of the illicit spirit termed *poteen*, and which I have found to contain very large amounts of amyl alcohol.

From the results of my examination of many hundreds of samples of whisky sold in Ireland, I have come to the conclusion that the sale of whisky containing the alcohols rich in carbon is exceedingly common. Let us see what are the effects produced by these alcohols upon the animal economy. I shall only here consider the properties of propyl, butyl, and amyl alcohols.

Eulenberg (*a*) gave 40 drops of amyl alcohol to a kitten; in seventeen minutes the animal's heart began to palpitate violently, and in twenty-two minutes there was complete anæsthesia. The animal did not quite recover till the following day, According to Rabuteau (*b*) 1 part of amyl alcohol in 50 parts of water causes anæsthesia in frogs in twenty minutes, death supervening two hours later. He found that butyl and propyl alcohols were possessed of strong toxic powers. Dujardin-Beaumetz made numerous experiments in order to determine the toxic action of the alcohols. He considers that 8 grammes (about ¼oz.) of absolute ethyl alcohol per kilogramme (2·2 lbs.) of the weight of a man's body a poisonous dose. The poisonous dose of other alcohols, under similar circumstances, is stated to be 1·7 grammes of amyl alcohol, 2 grammes of butyl alcohol, and 3·9 grammes of propyl alcohol. I am disposed to consider that Dr. Dujardin-Beaumetz has certainly not under-estimated the relative poisonous effects of amyl and ethyl alcohols. Dr. Cros (*c*) of Strasbourg, made experiments on himself in order to determine the toxic action of amyl alcohol. He found that a dose of from 10 to 15 centigrammes caused, in a few minutes, intense frontal or temporal headache, and a sense of constriction; 4 grammes caused a general depression of the system, in addition to cerebral symptoms; difficulty in standing, meteorisms, and diarrœa occurred. From 8 to 16 grammes caused a jerky, rapid, profound respiration, intense cerebral symptoms, repeated vomitings, and a profound depression long continued. It is doubtful if symptoms equally severe would be produced by doses of ethyl alcohol only five times greater. Injected into the stomach, amyl alcohol causes intense reddening, and sometimes complete removal of patches of the mucous membrane of that organ. Upon the mucous membrane of the mouth and throat it exercises a similar action.

Of the few reliable determinations of the amount of amyl alcohol in whisky one is by Dr. Dupré, who found in a specimen of Scotch whisky 0·19 per 100 parts of ethyl alcohol. This quantity, if it represent only the effect of five times its weight of common alcohol, could not be

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(*a*) Read at a meeting of the Society of Metropolitan Officers of Health, Dublin, 14th April, 1880.

(*a*) "Gewerbe Hygiene." 1876. P. 440.

(*b*) Rabuteau. Ueber die Wirking des Æthyl, Butyl, und Amyl Alkohols. Schmidts Jahrbuch. Band CXLIX. [illegible] 1871.

(*c*) Action de l'Alcohol Amylique sur l'Organisme (Thèse pour de Doctorat en Médecine). Par Cros, Strasbourg, 1863.

very poisonous. I am certain, however, that the low qualities of whisky sold in Ireland often contain from 0·1 to 0·3 per cent. of amyl alcohol; and I am further of opinion that the deleterious action of fusel oil is not to be measured merely by its intoxicating effect upon the system. Rabuteau, who repeated and modified some of Cros' experiments made upon himself, found that the minute quantity of 10 centigrammes of amyl alcohol, dissolved in a litre of beer, produced dryness of the throat, *ivresse triste*—which perhaps may be best translated as drunken melancholy—and occasionally diarrhœa. Now, such symptoms could hardly be produced by 50 centigrammes of absolute common alcohol, added to half a litre of beer. The results of Rabuteau's experiments appear to show that the toxic properties of amyl alcohol are fifteen times greater than those of common alcohol.

When whisky is properly prepared it is almost perfectly free from a liquid termed *aldehyde*, and from empyreumatic oils. The alcohols are all convertible into acids by oxidation—ethyl alcohol into acetic acid, amyl alcohol into valeric acid, propyl into propionic acid, &c. There are, however, intermediate bodies formed before alcohol becomes an acid, and these bodies are termed aldehydes and ketones. The aldehyde of common alcohol is formed by the action of a molecule of oxygen upon two molecules of alcohol ($2C_2H_6O+O_2=2C_2H_4O+2H_2O$). Common, or ethylic, aldehyde is a volatile liquid, possessing a pungent, suffocating odour, and a rather disagreeable flavour. It has a very low boiling point—namely, 22° C.

Dr. Magnus Huss found that two or three centigrammes of empyreumatic oil from badly-prepared alcohol caused a burning sensation in the stomach. A larger dose than 20 centigrammes (about 3 grains) could not be borne. Professor Isidore Pierre, of Caen, has pointed out the toxic properties of aldehyde. This substance acts powerfully upon the animal economy.

Aldehyde generally occurs more or less abundantly in the first distillate in the preparation of beetroot and potato spirit. Krämer and Pinner attribute the formation of the aldehyde to the action of the oxygen with which the alcohol comes into contact in passing through the charcoal filters. On the other hand, Kekulé considers that it is produced by the oxidising action of the nitrates which are generally largely present in the fermenting liquids. It is undoubtedly present in the malt washes of the whisky distillery, generally in insignificant quantity, but sometimes in large proportion, owing to the bad management of the fermentation process. We know that occasionally oxidation to the extent of producing acetic acid occurs in the worts.

In some experiments which I made five years ago in distilling grain spirit to test the capability of a new form of still, I found the quantity of aldehyde coming over in the first rush of spirit so large that it almost took my breath away when I stood near the stream of spirit issuing from the still.

I am disposed to believe that it is to the presence of aldehyde, as much as of amyl alcohol, that the acrid flavour of new and especially of badly-prepared whisky is due. The remarkable improvement which whisky undergoes by storage is attributed to the conversion of the amyl alcohol into pleasantly-flavoured products. It is probable that it is disposed of in this way, though the experimental proofs in support of this theory are weak. Nothing is, however, more likely than that the aldehyde disappears on storing the whisky in wooden vessels, owing to its tendency to become oxidised, and the very low temperature at which it boils—namely, 22° C., or 71·6° Fahr. The pure compound is so volatile that it is difficult to preserve it in warm weather.

I have examined a large number of specimens of whisky collected by the constabulary in various parts of Ireland —chiefly at fairs, on race-courses, and in low public houses. A small proportion—not more than 10 per cent. —were of superior or fair quality. The remainder consisted of two classes of low quality—firstly, new whisky; secondly, whisky composed more or less of what is termed patent-still whisky, and which is but little superior in flavour to spirit of wine, or to the so-called *silent* or neutral spirit imported from the Continent, which is merely a mixture of pure alcohol and water.

Patent-still whisky is chiefly manufactured in Scotland, and is largely imported into Ireland for the purpose of being mixed with Irish pot-still whisky. The former has almost no flavour; the latter is rich in flavouring ingredients, and therefore the two whiskies make, to use a trade term, a good "blend." Patent-still whisky undergoes no important improvement by age, as the pot-still whisky does. Patent-still whisky may be drank just as well when new as when old, but the pot-still variety contains so many ingredients, and in such large quantities, when new, that it is not safe to use it until it has been stored for two or three years. In order to improve whisky by age it is necessary that it should be stored in wooden vessels. In the course of two or three years a large amount of alcohol evaporates through the pores of the wooden vessels in which it is contained, and whisky which at first was raw, acrid, and pungent is found to be mild, well-flavoured, and fragrant. These changes are generally attributed to the oxidation of the amyl alcohol, (*a*) which is always to be detected in freshly made whisky. I believe that to a very sensible extent they are due to the disappearance of aldehyde out of the whisky.

I have subjected to examination a large number of samples of new whisky for the purpose of ascertaining the presence of aldehyde, and in the great majority of them this liquid was found in very large quantities.

There is, so far as my experience enables me to assert, a very large amount of new whisky sold in Ireland. This liquor is unwholesome, chiefly on account of the quantities of fusel oil, and, I would add, aldehyde which it contains. By storing this whisky for two or three years it would, for the most part, be deprived of its noxious qualities by the escape of aldehyde and empyreumatic volatile oils, and by the conversion of the alcohols other than ethylic into fragrant ethers and acids. Much of this whisky would always remain bad, though improved somewhat by age, owing to being prepared from bad or musty grain, or from worts in which the acetic fermentation had proceeded to an injurious extent. The ill effects of the raw and perhaps otherwise bad whisky sold at fairs, races, and other places are testified to by thousands of observers. Persons have frequently told me that they have been made ill by drinking a single glass of whisky procured in country places, at races, &c., and which they found acrid and burning to the taste. Strong men are known to become intoxicated by drinking a couple of glasses of whisky of bad quality, though they could consume three times the quantity of old mild whisky with apparent impunity. All through Ireland it is believed that very small quantities of the low qualities of whisky suffice to produce intoxication; and the fierce fights which occur, even amongst friends, at fairs, races, &c., when large quantities are absorbed, testify *forcibly* to the "maddening" effects of new whisky.

In 1874, when examined before a Committee of the House of Commons, relative to the working of the Acts relating to the adulteration of food, I stated that it was desirable to prevent the removal of whisky for consumption from the bonded warehouses until it was two years old. Mr. O'Sullivan, M.P. for the county of Limerick, introduced into Parliament during its last session, a Bill for the purpose of preventing whisky being removed from bonded warehouses for consumption until it was at least one year old. The Bill was withdrawn after the first reading, owing to the lateness of the session, but it is to be hoped that it may be reintroduced early in the new Parliament. Such a measure is urgently required.

The following case—though, no doubt, it is an extreme one—will serve to show the ill effects which whisky containing much fusel oil produces on those who habitually use it. A country gentleman sent me a specimen of

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(*a*) Valerates and acetates of amyl and ethyl are stated to be present in the old brandies and whiskies.

liquid with a request that I should examine it, in order to ascertain whether or not it contained any "ingredient injurious to health." I found that it was poteen, or illicit whisky, 25° over proof. It was slightly opaque, and very pungent in odour, and had a strong flavour. There is an impression abroad that poteen contains less acrid matter than the whisky made in legitimate distilleries, but this sample did not sustain the reputation of poteen in this respect. Indeed, I have met with samples of poteen so acrid that it is surprising how anyone could relish such stuff. The amount of amyl alcohol in the poteen sent to me for examination proved to be 0·23 per cent. It also contained a large quantity of aldehyde. I reported that it was a spirit quite unfit for use. The gentleman called upon me, and I learned from him that he had been in the habit of drinking from two to three glasses daily of this liquid (for which he paid £1 per gallon!), being under the impression that it was a wholesome beverage. He had also given it to his wife and sons. Sometime after they began to drink the poteen the members of the family gradually began to suffer from various symptoms, affecting both mind and body. In the case of the parents these symptoms assumed within six months a serious aspect. It only then occurred to them that the poteen might possibly have had something to do with these changes in the condition of their health, and, accordingly, the specimen of it was sent to me for analysis.

The gentleman when he visited me was in a semi-demented condition, and his wife, whom he brought with him on his second visit, was perfectly insane. She privately admitted to me that she had taken more of the poteen than her husband was aware of, and that on some days her consumption of the liquid amounted to five glasses. She loudly denounced her own conduct, declared that she had ruined her husband by encouraging him to drink the stuff, and expressed her belief that she would be punished for her sin in the next world. Both of these unfortunate persons were much emaciated, though the gentleman said that until he had begun to consume the poteen he had been very stout. Dr. J. K. Barton, their medical superintendent, has kindly given me the following statement in reference to the condition of these unfortunate persons :—

"In reply to your inquiries regarding the symptoms which I observed in the cases of Mr. and Mrs. —— while they were under my care, I may say that, those common to both patients were, great and unreasonable depression, also delusions, rather with regard to the importance or unimportance of things than with regard to their existence; those that were peculiar to each—in Mr. H.'s case there was a brown loaded tongue, very irregular bowels, and capricious appetite, sleeplessness and excessive restlessness which compelled him to get up from table and walk round the room two or three times during the dinner time—in fact, he could scarcely keep quiet for a moment. The symptoms which Mrs. H. complained of most was a pain in the back of her head and neck; she was quiet, but with far more settled melancholy, which had a religious tinge, of which her husband was quite free."

Whisky is rarely adulterated in Ireland (except with water), unless the "blending" of patent-still with pot-still whisky is to be considered an adulteration. The alleged adulteration of whisky with bluestone, sulphuric acid, petroleum, methylated spirit, and various other deleterious substances has not been substantiated. A little flavouring matter is generally added to even the oldest and best whiskies, but not for a fraudulent purpose. I have met with sweet spirits of nitre in two specimens of whisky. Burnt sugar is used to give whisky a pink colour, in imitation of the hue which it acquires by being long stored in sherry casks. A liquid composed of wine, acetic ether, and tincture or wine of prunes, or other fruit, is sometimes added to new whisky, in order to cause it to acquire somewhat the flavour of old whisky.

Whisky is sometimes sold so weak as to be from 25° to 55° under proof.

The following letter addressed to me by Mr. Bell, Principal of the Chemical Department of the Inland Revenue, shows that whisky is not much adulterated:—

"The result of our experience entirely corresponds with your own, not merely in former years, but during the past one. This will be seen from the following extract from my Annual Report recently presented to Parliament:—

"'Complaints of alleged serious adulteration of whisky by publicans in Ireland, especially at fairs, not infrequently are brought under the Board's notice by magistrates and others living in different parts of the country. Usually the supervisor of the district is ordered to send up samples to test the question. Several samples in the most recent case were obtained from publicans selling whisky at Ballyshannon fair. These were carefully analysed, but no evidence of adulteration was obtained, with the exception in one of the samples of the presence of a trace of pungent matter resembling cayenne pepper.

"'The cause of the suspicions we believe in a great measure to be the use of new spirit containing an excess of fusel oil and other natural impurities.'"

## SUGGESTIONS ON EPIDEMICS AND THE PREVENTION OF CHOLERA.

By WILLIAM H. PEARSE, M.D. Edin.,
Physician to the Plymouth Public Dispensary.

THE paper now submitted to the profession has two parts, the first being an abstract of a lecture I read before the Plymouth Institution and Devon and Cornwall Natural History Society, in October, 1873, the second being a memo. I submitted to the Crown Agents for the Colonies toward the prevention of cholera in coolie emigrant ships from Calcutta to the West Indies. Captain Ommaney, R.E., one of the Commissioners, did me the honour to inform me in September last that "the Crown Agents will call the attention of surgeons-superintendent to your views on the subject." I am not aware how far my suggestions have been carried out; should the occasion for trials have arisen on any voyages, no doubt reports will be made by the surgeons-superintendent, but I thought that by publishing the memo. in your journal other medical officers in the East might approve of my suggestions, and test the practice. The memo. is but a continuation of the same observations and thoughts which are embodied in the abstract of the earlier lecture, so that the paper, though apparently disjointed, has in reality a continuous method.

### *Some Theories of Epidemics.*

Both facts and theories are essential parts of the growth of knowledge. Facts are barren without their just ideas. An examination of epidemics is likely to help us to a right method.

Man's body is physically related to all existences; hence the immense variety of influences which may affect his condition.

Epidemics are deviations of normal or prevailing rates. The capacity for them is latent in the body. They are natural phenomena and evolutions. In different parts of Nature the phenomena once described as "monsters," "abnormal," "aberrations," "catastrophetic," "diseased," are now felt to be contained in the normal rates.

The period of description and definition was an age of great confidence, but with little knowledge.

We now seek to submit to see alliances rather than to assert on the limits of Forms.

A common type of symptoms, allowing for "fusion," "subsidence," "compression," &c., is seen in most epidemics of the so-called different diseases—a "cold," an ague, tropical or semi-tropical, or temperate latitude fever, a cholera, a yellow fever, certain febricula and cholera, plague, typhus, Mediterranean carbuncle, &c., are all allied; all have a great basis of common nature, and marked graduations can be found between them.

*Generic Nature of Epidemics.*—They appear from early years, but much disappear with age. They show in definite proportion to the population; after necessary intervals of freedom; have definite recurrent periods; show "fusion" and change of type with changing latitudes and succeeding generations; and forms "overlap."

*Causes and Depressions.*—Almost any *change* from the body's entirety of habituated conditions may give occasion to epidemics. The cholera curve rises in Calcutta twice a year, with the extremes of heat (mean temperature, 85°) and of cold (mean temperature, 74°). Yellow fever in Demerara occurred after the minimum temperature of six years, and in Spain with the first colder days of autumn. Cholera has followed a seidlitz, a night's exposure, a *change* from accustomed drinking water, fatigue, a sudden change of climate, as from Bengal to the sea: the "shock" of this *change* will at different times be followed by epidemics of ulcers, fevers, dysentery, cholera, &c. Yellow fever has followed "depressions" of various kinds. Season changes are the chief occasions of man's passage into epidemic rates.

"Epidemic atmosphere" and "pandemic waves" are hypothetical terms which aim to cover so many and varied causes.

"Specific" differences do not exist between many apparently different epidemics. Measles and scarlet fever commingle; yellow fever assumes a choleraic type; at epidemic recurrences many different diseases assume the type of the prevailing form.

*Poisons.*—Epidemics are in some instances clearly due to a definite poison; but the same epidemics occur at other times, wholly independent of such poisons. Poisons are but one fact of a wider Form. Germs equally, are short as a full explanation. Depressions so varied must be embraced in a complete theory.

Sporadic cases are of the same nature as the epidemic. Sporadic yellow fever and cholera are ever present. Why, if poisons or germs or communicability have much place, does not the sporadic become epidemic? The epidemic can only recur after intervals. We must conclude that the body, during the intervals of freedom, is yet co-ordinated, and cannot take on the epidemic.

*Evolution.*—Ague has occurred on a chill many years after its last attack, and when the individual had been months at sea. Erysipelas has evolved many months after the individual had been at sea, so also has ague. Where were the germs or poisons? Sporadics are evolutions. Sporadics are present every year in the West Indies and Spain, but no epidemics follow. Severe diphtheria has appeared in isolated shepherds' huts in Australia. The arrest for years of yellow fever and cholera at certain geographical positions is, that the capacity for these diseases has not evolved.

*Cumulative capacity* for epidemic changes is growing during the intervals. The normal rates of health contain also the cumulative rate. The epidemic exhausts this capacity, restores the equilibrium. Hence epidemics, if long absent, have recurrences of great severity; *e.g.*, measles was most fatal after long absence to the Malays at the "Cape;" British fevers are most severe when, after long absence, they appear in the healthy people of farmhouses; yellow fever is most severe in the newly-arrived and finest men, &c. The capacity is most existent in earlier years. Age exhausts it, as do slighter forms of the same epidemic, as vaccination does that of small-pox: a gradation of exhaustion of capacity for epidemics can be traced.

*Some Physical Conditions of Epidemics.*—Certain geographical areas, season changes, heat, cold, swamps, magnetic iron hill districts, low level, change to the sea from the shore, impure water, various depressions, all point to the approximative generalisation, that *change* from the habituated physical relations are the occasions of the evolutions of epidemics.

Communicability by water, contact, clothes, &c., proved in many kinds of epidemics, do not explain the spread of the same epidemic. No known single physical or other influence explains the whole of the varied facts. What known physical fact can harmonise the constantly present sporadic, the gradual development, rapid culmination, and slow subsidence of epidemics?

Epidemics in the vine, in wheat, in animals, occur from want of full co-ordination of relation, the result of defective material composition. This hypothetical statement so far harmonises the phenomena of intervals, recurrences, sporadics, evolution, &c., and receives support from the instances and methods we know of prevention.

*Prevention, or Hygiene,* has two directions, yet not wholly separate: hygiene related to external things—water, heat, cold, air, gases, electricity, soil, &c., &c.; and hygiene seeking to supply the organic body with its just and essential elements. The latter is the greater field. Fruits save man from scurvy, dysentery, &c.; iodine saves from goitre and cretinism; quinine and arsenic, from a series of fevers; certain states of relation of the elements in mineral waters, from a whole series of diseases; mere *change* of place often supplies the co-ordination, so that yellow fever and cholera cease; vaccination and mild forms of disease having once occurred, co-ordinate the system's compositions and relations, so that epidemics cannot recur; both shifts of wind and rain have arrested yellow fever. What can hardly be effected in several generations by acclimatisation, can be reached in some instances at once by changing the composition and state of the body.

No present analysis can reach the difference in composition between the acclimatised and the unacclimatised; yet the change is preventive.

The anomalies in the phenomena of epidemics are apparent only. As in the study of geology, the variety of animal and vegetable forms, languages, &c., the *great periods* and *slow rates* of Nature, must be ever present in our minds in viewing epidemics.

Danger and knowledge from use of vague expressions, which hide but do not remove our ignorance, such, *e.g.* as the statement that "cholera spreads by poison diffused through the atmosphere."

Anology from other fields of science, our main hope for the discovery of the means of co-ordination against epidemic changes.

The spirit or method which has led us to see the unity of different languages, the correlation and oneness of the "affections" of matter and motion, the sufficiency of present rates of change to explain geological phenomena, must be extended to our view and study of epidemics.

*On Prevention of Cholera on board Calcutta Coolie Emigrant Ships.*—"There is good reason to believe that epidemic diseases of various kinds, including fevers and cholera, are most liable to occur on board Calcutta coolie emigrant ships during the earlier periods of the voyage. The systems of the people when subjected to the great change of physical conditions which are involved in a removal from their accustomed soil and habitat to the sea, undergo a 'shock.' Following, and along with, such shock appear varied epidemics or outbreaks of disease, *e.g.*, intermittent and remittent fevers, cholera, dysentery, diarrhœa, and even outbreaks of ulcers have occurred. The indication of management, therefore, would be to give the coolie's feeble system rest, warmth, and quiet, not, of course, neglecting adequate ventilation; in other words the surgeon-superintendent seeks to sustain the vital powers of his people to the utmost; and he avoids being carried away by an undue fear of "foul air," poison germs, or other such like hypothetical causes of disease. I was deeply impressed with these views on my voyages, and I think my experience justified them. No epidemic of cholera happened in either of my eight voyages. Had an outbreak of cholera happened it was my intention to give to every coolie on board not affected, a daily dose of quinine, or a daily dose of arsenic. My idea was to give quinine to those who came most from Bengal and other low ague districts, whilst I should have given arsenic in addition to quinine to those who had lived in other than low lands. I carried Fowler's solution of arsenic, which I intended to inject hypodermically (if not contra-indicated after trial), to all on board. It would, however, be practically easier to give it by the mouth, say in five-minim doses, twice a day, after the two chief meals. The quinine should be given in solution in dilute hydrochloric acid and water; five grains of quinine and fifteen minims of dilute hydrochloric acid in water, after a meal." Or the quinine, dissolved in the dilute acid, could be hypodermically injected.

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# Transactions of Societies.

## ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

Wednesday, April 21st., 1880.

W. A. N. Cattlin, F.R.C.S., President, in the Chair.

### CYSTIC DISEASE OF LOWER JAW.

Mr. **Christopher Heath** showed a patient (a woman), æt. 44, who had been under his care for cystic disease of the lower jaw in University College Hospital, in 1875, as bearing upon the case he was about to relate. Mr. Heath then narrated a

### THIRTY-FIVE YEARS' HISTORY OF A MAXILLARY TUMOUR.

The patient, æt. 67, when he first came under his notice in 1877, was a healthy country gentleman, who said that as long as he could remember there had been some enlargement of the right side of the lower jaw. In 1845 this enlargement increased considerably and very rapidly, and in 1847 Sir Wm. Fergusson removed a tumour of the right side, sawing through the ramus horizontally, and the body of the jaw close to the right canine tooth. The tumour was apparently of a fibroid character, having a large cyst developed in it. He continued in good health for fifteen years, and then noticed the formation of a cyst in the incisor region, which had frequently been tapped by Sir Wm. Fergusson. In July, 1877, Mr. Heath found cystic disease of the left side of the body of the jaw extending to the molar region, and operated by extracting all the teeth, and opening up the cysts freely, and clearing out some solid growth with the gouge. From this the patient made a good recovery with considerable consolidation of the bone; but in the November following one cyst was found to have developed anew in the incisor region, and this was treated in a similar manner. A year later a fresh development of cysts had taken place, and the operation was repeated with a good result, so that in February, 1879, the jaw was completely consolidated, and the patient was advised to have some artificial teeth fitted. In November, 1879, the patient reappeared with a large solid tumour involving the left side of the body of the jaw, which, noticed first in June, had grown rapidly of late, and now involved the skin for an area of a square inch. On December the 2nd Mr. Heath removed the tumour by sawing through the bone immediately in front of the left masseter, and also removed a piece of infiltrated skin from the left of the median line. The wound was brought together with hare-lip pins and sutures, and only one artery (facial) was ligatured. The patient made an uninterruptedly good recovery, and soon gave up the use of a feeder, and took food with a spoon, and was able to talk intelligibly after the first week, although deprived now of the entire body of the jaw. The lower end of the wound being left open, afforded a thorough drain for discharge, and the mouth was, moreover, easily kept clean. The parts rapidly contracted, and he was able to leave London the first week in January, 1880. The patient returned early in February, when the skin near the wound was found to be increasingly infiltrated, and a tumour of the size of an orange was found beneath the right deltoid. He had strained the right arm in getting into a hip-bath, but was quite clear that the humerus had not been struck. The tumour was painful, but the bone was sound, the head moving with the shaft. A week later the patient was found to have a tumour in the pelvis pressing upon the rectum, and springing from the interior of the right innominate bone. From this time he gradually lost strength, and died at the end of March. The second tumour was pronounced by Mr. Doran to be a round-celled sarcoma, and the same growth was found in the piece of skin which was removed. The earlier tumour, which had been preserved in King's College Museum, was too much altered by long immersion in spirit to allow of minute examination, but appeared to be a fibroid or a spindle-celled sarcoma. No post-mortem examination of the internal growths could be obtained. Mr. Heath remarked upon the great interest of the case, and its important bearing on the treatment of cystic disease of the lower jaw. Hitherto cystic disease of the lower jaw had been regarded as a local ailment, and the treatment by clearing out the cysts and crushing in their walls had given good results. In this case more than thirty years had elapsed between the formation of the two growths, and in the interval cystic disease has been largely developed. Mr. Heath then alluded to the female patient he had previously shown, who had been under his care for the last five years, and in whom he had twice operated by breaking down the cysts with good results, but in whom there was now considerable thickening of the jaw, but no distinct tumour. He concluded by contrasting cancerous with sarcomatous tumours, showing that the former invade the lymphatic, and the latter the venous system, and hence the secondary tumours in various parts of the body.

The **President** (Mr. **Cattlin**) said the case just described by Mr. Heath was, he thought, an example of specific disease. There were three distinct cysts and considerable deposit of solid matter, and its malignant character was shown and proved by metastasis to the pelvis. The patient shown appeared to him to be suffering from disease which was following a similar course. With the exception of dentigerous cysts the most common form of disease of the lower jaw was a single cyst which expanded the walls and produced absorption. Such growths were generally innocent.

Mr. **S. Cartwright** was inclined to think that cystic tumours more often had their origin in the teeth than was generally supposed, the peculiar connection of the teeth with the jaw favouring this hypothesis. In many cases the cysts were probably congenital and formed in connection with the primitive sac of the tooth.

Mr. **Hamilton Cartwright** said that the character of the tumour Mr. Heath had just described was evidently not of the odontomatous or dentigerous kind, although a cyst existed in the sarcous elements of the tumour. He believed that such growths were of dental origin, sub-acute, not acute, inflammation of the root being the first origin of the evil. As a result lymph is thrown out around the fang, or even beneath the external periosteum of the maxilla: this lymph, if not absorbed, becomes organised, and a tumour, sarcomatous, osseous, or of the two structures combined, is the result. The moral to be deduced was that dentists should have a good surgical knowledge, and know when it may be more dangerous to save a tooth than to remove it.

Mr. **Napier** brought forward the models of an irregularity in the position of the right upper central incisor in a child aged 6½ years, and asked the opinion of the Fellows respecting the advisability of torsion at so early an age.

Dr. **McOscar** showed the casts of a case of epulis, which was virtually cured after a few weeks' treatment by electrolysis, although continued occasionally for months. The case has remained as a cure.

The **President** proposed a special vote of thanks to Mr. Christopher Heath for the very interesting cases he had brought before the Association.

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In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were —in Calcutta 27, Bombay 42, Madras 40; Paris 29; Geneva 27; Brussels 27; Amsterdam 25, Rotterdam 24, The Hague 18; Copenhagen 33; Stockholm 28; Christiania 24; St. Petersburgh 59; Berlin 25, Hamburg 27, Dresden 30, Breslau 33; Munich 43; Vienna 34; Rome 41, Naples 38, Turin 35; Venice 28; Alexandria 37; New York 25 per 1,000 of the populations. Small-pox caused 46, and typhoid fever 32 deaths in Paris.

# Department of Lunacy.

## THE HEREFORD COUNTY AND CITY ASYLUM. (a)

No sufficient evidence seems to us to have been adduced to justify the somewhat self-complacent statement made by Dr. Chapman in his recently issued Report on the Hereford City and County Asylum, that the closeness of attention given there and at Abergavenny and a few other asylums to economic details by the medical superintendent is by no means the rule, and that something like a shilling a week is saved on the maintenance of each patient in these highly-favoured counties that are blessed with medical superintendents conversant with economic details. His own economic attentions, he would have us believe, have resulted in a saving to the county and city of Hereford of £800 per annum, which under less vigilant management might have leaked uselessly away. Any just comparison between the rates of maintenance charged in different asylums implies local knowledge that can be within the reach of few, and an elaborate analysis of the circumstances, administration, sanitary condition, and results of treatment in the establishments that are compared. We are not, therefore, prepared to weigh the Hereford Asylum in the financial balance against kindred institutions in other parts of the country; but this we may say, that its rate of maintenance does not seem to be much below the average of that in other purely agricultural counties. The kitchen being one of the great spending departments in an asylum, the fixed dietary affords some indication of the cost of maintenance, although only a distant one after all, for the diet-table on paper and the diet-table actually spread before the patients may be very different affairs; so we turned to the diet-table in the Hereford Asylum to ascertain, if possible, how its inmates were fed. No assistance, however, is here to be obtained, as the table tells us that each male patient receives three-quarters of a pint of beer at dinner daily, and each female half-a-pint, whereas Dr. Chapman states distinctly in the text of his Report that milk has been substituted for beer as a dinner beverage, and that the consumption of alcohol by his patients is now confined to what they get with their Christmas puddings, a tantalising reminiscence and mockery of that "that maketh glad the heart of man," ay! even of man sunk in melancholy madness, that might very well be dispensed with. But whatever the economical position of the Hereford Asylum may be, that ought not of itself to form a ground for congratulation. County asylums are pauper institutions, and ought, of course, to be economically conducted, but we are by no means satisfied that the lowest rate of maintenance is always the cheapest in the long run, or that a close personal attention to economic details is always necessary or desirable on the part of the medical head of a large hospital. That every detail, fiscal and domestic, should be under his control we have always maintained, but that he should with his own hands count up the petty cash or take stock, or with his own eyes supervise the paring of potatoes, we cannot allow. A large proportion of the routine work of minute superintendence ought to carried out by deputies acting under his authority and imbued with his notions and spirit in order that he may have time to devote to those scientific and strictly professional duties that best become him and constitute his claim to a large salary. Asylum medical officers would do well always to bear in mind that they are liberally remunerated and hold a good social position, because they are regarded as highly educated physicians skilled in the treatment of disease, and that if the idea should get abroad that they have relegated themselves to work such as is performed by a prison governor, a workhouse master, or a farm bailiff, a serious fall may be anticipated in their pay and status.

Dr. Chapman seems to be aware that objections may be raised to the excessive devotion of a medical superintendent to economic details, and so sets himself to reply to the taunt, that asylum medical officers have degenerated into stewards, architects, engineers, and gardeners, and this he does by showing that it is clearly their duty to be experts in sanitary science. We were not aware that this had ever been disputed; on the contrary, we imagined that a part of the taunt to which Dr. Chapman has referred, and with which we profess no sympathy, was that they had failed to distinguish themselves in hygiene and practical sanitation, as much as in other branches of scientific medicine, and gave up to extra-professional occupations the energies that ought to have been employed in the combat with disease. Surely it is superfluous for Dr. Chapman, at this late hour in the day, to argue out the universally accepted proposition that the prevention of disease is as noble and necessary a part of the physician's function as its curative treatment; and surely, in order to exalt the dignity of prophylactic medicine, it is not requisite to throw discredit upon pharmacology and therapeutics. In our experience, those who sneer most at the magical effects of "things placed in bottles," are just those who have attained to the least judgment and dexterity in the use of these things. "Things placed in bottles" may be potent for weal or woe, and the tendency of modern research is certainly not to lessen the faith reposed in drugs wisely and physiologically used.

Dr. Chapman repudiates the demand made on asylum medical officers for scientific investigation. "It is not to be expected," he says, "that a larger proportion of asylum superintendents will devote themselves to such research than men in other branches of medicine, or other professions." He forgets that asylum medical superintendents are in a very different position from the rank and file of the profession, that they have been singled out because of their supposed professional ability and scientific attainments, and placed at the head of large public hospitals, supported out of the public funds at an enormous expense, in which unsurpassed opportunities for observation and experiment lie ready to their hands. The public have a right to expect of them that they will improve their opportunities and utilise the mass of material collected around them for the public good. In all other public hospitals of every class, the medical staff recognise the obligations imposed on them by their position to advance medical science, and Dr. Chapman cannot point to a general hospital physician, with opportunities at all approaching those of the medical superintendent of the smallest asylum, who is not doing something in the way of research. Dr. Chapman's theory on this point does not, happily, affect his practice, for the earlier portion of his Report, with which we are not now dealing, shows that he is himself indulging in speculations and inquiries of an important kind, and that whatever his attention to economic details may be, it in no way interferes with his higher mission as a man of culture and science.

## THE CUMBERLAND AND WESTMORELAND LUNATIC ASYLUM.

The Annual Report of the Cumberland and Westmoreland Lunatic Asylum, for the year 1879, which has just reached us, is a business-like recapitulation of changes which have occurred in the population, structure, and management of the hospital. Dr. Campbell holds that modes of treatment and interesting phenomena observed at post-mortem examinations, find their proper place, not in a document presented to Quarter Sessions, but in the medical journals, and he objects even to the chronicling in Asylum Reports of the eccentricities of patients, or of the details of amusements and such trivialities. During the year 1879, 536 patients were under treatment in the hospitals; the admissions were 88 in number, and the re-admissions 24. The recoveries were at the rate of 51·7 per cent. calculated on the admissions, and the deaths at the rate of 7·1 per cent. calculated on the average number resident.

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(a) "The Eighth Annual Report of Committee of Visitors of the Hereford County and City Lunatic Asylum." Hereford, 1880.

## THE ROXBURGH, BERWICK, AND SELKIRK DISTRICT LUNATIC ASYLUM.

Dr. S. Grierson, the medical officer of the Roxburgh, Berwick, and Selkirk District Lunatic Asylum, may well feel gratified by the terms in which the Commissioners in Lunacy report on the establishment under his judicious care. "The Asylum," they say, "was in its usual excellent order. All parts of it were scrupulously clean, fresh, and well-ventilated, and the aspect of all the wards, both day-rooms and dormitories, was cheerful and comfortable. The beds and bed-coverings were in a satisfactory state. The patients were suitably and tidily clothed, and proper attention is given to personal cleanliness. The freedom from excitement and complaint during the visit was very noticeable, and many things were seen which indicated not only skill and painstaking in the management, but great kindliness and good sense."

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## Special.

### FRANCE.

A Bill to render vaccination compulsory is expected to be brought before the Chamber during this session. The necessity of such a law has been frequently expressed by several sanitary bodies, the consulting committee has already proclaimed "the necessity of imposing by a law on every citizen, under various fines, the obligation of causing his children to be vaccinated and re-vaccinated, and to submit to it himself periodically." The text of the Bill is as follows:—1. Vaccination is compulsory, it should be performed within the first six months of existence. 2. Re-vaccination is compulsory, it should be performed every ten years up to the fiftieth year. 3. The vaccination paper signed by a doctor and containing the number of pustules must be presented every ten years up to the fiftieth year, and will contain a report of the re-vaccinations practised successively at these different epochs. 4. Parents or others convicted of violating this law will be proceeded against and fined in sums varying from one franc to twenty-five, and in case of repetition from twenty-five to a hundred francs. 5. The presentation of the vaccination bulletin will be obligatory for entry into all the public schools, the army, and State offices.

The dispensary system on a very small scale is about to be introduced into the French departments. The Minister of the Interior has ordered medical chests containing the most necessary medicines in case of urgency, to be supplied to those districts that are not provided with chemists; the price of each chest is fixed at two hundred francs, and is divided into two compartments, one containing drugs to be used only by the doctor, the other, different objects, such as bandages, cotton wadding, &c., is placed at the disposition of the public.

Benzoate of soda is greatly vaunted in Germany as a specific against parasitic diseases, amongst which are ranked pneumonia and pulmonary tuberculosis. Rokitansky makes his patients inhale by means of a spray apparatus, a gramme of the drug for each kilogramme bodily weight. Schwitzler, also partisan of the anti-parasitic treatment of phthisis, gives preference to inhalations and subcutaneous injections of phenic acid. Klebs, of Prague, signals the efficaty of benzoate of soda in all febrile diseases having an infectious character. The fever does not yield as quickly as with quinine or salicylate of soda, but it disappears in a more certain and permanent manner. Letzerich recommends it in the treatment of diphtheria. Upon twenty-seven patients treated during an epidemic he affirms to have lost but one, and that a child. In these cases the benzoate of soda is employed internally, the dose being from five to twenty grammes, according to age, in about six ounces of vehicle, and externally in powder applied to the affected parts.

At the Academie de Médecine last week the Report of the Municipal Council in favour of artificial nursing was subjected to a lively criticism on the part of some of the members, especially M. Delpech, who insisted that the Academie should refuse to adopt the Report. Passing in review the different propositions contained in the Report, M. Delpech believed that mare's milk was so rare that it could be obtained with great difficulty. Donkey's milk was also difficult to procure, and very expensive; that of the goat offered less objections, but yet sufficient to prevent its employment. As for the milk of the bitch (one of the propositions of the Municipal Council), it was unworthy of their attention. M. Delpech feared that the Academie, in seeming to give its approbation to this artificial nursing, would render itself guilty of throwing some disfavour on maternal nursing. M. Guérin replying, did not intend to make himself the advocate of the Municipal Council, but he preferred the artificial mode of nursing to the hired nurse.

A Russian doctor, writing to the *St. Petersburgh Medical Gazette*, recommends the hypodermic injection of quinine in the treatment of certain fevers in which the alkaloid is indicated, on account of the certainty and rapidity of its action. Besides, quinine thus administered had, upon the uterine contractions in confinements, a powerful and prompt influence. M. Smoliskii employs from preference chlorohydrate of quinine which did not crystallise at a moderate temperature; he dissolves it in distilled water.

M Terrillon communicated to the Société de Chirurgie his experiences of bromide of ethyl. He had already employed it a dozen times, and in every case he saw produced a white spot after one or two minutes, indicating anæsthesia of the skin. The pain was *nil*. The white spot was not indispensable, but he always remarked it.

At the clinique of M. Gosselin, a remarkable and rare example of hypertrophy of the tongue presented itself for operation. The subject was a child four years old. The tongue was of an enormous volume, not only filling the mouth, but protruding and forcibly separating the lips to the distance of an inch and a quarter. It was large, thick, and of firm consistence. According to the parents, the child had always the organ large, and never was able to take the breast. After a careful examination, M. Gosselin diagnosed it as congenital hypertrophy. Fearing hæmorrhage, even with the écraseur, on account of the turgescent state of the tumour and the flow of blood on making a simple exploring puncture, M. Gosselin decided on operating by the ligature. Having first passed a cord around the anterior part of the tongue in order to draw it out and keep it in position, he passed a needle charged with elastic threads through the centre of the tumour, and as near the frænum as possible. Both halves were then strongly embraced by the elastic. M. Gosselin thinks it will be possible later on to use the thermo-cautery to terminate the operation.

A Lyons doctor has discovered a new mode of treatment in small-pox which he asserts is pre-eminently curative. As it is well known that death arrives in this disease at two distinct periods—in the first three days when the eruption with difficulty manifests itself, or when the multitude of pustules inflame and throw into the circulation the suppuration of the face, chest, and extremities successively, it is against this last danger that the doctor in question has adopted this treatment, which consists in painting towards the end of the seventh day, when the suppurating fever commences, the whole surface of the body, commencing at the feet, with a mixture of glycerine, three parts; tincture of iodine, one part. This painting process is renewed every four hours, until the twelfth day of the disease. Our *confrère* asserts that he treated thus seven cases of confluent small-pox successively.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 12, 1880.

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## THE LUMLEIAN LECTURES FOR 1880.

IN our present issue will be found the conclusion of Dr. William Roberts' Lumleian Lectures, delivered during March last before the Royal College of Physicians. The value of these lectures to the practitioner consists chiefly in their practical suggestiveness, but they possess as well a deep interest for the scientific physiologist, in that they embody the results of a long-continued series of accurate observations, conducted by men of acknowledged eminence as investigators, and whose labours have been productive of abundant usefulness. In this line of research Dr Roberts himself occupies no inconsiderable position; and the conclusions he has been enabled to draw, and put before the world of science, in these lectures, may be expected to influence the progress of medicine in a very material degree in the future. To us, who look for help to such works as are performed by the physio-chemist, the deductions drawn from experiment are an important aid in the determination of modes of treatment. The busy practitioner, much as he may desire to prosecute intricate inquiries into the physical processes that take place in living beings, is, by the multiplicity of his engagements, and the hurry of his existence, debarred from pursuing a study that would, could he devote himself to it, be fully as attractive as any that, in the pursuit of his profession, he follows out. And, moreover, the conditions of fitness and readiness that physical investigation demand, though possible to be observed, are yet so laboriously fulfilled, that but few men in a generation are enabled to comply with them. It is fortunate for the cause of progress, therefore, that there do arise, almost as the need for them occurs, students in all respects endowed with the special capacity for investigating the intricate phenomena characteristic of vital action. This present age is peculiarly rich in genius of this particular kind, and in the enduring labours of Dr. Roberts we possess ample evidence that this country is no whit behind its neighbours in the excellence and practicality of the pure research carried on in our midst.

The plan of the lectures delivered by Dr. Roberts is familiar to our readers, and it will suffice to indicate it in briefest outline. He describes digestion as a function performed by the external surface in its prolongation through the alimentary canal, and interstitially in the tissues of the organism, the latter as bearing directly on the less understood metamorphoses constantly proceeding during the continuance of life, is too little appreciated in reference to the therapeutic action of medicines. In the way of throwing a clearer light on the hidden truths of physiology, we may hope for much good to accrue, when through Dr. Roberts' demonstrations of Bernard's generalisations, a keener comprehension is excited in respect of the less well-recognised transformations that are effected interstitially. The nature of Dr. Roberts' investigations did not lead him to pursue this subject in any detail, and it is chiefly by inference that we receive information on it from him. As a physician, his attention was perforce devoted to observing the details of intestinal, or exterior digestion, but few will be found to complain that on it he is either meagre of information, or deficient in interest and instruction. Appealing directly to experiment, satisfying himself in no instance with anything short of absolute proof of his deductions, and pushing the limit of inquiry to the utmost extent, he has succeeded in bringing together a mass of original information that will be of signal service in treatment. It must be said, too, that he has availed himself, whenever possible, of the labours of workers prior to, and contemporaneous with himself; so that not only are the Lumleian Lectures for this year contributory of new material, but also are they an epitome of the discoveries made in previous years in the field they cover.

It was a favourite assumption with Claude Bernard that in animals, as in plants, stores of reserve food contained in the body undergo transformation to an assimilable form through the agency of ferments, in all respects the equivalents of the ferments active in the intestinal secretions and those of the glands contiguous. How far this truth affects, or should affect, the treatment of disease is a question that prominently presents itself. The almost universal interference with the digestive functions of the alimentary canal and its associated organs that takes place during illness reacts on the general nutrition; and we are justified in concluding that the reserve stores of the body come into use during the inactivity or impairment of these functions. How far the progress of any disease, then, is influenced through these changed conditions is the most important question that can be considered now; and little though we know of the chemistry of interstitial digestion, there yet seems ground for assuming that the light to be shed on it and its surroundings is no great distance off. To this end the energies of future observers should be directed.

After describing in detail the nature of the fermentiferous agents, the products resulting from their action on foods, and the respective shares taken by each during digestion, Dr. Roberts devotes his third lecture to the subject of artificially-digested foods. This division of his thesis will attract possibly the largest share of attention from professional readers. The author's extensive experience of the substances he describes, derived during his own practice, tends to weight his utterances with an authority that cannot be gainsaid. Nor will it be disputed that Dr. Roberts correctly estimates the duties of the physician when he says: "We should try to help our invalids by administering their food in an already digested or partially digested condition." The need of this is imperative; so long as the digestive organs are unequal to the task of preparing the food submitted to them, so long is the body dependent on the amount of store food contained within itself. This we know to be neither inexhaustible nor auto-duplicative; and the limit to which life can be prolonged under adverse conditions is wholly dependent on the potential force this reserve embodies. By as much, therefore, as it is possible to replenish the decreasing reserve, irrespective of the performance of the functions falling to the external digestive system, by so much may we confidently anticipate that the vitality of a diseased constitution will be maintained. This consideration it is that lends such importance to the question of artificially prepared foods; and in devoloping facilities for their production in an assimilable form Dr. Roberts has achieved a work that entitles him to the gratitude of practitioner and patient alike. In the production of these aliments, Dr. Roberts has been fortunate in securing the services of able assistants, who by following his directions and grasping the real desiderata, have succeeded in a gratifying measure in carrying out the suggestions made by the results of experiment. We have consequently now the means of providing food in variety and in quality to enable patients of the feeblest digestive powers to be fed without unduly taxing the weakened organs. Milk, of which the casein has been converted into peptone by pancreatic extract, peptonised milk, peptonised gruel, soups, blancmanges, jellies, beef-tea, these can all be now given with the assurance that they are presented in a readily assimilable form.

On the *nutritive value* of peptonised food, Dr. Roberts offers some striking observations. The prospect they open up of affording relief in distressing cases, cases that too often in the past have wearied the soul and excited the keen sympathy of the attendant powerless to lend adequate aid, is one that will bring consolation to many a hopeless invalid, and give strength to many a despairing practitioner.

The clinical experiences quoted by Dr. Roberts, and printed in the present number of the *Medical Press and Circular*, are convincing proofs of the inestimable value of the foods recommended by him. We commend their careful perusal to every physician, and we leave these lectures in the hands of our readers fully assured that Dr. Roberts has through them advanced the practice of medicine in a very material degree.

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## THE REGISTER OF MEDICAL STUDENTS.

The Annual List of the Students in Medicine, published by the General Medical Council, has just been issued, and presents certain new features deserving of notice. The Register has, under the improving hand of Mr. Miller, the Registrar of the Council, became much more explicit and reliable than it has ever been, and for the first time since the publication of such a list was undertaken by the Council, it approaches nearly to what it professes to be.

In the first place, the Register affords us valuable information respecting the general education of the students in medicine, and the preliminary examinations which, in the great majority of instances, guarantee their fitness for commencing the study of medicine.

The General Medical Council recognises no less than 73 separate examinations as adequate evidence of general education, of which 47 are held within the United Kingdom, and 26 abroad. But of these 73 examinations, 13 absorb almost the whole of the students on the Register. In the Register for 1879, there are altogether 2,009 entries, and we give below a comparative statement of the number of these students who passed their preliminary examination at each of the principal centres:—

| | | | |
|---|---|---|---|
| London Coll. of Surgeons, | 505 | Cambridge University - | 179 |
| Dublin Coll. of Surgeons, | 220 | Aberdeen University - | 75 |
| Queen's Colleges - | 181 | Dublin University - | 69 |
| London Apothecaries' Hall - - - | 171 | Edinboro' Combined Colls. | 55 |
| Edinburgh University, | 165 | Oxford University - | 32 |
| London University - | 129 | Durham University - | 25 |
| Glasgow University - | 115 | Dublin Apothecaries' Hall, | 12 |
| Glasgow Faculty - | 102 | College of Preceptors - | 10 |
| | | St. Andrew's University | 7 |

*Foreign Examinations.*

| | | | |
|---|---|---|---|
| Cape of Good Hope University - - - | 17 | Melbourne University - | 9 |
| Calcutta University - | 10 | Sydney University - - | 9 |
| | | Madras University - - | 6 |

It will be observed that, speaking generally, the task of ascertaining the educational capacity of the student to proceed to the study of medicine lies with the licensing corporations, and, for this reason, it is obviously the more necessary that the preliminary examinations should be closely supervised by the Medical Council, inasmuch as we have no such guarantee as University *presiige* affords for the adequacy of these examinations. Nevertheless, it is a fact that the Medical Council has exercised no such supervision, and knows absolutely nothing of these examinations except from hearsay.

The Register of Medical Students affords us also some unpleasing information as to the educational grade of our profession. Of the 2,009 students registered within the year, only 43 were registered in respect of a University degree in arts. More than one-half the number (1,065) were not students of any university, and of those who were nominally attached to a university, not one in ten are registered for any Arts education therein. We remember, of course, some of those who simply matriculated as students, and who registered their matriculation examination, may have taken subsequently a full course of Arts, and a degree which would not appear to their credit in this list, but, nevertheless, the lesson which this Register teaches us is very clear, *i.e.*, that the medical practitioners who have received any academic study are but a small minority, and that our profession is dependent almost wholly upon a loose system of preliminary examination for its protection against the ingress of uneducated persons.

The next information which the list affords us is one of some value as throwing doubts upon the reality of the four years' period of medical study which the student is supposed to undergo.

Our readers are aware that the recommendations of the General Medical Council and the regulations of most licensing bodies recognise four years as being the orthodox period of study, but they are also, no doubt, aware that the actual period of medical education seldom exceeds three years, and in Ireland is frequently less than this. In the register before us we observe that a considerable number (209) of English students are registered as studying under a "master," in other words, behind the counter of a general practitioner; and a further number (75) in an insignificant provincial hospital, not in the neighbourhood of any school. Doubts may be entertained as to the *bonâ fides* of some of these general practitioners' certificates, nor do we think that the year or years of apprenticeship thus spent, however valuable they may be for the experience of account-keeping and dispensing which they afford, are deserving of being classed as years of medical study at all. We do not suggest that this sort of student service should be discouraged, but we do urge that it should not enter into the calculation of the four years of study, if that be really the minimum which the Medical Council and the licensing bodies consider essential. In Ireland, the fourth year of medical study has long been a fiction, and it is notorious that those students who occupy in nominal study the regulation period do so because they have neither the brains nor the industry to pass at an earlier period. In Ireland, the student who enters his name before the 25th of November in any year, can obtain his full qualification at any time after the April two years succeeding, and the epoch has not long passed (if it has passed) since a student who *was supposed* to have entered his name before the 25th of November, might really enter it at certain schools at any time up to the following April, and, being allowed sometimes to present himself for final examination, "on current certificate" (*i.e.* before his last courses of lectures were terminated) might thus obtain his qualification in a period of very little over two years from his initial registration.

This system must certainly have existed with the knowledge of at least the Irish members of the General Council, and yet it was connived at and tolerated by that body, for we are aware that—up to a few months ago—the registration of Irish medical students was perfectly voluntary, and that the schools which cultivated "March hares" (as the late-entrant class of students were called) were not asked to, and did not, register their students, lest, by so doing, a date might be fixed from which to count the nominal four years of study. The existence of such a system is a cogent illustration of the utter incapacity and languor of the General Medical Council, for it might at any moment have prevented this monstrous abuse by simply ordering the Branch registrars not to register any diploma which did not date at least four years from the entry of the holder's name in the Students' Register. This it omitted to do, with the result that the four years of study in Ireland has come to be a pure fiction.

The following abstract of the numbers of students registered in 1879 from each school will not be without interest:—

*London.*

| | | | |
|---|---|---|---|
| St. Bartholomew's | 86 | St. George's | 30 |
| Guy's | 81 | King's College | 26 |
| University College | 71 | St. Mary's | 24 |
| St. Thomas's | 35 | Middlesex | 24 |
| London Hospital | 33 | Westminster | 19 |
| Charing Cross | 32 | London Women's School | 9 |

*English Provincial Schools.*

| | | | |
|---|---|---|---|
| Owens College | 67 | Durham | 14 |
| Cambridge | 45 | Bristol School | 11 |
| Liverpool | 36 | Birmingham Queen's Coll. | 10 |
| Leeds School | 31 | | |

To these we may add in a separate line by itself (for emphasis)—

*Oxford*—One.

*Scotland.*

| | | | |
|---|---|---|---|
| Edin. University | 216 | Edin. Ex. Acad. Teachers | 70 |
| Glasgow University | 120 | Anderson's College | 20 |
| Aberdeen | 73 | Glasgow Infirmary | 10 |

*Ireland.*

| | | | |
|---|---|---|---|
| College of Surgeons | 72 | Carmichael School | 50 |
| Ledwich School | 71 | Catholic University | 22 |
| School of Physic | 57 | Stevens's Hospital | 18 |

*Irish Provincial.*

| | | | |
|---|---|---|---|
| Belfast | 73 | Galway | 36 |
| Cork | 70 | County Infirmaries | 3 |

It is deserving of notice that in England 284 students, or 36 per cent. of the whole number, pass their first year of so-called medical study behind the counter of a general practitioner, or in a provincial hospital unconnected with a school, while in Scotland not a single student, and in Ireland only three, entered as the pupils of practitioners, and the numbers of students in local hospitals in Scotland and Ireland are respectively only 3 and 1.

Three conclusions may reasonably be drawn from the figures set forth in the Students' Register, and we trust that the Medical Council, if it interprets these figures as we do, will see the necessity for giving its earnest attention to these deductions. We deduce from these facts:—

1. That inasmuch as the general education and culture of the great majority of medical men depend upon the test to which they are submitted in the preliminary examinations of the licensing bodies, those examinations ought to be subjected to visitation and supervision as stringent, at least, as that to which the professional examinations have been submitted, and that if, by the proposed conjoint examination, a uniform minimum of professional knowledge be decreed—so ought a minimum of general knowledge be insisted upon, and secured by a central examination.

2. That the registration of the student before commencement of professional study should be strictly enforced in all divisions of the kingdom.

3. That if four years of medical study be considered

proper, that period should been forced and its evasion prevented, and, if not, the recommendations of the Council should be amended so that they shall express what they mean.

Finally, we avail ourselves of the occasion to point out how ridiculously uneven and uncoincident are the systems of medical education in the three divisions of the Kingdom, and how groundless is the idea that the British medical practitioner is a being *sui generis* and of approximately uniform quality. We have here proof that in England many students spend as booking clerks and pharmaceutists the time which in Scotland they would be supposed to spend in medicine and surgery, and in Ireland may spend in any way they please. Surely this cannot be right, and surely with such facts before us, no one can honestly say that conjoint examination and uniformity of qualification is not necessary or to be desired.

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# Notes on Current Topics.

## Guy's Hospital.

The necessity for closing certain of the Guy's Hospital wards, which we briefly noticed in our "Notes" of last week, has at length become an actual necessity, in consequence of the great agricultural depression, which shows little signs of abating. A large portion of the income of the hospital, as is well known, is derived from arable lands, and from the bad seasons and failure of the crops a number of farms have been thrown up by the old tenants and remain unlet. The falling off of income is therefore very considerable, thus necessitating a reduction of expenditure, for Guy's hitherto has been living up to its full income, having had no reason to expect a time of adversity. Surely, then, this is an ill-chosen time for the treasurer to encourage an extravagant and uncalled-for outlay in church decorations and fantastic alterations for the mere whim of the thing, or to please the sisterhood of nurses. There can be no question that the new system of nursing will be found quite expensive enough without indulging in High-Church luxuries, which leads to the belief that the new *régime* has a smack of religious propagandism about it of some sort, and is, at all events, "quite at variance with the old traditions and the valuable practical working of the hospital."

The new system of sisterhood nursing cannot be always justified in connection with our *un*endowed hospitals. —the Charing Cross, for example, where we observe the treasurer is compelled to let it go forth to the public that the tradesmen's bills are unpaid in consequence of a want of funds; nevertheless he considers it in no way an inconsistency to expend nearly a fourth of the annual income of the hospital upon the nursing department, which is entirely under the uncontrolled Sisterhood of St. John's. One word with reference to Miss Londsdale's contemptuous denunciation of the former nurses of Guy's, against whom she has brought a variety of charges of a serious kind, but which she knows she can in no way substantiate, and speaks of as "domestic charwomen" and "scrubber ward-maids." A few weeks ago we made the acquaintance of one of these despised women—no other than the daughter of a country physician—and found in her a remarkably intelligent, well-educated nurse—one who, on a previous occasion, had been selected from amongst the old nurses of Guy's to nurse the late Mrs. Nightingale, and whose niece testified to "her great tact and ability in a case requiring more than ordinary care and watchfulness." So much for Miss Londsdale's estimate of the former nurses of Guy's.

## The Representation of the Irish College of Surgeons in the General Medical Council.

It will be recollected that some months ago the question was raised both in the Council of the College, and afterwards at a special meeting of the College, whether the selection of the representative of the College in the General Medical Council was or was not legally exercised by the College Council, or whether, on the contrary, the choice of that officer was vested in the Fellows of the College at large. The subject had been brought under notice by Dr. Jacob, in view of the reconstruction of the General Medical Council proposed by the Medical Bills now before Parliament, and grounding his opinion upon the words of the Medical Act, and upon the terms of the College Charter, Dr. Jacob held that the privilege of electing the representative lies with the Fellows, and not with the College Council, in which opinion he was sustained by Lord O'Hagan's express decision. At the special meeting of the College at large, convened to discuss this subject, it was resolved that the Council be asked to take legal advice, and accordingly a case was submitted by them to Messrs. Holmes, Q.C., and John O'Hagan, Q.C. The opinion of these gentlemen has just been pronounced, and is decidedly adverse to Dr. Jacob's view, though counsel do not enter upon any reasons for giving this judgment, and for dissenting from the view held previously by Lord O'Hagan.

The decision of the legal advisers of the College will disappoint those who held strong views of the rights of the Fellows, and who desired to see a reform of the General Medical Council by an extension of its elective constituencies. As far as the Irish College of Surgeons is concerned the controversy is at an end until an opportunity arises for revising the College Charter in this and in other details. But inasmuch as the legal decision rests altogether upon the terms of the College Charter, it must be fully understood that it does not decide the elective rights of the Fellows of any other licensing bodies. As we maintain that the election of a representative in the General Medical Council is in equity, reason, and expediency the privilege of the constituent members of each licensing body, we hope to see the question set at rest by the insertion in the coming Medical Act of words which will place these rights beyond doubt. We shall certainly devote our influence to effect this object.

The profession universally will regret to hear that Professor Alfred Swayne Taylor, M.D., F.R.S., is dangerously ill with congestion of the lungs and anasarca combined. The learned gentleman is over seventy-four years of age, his family and old medical friends are, consequently, in a state of great anxiety.

### Two Great Cities.

We propose adducing a few comparative statistics of the two great cities of the world, London and Paris, from the official returns of the Registrar-General just to hand. The Report relates to the first quarter of the present year, and as we give a weekly abstract of the deaths in all the large cities of the world, the following figures will doubtless be read with interest. During the period before referred to, the births in Paris numbered 15,103, and thus yielded an annual rate of 30.5 per 1,000 inhabitants. In London, with a population nearly twice as great as that of Paris, the births were 34,493, thus giving an annual rate of 37.8 per 1,000 living. Further, in Paris the births were fewer by 2,171 than the deaths; in London, on the other hand, the births exceeded the deaths in the quarter by 9,609. The death-rate for Paris is taken at 34·9, whereas in London it is 27.3, a vast difference. In both cities it should be mentioned that this rate is abnormally high, particularly for London, on account of the extraordinary prevalence of fog during the winter. In Paris, small-pox, measles, scarlet fever, diphtheria, croup, typhoid and typhus fever, whooping-cough, and diarrhœa diseases gave rise to an annual rate of 6.6 per 1,000 inhabitants; in London the corresponding rate is 4.2. Small-pox caused 831 deaths in Paris; in London 122. In Paris measles caused 146 deaths; in London 340. Measles, scarlet fever, and whooping-cough are chiefly fatal amongst young children; and bearing in mind the great difference in the number of infants in the two capitals, these diseases will be expected to show higher totals in London. Scarlet fever caused 50 deaths in Paris, and 785 in London. In Paris diphtheria and croup were fatal in 535 cases; in London 319. Whooping-cough caused 119 deaths in Paris against 1,956 in London. In the case of fever London contrasts most favourably with Paris. Thus in that city typhus and typhoid fevers destroyed 764 lives in the quarter; in London only 154 fatal cases were placed on record. There were 828 deaths in Paris which were attributed to diarrhœal diseases, whereas in London the total only reached 155. On the whole London can thus claim a much more favourable health-bill than Paris, particularly in fever and diseases of the zymotic class generally; whilst on the score of reproduction, she leaves her a long way behind, thus giving a larger proportional mortality amongst children than the latter city.

### The Annual Election of Examiners in the Irish College of Surgeons

Took place on Tuesday week. Messrs. Kilgarriff, Gogarty, Abraham, and Franks were candidates for the Surgical Court, in addition to the outgoing Examiners, who sought re-election. As result of the election, the three Examining Courts were again chosen, and the following are their members for the ensuing twelve months:—Examiners for Fellowship and the Letters Testimonial: B. Wills Richardson, Edward A. Stoker, Edward S. O'Grady, Henry Gray Croly, William Thomson, R. L. Swan, W. Frazer, B. G. McDowel. Midwifery Court of Examiners: Henry Croly, William J. Smyly, J. J. Cranny. Examiners in General Education: Frank J. Davys, Michael J. Malone, Robert Morton. Mr. Cranny succeeded in the Midwifery Court, Dr. Rutherford Kirkpatrick, who resigned his Fellowship and his Examinership some months since.

### Benzoate of Soda as a Therapeutic Agent.

For some months foreign physicians, the Germans especially, have talked much of benzoate of soda, which would be indicated in parasitic diseases. Now our neighbours (*La France Médicale*) reckon amongst parasitic affections pneumonia, pulmonary tuberculosis, and purulent ophthalmia.

Kroczak, it appears, first called attention to the anti-parasitic effects of benzoate of soda. Rokitansky, Klebs, Buckholtz, and Letzerich have followed in the same direction.

Rokitansky made his patients inhale, in the form of spray, a gramme of the remedy for each kilogramme of the body-weight in a five per cent. solution. Every care was taken to make the inhalation penetrate as deeply as possible. The tongue is depressed and drawn forwards, and very deep inspirations made. When the desire to cough occurs the inhalation is considered to be well carried out, and it is continued until the expectoration is *nil*. In spite of all these precautions it is to be feared the remedy did not pass far.

Schnitzler, a partisan of the anti-parasitic treatment of phthisis, prefers the inhalation and subcutaneous injection of carbolic acid.

Klebs, of Prague, vaunts the efficiency of benzoate of soda in all febrile affections of an infectious character. The fever does not yield so quickly as under quinine or salicylate of soda, but it disappears with greater certainty and for a longer time. Benzoate of soda causes no unpleasant symptoms, even when used for a long time. It is tolerated in doses of 25 grammes a day, and the highest dose has been five per cent of the body-weight. The customary daily dose, however, is from ten to fifteen grammes. Klebs recommends benzoate of soda in all diseases of an infectious nature, as well as in tuberculosis.

Litzerich has employed it in diphtheria. In twenty-seven patients treated in one epidemic, he says he has lost only one child. In these cases the benzoate is employed internally in doses of five to twenty grammes, according to age, in 150 grammes of vehicle, and externally in powder applied to the diseased parts.

### Dr. Andrews, of Belfast.

In December last a committee was formed to obtain funds for the purpose of commemorating the retirement of this gentleman from the vice-presidency of the Queen's College, Belfast, and up to the present close on £1,400 has been promised or received. It has been determined to place a portrait of Dr. Andrews in the Institution with which he was for so many years identified, and, should the subscriptions permit it, to found a scholarship in the college in connection with chemical science. For these objects a sum of about £3,000 will be required, and the committee appeals to the scientific public to provide the deficit.

## University of Dublin.

THE following resolutions for the regulation of the medical and surgical examinations of the University have been recently promulgated by the Board of Council of Trinity College.

> *Resolved*—"That at the degree examination in medicine and surgery it shall be competent to the Court of Examiners, after deciding upon the candidates who shall be rejected in toto, to reject in any one subject any candidate seriously deficient in that subject, notwithstanding sufficient answering in the other subjects of examination."
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> "N.B.—A candidate, so rejected, shall be liable for examination at some future degree examination, in that subject only in which he was deficient. *February* 18*th*, 1880.
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> "That in future, at the degree examinations in medicine and surgery, no Professor shall have a right to vote, unless he be a member of the Court of Examiners in the subject of the degree." *February* 21*st*, 1880.
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> "That the lecturers in all extern recognised medical schools be required to furnish returns of the attendance of all Trinity College students, at the close of each session, on printed forms to be furnished by the medical registrar, and that such returns shall be bound and preserved in the medical registrar's office, with the corresponding returns of the professors and lecturers of the School of Physic in Ireland." *April* 10*th*, 1880.

## The Hospitals and Asylums of Paris.

ACCORDING to the latest computation made by the Prefecture of the Seine, the following is the condition and number of the various asylums (hospices) and hospitals of Paris (*La France Médicale*):—

*Hospitals.*—Hotel Dieu, 563 beds (346 medical, 181 surgical, 18 for wet-nurses, and 18 cots); La Pitié, 729 beds (515 medical, 173 surgical, 17 lying-in, 24 cots); La Charité, 504 beds (321 medical, 119 surgical, 18 lying-in, 14 for wet-nurses, 32 cots); Saint Antoine, 647 beds (453 medical, 149 surgical, 6 lying-in, 16 for wet-nurses, 23 cots); Necker, 418 beds (220 medical, 162 surgical, 18 for wet-nurses, 18 cots); Cochin, 249 beds (58 medical, 99 surgical, 48 lying-in, 44 cots); Beaujon, 422 beds (211 medical, 173 surgical, 16 lying-in, 22 cots); Lariboisière, 690 beds (394 medical, 224 surgical, 28 lying-in, 8 for wet-nurses, 36 cots); Tenon, 635 beds (404 medical, 183 surgical, 48 cots); Laennec, 520 beds (480 medical, 20 for wet-nurses, 20 cots); Saint Louis, 843 beds (609 medical, 176 surgical, 28 lying-in, 30 cots); Midi, 336 beds all medical; Lourcine, 243 beds (150 medical, 51 surgical, 18 lying-in, 24 cots); Enfants Malades, 654 beds (522 medical, 132 surgical); Sainte Eugenie, 427 beds (311 medical, 96 surgical); Berck-sur-Mer, 600 beds, specially for scrofulous patients; Cliniques, 104 beds (60 lying-in, 44 cots); Maison d'Accouchement, 232 beds (50 medical, 8 surgical, 88 lying-in, 10 for wet-nurses, 76 cots); Maison Municipale de Santé, 354 beds (245 medical, 106 surgical, 3 cots).

*Hospices.*—Bicêtre (men), 2,534 beds (1,628 for the aged, 166 are in the infirmary, 740 for lunatics); Salpêtrière (women), 5367 beds (3,778 for indigents, 248 in the infirmary, 1,341 for lunatics); Incurables at Ivry, 2,049 beds (107 in the infirmary); Enfants Assistés, 244 beds (57 medical, 32 surgical, 35 for wet-nurses, 120 cots); Devillas, 65 beds; Larochefoucauld, 246 beds (20 in the infirmary); La Reconnaissance at Garches, 800 beds; Saint Michel at S. Mandé, 12 beds; Maison de Retraite des Menages at Issy, 1,387 beds (70 in the infirmary); Institution Saint Perine at Auteuil, 296 beds; Maison Chardon-Lagache, 165 beds. The Hospice Lenoir-Jousserand will shortly be opened.

## The Resolution of the Irish College of Surgeons against Newspaper Puffing.

WE noted last week that the Council of the Irish College of Surgeons had adopted the following resolution:—

"That the practice of indirectly advertising through the medium of sensation articles inserted in the public papers, being contrary to the dignity of the profession, is repudiated and condemned by the Council of this College; and that a copy of this resolution be communicated by the Secretary of the Council to the editors of the Dublin daily papers, with a courteous request that they may be pleased to aid in putting a stop to such practice."

This resolution is the final declaration of the Council of the College of the same condemnation which it has previously pronounced in resolutions circulated amongst its own Fellows. It was found that the opinion of the Council, as heretofore expressed, was not sufficiently regarded, and the frequent and very unnecessary mention of the names of certain surgeons in the daily papers came to be a matter of comment. It was found impossible for the College to exercise its proper censorship in this matter, because it was not apparent how far the surgeons themselves were responsible for this form of advertising, or how far the publication of their names was a mere matter of reporting. Therefore the Council thought it right to appeal to the editors of newspapers to discourage a practice which, whoever might be blameable for it, was contrary to medical propriety, and we think the Council acted very properly in making it fully understood that it neither connives at nor approves of such a method of publicity. The *Irish Times*, in a petulant, illogical, and lamely-expressed article expresses its umbrage at the resolution of the Council, which it represents as a dictation to the newspapers. To anyone who reads the resolution and the letter of the Council's Secretary without prejudice it will be plain that no dictation was attempted, but that co-operation was politely asked, and we are disappointed to find that the editor of an influential paper should not have felt as strongly as the Council did that the uncalled-for advertising of practitioners in paragraphs which have no public interest is to be deprecated, and would have been glad to help the College in putting a stop to the proceeding.

## Sir William Gull, Bart., M.D.

SIR WILLIAM W. GULL, Bart, M.D., D.C.L., will receive the degree of LL.D. at the Annual Commencement at Cambridge this year. This, as is well known, when conferred, as in this instance, *pro honoris causâ*, is the highest distinction in the power of the University to bestow. That Sir William Gull, whose high worth has already been recognised by the bestowal of the equivalent degree, D.C.L., by the dark-blue University, is eminently fitted to receive such an acknowledgment from Cambridge, will be taken as a grateful compliment also to the profession. Sir William has also been solicited to permit himself to be put in nomination as the representative of the London University in place of Mr. Robert Lowe, who is about to be elevated to the Upper House. It will be satisfactory to have the profession in stronger force than is at present the case in the House of Commons. The medical graduates of London are a considerable body; they should be able to carry their candidate by the weight of their influence.

### The Registrar-General's Quarterly Return.

THE quarterly return of the births, marriages, and deaths registered in England during the three months ending March 31st, has just been issued. The number of births is 288,119; of deaths, 197,096; and the recorded natural increase of population thus 91,023. It is noted that the birth-rate in the first quarter of 1880 was lower than in any corresponding quarter since 1850. This is ascribed to a long-continued depression in the marriage rate, which in the last quarter of 1879 had sunk to a lower point than has prevailed since the establishment of Civil Registration in 1837. Though the metropolitan death-rate in the early months of this year has been so high, yet the general death-rate has been low, viz., 22·9 per 1,000; the mean rate for 1870-79 was 24·2. Zymotic fatalities have been comparatively few, the death-rate from these diseases having been 2·72 per 1,000, the average of ten preceding years being as high as 3·05. The most fatal of the diseases classed as "zymotic" is whooping-cough. From this 4,872 suffered death. Measles, too, have been more fatal than in any corresponding period since 1874, the total number of deaths through them being 3,541. There is a decline in the number of deaths referred to "fever," but as many as 197 cases of small-pox are recorded as ending fatally; of these 126 took place in London and suburbs, 51 in Bath, and but 20 in the rest of England and Wales. A significant statement is that to the effect that 6,477, or 4·5 per cent. of the total number of deaths, were *uncertified*. This is a very large proportion and calls for some early remedy of the existing system by which death certificates are called for. In addition to these 6,477, 6,934 deaths, or 4·7 of the total number, were certified by coroners in inquest cases, thus leaving 132,293, or 90·8 per cent. as certified by registered medical practitioners.

### Typhoid Fever.

THE manner in which typhoid germs are communicated from place to place, has been strikingly shown by the exertions of Dr. Davies, medical officer of health for Bristol. An outbreak of the fever having occurred in that city, Dr. Davies investigated the matter most minutely. "He had noticed," remarks the *Standard*, that "eight reported cases of typhoid fever were limited to five houses. Upon further inquiry he ascertained that each of these five residences was supplied with milk by a single retail salesman. The salesman in question drew his supply from two farms; but, on investigation, it was found that one of the farms was beyond suspicion, whilst it was from the other that the houses in which typhoid had shown itself had taken their daily supply of milk. Being thus put upon the right track, Dr. Davies visited the suspected farm, but after long and patient search found no definite source of pollution. It appeared, however, that the farmer drew his entire water supply from a brook running alongside his land, and the medical officer for Bristol, with commendable perseverance, resolved to trace this rivulet to its head. After following its course for a couple of miles he came, we are told, upon an accumulation of filth sufficient to poison an entire city. A mass of sewage was emptied into the brook; a stagnant cesspool overflowed into it whenever the rain had created sufficient soakage to raise the level of its offensive contents; and Dr. Davies also found in the immediate neighbourhood a sort of plague pit filled with the putrid carcases of calves and pigs." It is quite possible that were such pertinacious scrutiny exhibited in the attempt to trace all epidemics of this disease, equally satisfactorily results might be gained. We commend the example set by Dr. Davies to sanitary officers in all parts of the Kingdom.

### Irish Prison Dietaries.

AN inquest was held last week in the Omagh Prison on the body of a prisoner. The deceased had been transferred from Armagh Prison in January last. He took ill with diarrhœa some time ago, and although he received every medical care, he died. Dr. Thompson, medical officer of the prison, detailed the course of treatment he adopted. He said he could not speak well of the prison dietary, and read observations written in his visiting book before this death occurred, condemning the existing system of prison diet. The jury returned a verdict that deceased died from diarrhœa while undergoing a term of imprisonment in Her Majesty's Prison, Omagh, and that it was their opinion that the existing prison dietary was conducive to that and other diseases.

### Health of Ireland.

THE average annual death-rate registered in the week ending May 1st, in the sixteen principal town districts of Ireland was 32·1, the respective rates being as follow:—Clonmel, 13·5; Wexford, 13·8; Limerick, 18·8; Londonderry, 20·2; Sligo, 24·1; Newry, 25·1; Waterford, 25·5; Kilkenny, 27·0; Queenstown, 28·9; Galway, 29·0; Lurgan, 30·3; Belfast, 32·3; Cork, 32·8; Drogheda, 36·5; Dublin, 37·3; and Dundalk, 51·2. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 4·8 per 1,000, the rates varying from 0·0 in Newry, Galway, and Kilkenny, to 20·9 in Drogheda, where the 14 deaths from all causes registered comprise 5 from measles, 2 from scarlatina, and 1 from diarrhœa. A death from small-pox and 6 more deaths from whooping-cough were registered in Belfast. Three deaths from scarlatina were registered in Cork, being 2 under the number for the preceding week. The mortality in 20 large English towns, including London (in which the rate was 19·8), was 21·0 per 1,000; Glasgow, 22·3; Edinburgh, 21·9. In the Dublin district the deaths represent an annual rate of mortality of 38·2. Forty-four deaths from zymotic diseases were registered, being 12 less than in the preceding week, but 7 over the average for the seventeenth week of the last ten years: they comprise 4 from small-pox, 2 from measles, 10 from scarlatina, 3 from diphtheria, 1 each from quinsy and croup, 10 from whooping-cough, 5 from fever (2 typhus and 3 typhoid or enteric fever), 1 from erysipelas, 4 from diarrhœa, &c.

The registered deaths (4) from small-pox are 4 less than in the preceding week, but the new cases of the disease admitted into the Dublin hospitals amount to 52, being 30 over the admissions for that week. Fifteen patients were discharged during the week, 4 died, and 91 remained under treatment on Saturday last, being 33 over the number in hospital on Saturday, 24th ult. The deaths (10) from scarlatina are equal to the average number for the earlier weeks of the year; the deaths (2) from measles are 8 less than in the week ending 24th April, and compare very favourably with the average weekly number for some months past, but the fatal cases (10) of whooping-cough are above the average, and are double the number for the preceding week: 5 of the deaths from this disease occurred in No. 3, North City (Blackhall Street) district. Eleven new cases of scarlatina, 8 of typhus, 9 of typhoid fever, and 10 of pneumonia were admitted into the principal hospitals during the week; the respective numbers for the preceding week were, scarlatina 13, typhus 9, typhoid fever 3, and pneumonia 5.

## Not Ashamed of the Profession.

We opine there are few instances on record of members of the medical profession being allied matrimonially with Poyalty. An instance of this, however, occurred in Germany a few days ago, when Princess Pauline, daughter of the King of Wurtemberg, married, at Carlsruhe, Dr. Wilm, a young medical practitioner of Breslau. It appears that the happy man had been attending professionally, in the absence of his superior, the mother of the Princess, who became enamoured of him, and intimated to her parents her determination to marry him. Consent was only obtained on her renouncing all the privileges, rights, and honours due to members of royal families. During the performance of the marriage ceremony, to which many princes and princesses lent their presence, the officiating minister took upon himself the liberty of lecturing the bridegroom upon the honours and privileges his bride had renounced in order to marry one of so lowly a station, a fact he seemed most anxious to impress upon him. Whereupon the princess, with becoming dignity, effectually obliterated the officious parson by boldly declaring before the assembled guests that far from being ashamed of the alliance, it was the proudest moment of her life to make so noble a man her husband, and that her present and future happiness was much more precious to her than the supposed privileges she had lost.

The working classes of Birmingham made their eighth annual collection towards the Hospital Saturday Fund on Saturday last. Their contributions amounted to £2,714, which is £233 in advance of the sum raised in 1879.

By permission of the Lords of the Committee of Council on Education, the Annual Conversazione of the Pharmaceutical Society of London will be held at the South Kensington Museum on the evening of Wednesday, May 19th, at 8 o'clock.

The Contagious Diseases Act was revived in Bombay on March 1st, after a long interval, but the revival has been so sudden, and the authorities are so unprepared that for some weeks to come the Act can only be nominally enforced.

The bazaar held last week in aid of the Queen's Hospital, Birmingham, was a great success, the total receipts amounting to the large sum of £4,504 14s. 4d. We believe that, after deducting the working expenses, between £3,000 and £4,000 will be cleared, and the Queen's Hospital freed from debt.

The Council of the Society of Arts have fixed Monday, 24th inst. as the date of first meeting of the conference to consider the question of supplying London with pure water. A committee has also been appointed to prepare a programme of the business and the meetings, which will be ready in a few days, and can then be procured on application to the Secretary of the Society.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Brighton 14, Wolverhampton 14, Portsmouth 16, Sunderland 17, Hull 18, Bristol 18, Sheffield 19, London 20, Birmingham 20, Leeds 20, Newcastle-upon-Tyne 21, Bradford 21, Salford 21, Edinburgh 22, Glasgow 22, Norwich 22, Leicester 22, Oldham 26, Manchester 26, Nottingham 28, Liverpool 28, Plymouth 36, Dublin 38.

At a duly convened meeting of the Governors of the National Orthopædic Hospital, Great Portland Street, London, held on the 28th ult., it was resolved:—"That the name and title be altered to the 'National Hospital for the Deformed,' for the Treatment of Distortions of the Spine, and all Malformations of the Human Frame; it being considered that this title and description more palpably defines the objects and practice of this charity."

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 0·7 and 1·1 in Wolverhampton and Leeds, to 3·9 in Nottingham and Salford, 6·3 in Dublin, and 16·0 in Plymouth. Measles fatality showed a further increase in Plymouth, and caused 20 deaths, against numbers steadily increasing; no less than 251 deaths from this disease have been recorded within the borough since the middle of November last. Scarlet fever showed increased fatality in Nottingham and Newcastle-upon-Tyne. Five more deaths were referred to fever (principally enteric) in Sheffield. Small-pox caused 18 more deaths in London, 4 in Dublin, but not one in any of the other large towns.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages for the week ending with Saturday, May 1st, the death-rate in the eight principal towns of Scotland was at the rate of 23·4 per 1,000 of estimated population. This rate is 0·6 above that for the corresponding week of last year, and 1·7 below that for the previous week for the present year. The lowest mortality was recorded in Aberdeen—viz., 17·1 per 1,000; and the highest in Perth—viz., 50·7 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·0 per 1,000, being 0·4 below the rate for the last week. Measles and whooping-cough were the most prevalent epidemics, the former chiefly in Edinburgh and Dundee, and the latter in Glasgow and Edinburgh. Diarrhœa was unusually prevalent in Perth. Acute diseases of the chest caused 118 deaths, being 21 less than the number recorded for the previous week.

Edinburgh University—Opening of the Summer Session.—The summer session of the University of Edinburgh was opened on Monday, the 3rd inst., with a full attendance in the different classes. In the class of Natural History, Prof. Alleyne Nicholson, St. Andrew's, again took up the teaching in room of Prof. Sir Wyville Thomson. Before entering upon the course, Prof. Nicholson explained that the reason of his taking up the class was that Prof. Sir Wyville Thomson did not, unfortunately, feel his health so far restored that it would be wise of him to undertake the work of the class this year. The class of Botany has this year again, for the greater convenience of teaching, been split up into two sections.

Anderson's College, Glasgow.—The introductory lecture to the course on Aural Surgery, recently instituted by the trustees of Anderson's College, was delivered on the 6th inst. Mr. J. K. L. Jamieson, President of the College, presided, and introduced Dr. Thomas Barr, the lecturer, who had been appointed by the trustees. Dr. Barr gave a most interesting address, in which he detailed the progress which had been made in aural surgery in recent years, and referred approvingly to the great attention which had been paid to the subject in Glasgow as compared with other British schools. In concluding, he said it was now becoming apparent to medical men that diseases of the ear were of frequent occurrence and serious as to their consequences, involving not only the comfort of the patient and his intellectual development, but even the duration of his life.

Selling Methylated Spirits without a Licence.—At a Justice of Peace Court held on the 6th inst., Alexander Muir Smith, physician, 393 Govan Road, was charged at the instance of the Supervisor of Inland Revenue, with having on the 13th of March last, within the shop occupied by him there, sold two gills of methylated spirits without being licensed in terms of the statute. Defender stated that he was not present when the alleged offence was committed, and that he had instructed his young man not to sell methylated spirits to any person. The charge was found proven, and a fine of £12 10s. imposed, which the Justices recommended the Board of Inland Revenue to reduce to £5.

An Experimental Investigation into the Trap and Water-closet System.—Dr. Neil Carmichael, of Glasgow, has published in pamphlet form his paper on the above subject, read before the Philosophical Society on February 18th, 1880. The paper is very exhaustive, and displays much painstaking observation. The conclusions arrived at seem accurate, and the pamphlet must prove interesting to all whose studies lie in the direction of sanitary matters. Dr. Carmichael has just announced himself as a candidate for the vacant chair of Medicine in Anderson's College. His candidature is perfectly justifiable, and his claims to the position are of a high order.

Health of Edinburgh.—For the week ending 1st May, the mortality in Edinburgh fell from 102 to 92, giving a death-rate of 22 per 1,000. No death from fever was recorded. There were 10 from measles, 9 from whooping-cough, and one from scarlatina.

Missing Link in Scottish Charities.—The first of a series of meetings of ladies to be held in different parts of the city in connection with the Broomhill Home for Incurables, took place on the 7th inst., in the Pillar Room of the Queen's Rooms, Glasgow. There was a large attendance. Miss Clugston read a paper descriptive of a recent visit to the homes and hospitals of England, in the course of which she advocated the extension of the Broomhill Home for Incurables, and the erection of cottage homes for cases of consumption, cancer, epilepsy, and other complaints not at present admissible to Bromhill Home. We recently had the pleasure of visiting this Home in conjunction with the President of the Faculty of Physicians and Surgeons, and the two intelligent medical attendants of the Home, and we have much pleasure in testifying to the excellent order of everything, and the scrupulous cleanliness of the house. It certainly deserves the support of the public, and is honourable to every person connected with it.

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## THE ASSESSMENT OF POOR-LAW MEDICAL PENSIONS IN IRELAND.

The remarkable decision delivered by the Irish Local Government Board in the matter of the superannuation allowances granted to Dr. Whistler, of Bray, and Dr. McGusty, of Slane, has received the earnest attention of the Council of the Irish Medical Association. The Board, it may be recollected, decided recently that, in the assessment of pension, the public health salary, and the fees received for certifying dangerous lunatics, could not under the Superannuation Acts, be counted as emoluments of the Dispensary Medical Officer. This was a new departure, for the Board had already sanctioned many pensions calculated on the assessment of these emoluments. Nevertheless, they now refused their sanction to the grants made by the respective boards of guardians, and reduced the pension by the proportionate amount of these emoluments.

The Council of the Irish Medical Association, after careful examination of the law bearing on the matter, came to the conclusion that there was no legal ground whatever for this decision of the Local Government Board, and that the medical officer was undoubtedly as fully entitled to a pension of two-thirds of these emoluments as of his dispensary salary. However, to place the question beyond reasonable doubt, the Council of the Association, seeing that this was a question of vital importance to every Poor-law medical officer in Ireland, decided to take the opinion of its legal adviser, and a case was accordingly submitted to Mr. Purcell, Q.C., who, after lengthened deliberation, delivered his judgment, which we give below :—

### *Questions for Counsel.*

1. Counsel will please advise whether the Guardians of a Poor-law Union have not free power to take into consideration in assessing the superannuation allowance of a Medical Union Officer all the income (both salary, additional salary, and fees) to which he is entitled as *Medical Union Officer* at the time of his resignation ?

2. Counsel will also please advise whether the remuneration (which is not a separate salary, but an addition to his salary as Medical Union Officer) under the 11th section of the Public Health Act, 1878, and for the fees for examining and certifying in the cases of dangerous lunatics are not part of his emoluments as a Union officer, and as such can be taken into account by the Board of Guardians in assessing his pension ?

### *Counsel's Replies.*

1. I am clearly of opinion that in assessing the superannua-

tion of a Medical Union Officer the Guardians have full power to take into consideration all the income to which at the time of his resignation such officer was entitled by virtue of his office.

2.—I am therefore of opinion that the additional salary to which the Medical Officer of a Dispensary District is entitled (under 14 and 15 Vic., cap. 52, Sec. 11) for discharging the duties of Medical Officer of Health, imposed on him by virtue of his office as Dispensary Medical Officer, and also the fees payable to him for certifying in the cases of dangerous lunatics, constitute "endowments of his office," which may be taken into calculation by the Guardians in assessing the amount of superannuation awarded to him. This construction of the term "emoluments" is in accordance with the decision of the Queen's Bench, and subsequently of the Court of Appeal, in the case of the Queen *v.* Postmaster-General (*L. R. Q B. Div.* 658, *and on appeal, L. R. 3d, Q B. Div.* 429), where it is declared to mean, "what the office was worth," "the value of the appointment," and also "the profit or advantage which the prosecutor has derived from the office."

(Signed), T. A. Purcell.

71 Harcourt Street, 3rd May, 1880.

This decision of Mr. Purcell, Q.C., based upon the law laid down in a similar case, must be very satisfactory to the Association and to Poor-law medical officers, and no doubt it will be carefully considered by the Local Government Board. We hope that the Board will be induced by it to reconsider their previous decision, and to restore to Drs. Whistler and McGusty the portion of the pension which was curtailed. It seems to us that, with the definite assurance of their legal adviser, that the ruling of the Board is illegal, the Irish Medical Association cannot permit that ruling to operate against the interest of the profession, and, if the Board continues to act upon its first opinion, must appeal for redress to a competent tribunal before they can be satisfied that their duty has been fully discharged.

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## THE ANNUAL MEETING AT THE IRISH COLLEGE OF SURGEONS.

On the last Monday in the month the General Meeting of the Irish College of Surgeons will be held to receive the Yearly Report of the Council, and on the first Monday in June the election of officers and Council will take place. It is likely that the meeting of the College will be an animated one. Dr. Brunker has given notice of his intention to move a resolution in favour of voting for the Council by proxy papers, and on the same occasion we presume that the Council will report to the Fellows the legal decision upon the question of the election of the representatives of the College in the General Medical Council.

For the Vice-Presidency of the College we believe that Dr. Chaplin, Surgeon to the Kildare County Infirmary, will be the unopposed candidates, Dr. McClintock, the present Vice-President, succeeding Dr. Mapother in the presidential chair. We understand that Dr. Barton, of the Adelaide Hospital and the Carmichael School, intends to offer himself for the Vice-Chair in the following year. For the Council there will no doubt be many candidates outside the existing Council. Dr. H. M. Jones, of Cork, has already announced his candidature, and rests his claim especially upon the expediency of associating the Queen's College, Cork, with the College of Surgeons. Mr. Nixon, of Mercer's Hospital and the Ledwich School, will also seek a seat in the Council, and we believe Mr. Baker will offer himself as a representative of Dental Surgery.

We desire to explain that Dr. H. M. Jones, whose can- didature for a seat on the Midwifery Court of Examiners of the Irish College of Surgeons we announced last week, was found to be ineligible, in consequence of the clause of the charter which forbids professors and teachers to hold an examinership. Dr. Jones is Professor of Midwifery in the Queen's College, Cork.

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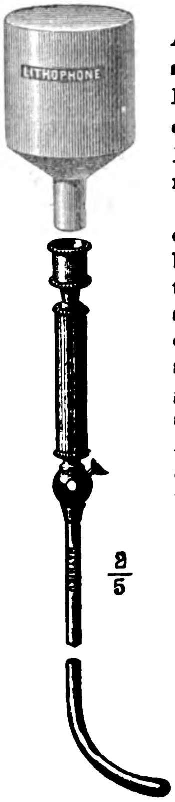
# Novelties.

## A NEW LITHOPHONE.



At the last meeting of the Pari Academie de Médecine the perpetu secretary, in the name of Dr. Jonatha Langlebert, presented a new lithophon constructed under his instructions b Messrs. Mathieu Sons, surgical instru ment makers, Paris.

The instrument is composed of a sma cylindro-conical drum of smooth past board, which is intended to be fixe tightly on the extremity of an exploring sound with a fluted stem. The resona effect of this apparatus is such that th slightest touch, (even an imperceptib grazing of the point of the sound on stone contained in the bladder, is im mediately heard in the drum, where th sound amplifies itself and seems to reproduced. In this latter respect the ill sion is complete, the bladder appeari to be brought, so to speak, to the ear the surgeon.

It is unnecessary to point out how valuable the lithophone may be in examination for vesical calculus and for the detection of fragments after an operation of lithotrity. The accompanying woodcut, which is about two-fifths the size the instrument, will give our readers fair idea of its construction and use.

## WARNER'S PIL. CALC. SULPH.

The indisputable influence exerted by calcium sulphide all active suppuration has created a desire to employ th powerful remedy in the greater number of cases of suppu ing diseases which come under notice. Messrs. Newbery, Newgate Street, supply the drug in pills, manufactured by Warner & Co., of Philadelphia, and in this form they are elegant and readily-administered medicine. The one-grai pills are the largest dose made, and in ordinary cases woul be more than is required; others, however, containing ½, and ⅛ can be had. The ¼-grain pills do not seem to to be excessive doses in all generally observed cases, such suppurating boils, carbuncles, &c., &c.

## MALTED NURSERY BISCUITS.

Anything which concerns the nursery must invite t attention of medical men, and as the use of malt extracts various forms and combinations has obtained much populari of late, we are delighted to find so valuable an agent intr duced by Messrs. Hill & Son, bakers to Her Majesty, into food for infants. Their malted nursery biscuits have been p to practical test by us in the case of a very weakly child wi surprisingly beneficial results. We would not be misunder stood: this is not a food for babies, and should not be given a child until it is fairly on the road with teething; then will be found excellent, in fact, the best form we know of fo administering an easily digested farinaceous food.

## SCHLOSSBRUNNEN GEROLSTEIN.

ONE would have imagined the British public were well ough supplied with the present unconscionably long list of ported waters to need another. Yet the cry is "still they me;" and we have before us a case containing another rman water, bearing the above heading. It has a strong aline combination, and is especially rich in soda, magnesia, se, and chloride of sodium, which indicate the class of ments for which it is most suitable. It is, however, princilly as a table water that its importers (Messrs. Sergel and o., 17 Philpot Lane, London) claim for it special advantages, d in these we think they are justified. Albeit soft and llow, it has not the soapy flavour when mixed with wines spirits which many German waters have. Alone, it is lliant and almost tasteless, with a considerable quantity of carbonic acid gas, which will always command for it onage.

## CHATEAU D'EVEQUE.

HIS is a novel class of wine recently introduced to this ntry and to our notice by Mr. Heron, of Bayswater and bridge, the sole importer. It has a delicate bouquet, with lean flavour, between a high-class Hock and a Sauterne, will be appreciated by invalids and others who prefer a t generous wine at meals to the highly brandied sherries much in vogue. It is, moreover, a decidedly cheap wine, will doubtless command a ready sale in this country when ter known.

## BURROUGHS' BEEF AND IRON WINE.

HIS preparation is an admirable combination of beef and , and is palatable enough to be borne and even liked by most fastidious taste. We have given it to patients who been quite unable to use the regular preparations of ics and nutrient material, and in no instance have we nd any objection raised against its employment as a medie. Its value as a tonic is very great, and we can easily cipate for it a rapid sale. Each fluid ounce contains the ritive value of two ounces of beef, with four grains of ate of iron, in wine of the sherry class, its exact nature ng obscured in combination.

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# Correspondence.

## THE CARMICHAEL PRIZE ESSAYS.

O THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to correct one or two errors into which the viewer of my Carmichael Essay has fallen in your issue of pril the 28th. Referring to the existing constitution of the ollege of Surgeons of England, the reviewer says:—"He . Mr. Rivington) proposes an annual election of all Counllors, instead of the present arrangement by which three ly out of twenty-four retire annually." No one would be re strongly opposed to any proposition of the kind than self, and my Essay does not contain any suggestion which rs even a remote resemblance to the annual election of all uncillors. Referring, again, to my views on the question female practitioners, the reviewer informs your readers that think, "that now that they are admissible, the whole vement will die a natural death;" whereas the scope of y remarks does not go further than insisting that the movent in favour of female practitioners has been, is, and will ever, a movement of a limited character, thus adding other link to the long chain of agreement in opinion which ppily subsists between your reviewer and myself.

Candour compels me to diminish the slender stock of originality contained in my Essay by pointing out that I cannot im to be the fountain-head even of the "one very praccal and original suggestion" that the controlling authority ght to define the exact amount of such subjects as chemistry, ysics, anatomy, &c., that the student will be expected to ow. The Essay quotes on this subject a passage from the ell-known Report of the Medical Teachers' Association in 1868, penned by the great master, Mr. John Simon. Indirectly, I might, perhaps, put in a plea for the authorship, inasmuch as my "Remarks on the Necessity for Revision of the Medical Curriculum," made before the Association, had the desired effect of stimulating the Council of the Association to review the whole field of medical education and examination. At and about that period I was fairly fertile in suggestions on medico-political and educational questions, embodied in papers and speeches at the Medical Teachers' Association, which I served as Secretary, in letters and articles in periodicals, and notably in the pages of the *Medical Press and Circular*. Many of these suggestions it has been necessary to reiterate in my Essay, and until they have been adopted at head-quarters, I know not that any useful purpose would be served by producing a fresh crop. Nevertheless, "the proposal to enfranchise the licentiates of the Colleges" which your reviewer says that I have "adopted," is, I believe, in form different from any that has been made before.

I am, Sir, yours faithfully,

WALTER RIVINGTON.

22 Finsbury Square, London, May 6, 1880.

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# Medical News.

**University of Aberdeen.**—The following degrees in Medicine and Surgery were granted on April 30th:—

DEGREE OF M.D.

Allan, James, M.B., C.M.
Brenchley, Algernon Dutton, M.B.
Edgelow, Ford William, M.B.
Ellis, Heber Dowling, M.B.
Henry, William, M.B., C.M.
MacMunn, John, M.B., C.M.
Mickle, Adam F. John, M.B.
Milne, Robert, M.B., C.M.
Rudd, Leonard, M.B., C.M.
Simpson, W. J. Ritchie, M.B.
Smith, Francis William, M.B.
Walker, William Abraham, M.B.
White, William Robert, M.B.
Williamson, William H., M.B.
Wilmott, Julius J. Eardley, M.B.

DEGREE OF M.B.

Aymer, James
Beddie, William, M.A.
Benham, Harry Arthur
Boswell, Alexander
Brodie, William Hampden
Cohen, Algernon Aaron
Deans, William
Diack, Alexander Downie
*Durno, John, M.A.
Fleming, James Grant
Glaister, John
Harvey, George Henry
*Jamieson, Fife, M.A.
*Kerr, Joshua Law
Liebstein, Herman John
Lyon, Adam Corbet
Macdonald, Coll Reginald
‡Milne, Alexander, M.A.
Mukhopadhyáy, Satish C.
Murison, Alex. A. W. P.
Patch, Arthur Lodge
Rough, Peter, M.A.
Sellar, Thomas Alexander
Soutar, Robert
Struthers, Alexander James
Welford, Charles Henry
Wilde, Percy Roberts
Wright, Christopher St. John

DEGREE OF C.M.

Aymer, James
Beddie, William
Benham, Harry Arthur
Brodie, Wm. Hampden
Deans, William
Diack, Alex. Downie
*Durno, John
Fleming, James Grant
Glaister, John
Harvey, George Henry
*Jamieson, Fife
*Kerr, Joshua Law
Liebstein, Herman John
Lyon, Adam Corbet
Macdonald, Coll Reginald
‡Milne, Alexander
Mukhopadhyáy, Satish C.
Murison, Alex. A. W. P.
Patch, Arthur Lodge
Rough, Peter
Sellar, Thomas Alexander
Soutar, Robert
Struthers, Alex. James
Welford, Charles Henry
Wilde, Percy Roberts
Wright, Christopher St. John

* Honourable Distinction. ‡ Highest Academical Honours.

**Royal Colleges of Physicians and Surgeons, Edinburgh.**—DOUBLE QUALIFICATION.—The following gentlemen passed their First Professional Examination during the April sittings of the Examiners:—

David Robert Paul, Wilton Mills, John Murray, John Paulin, James Dobb, William Gunn, James Thomas Carter, William Johnson, George Sinclair, James Patrick Andrew Wilson, Thomas Aitchison, Joseph Holmes, Wm. Richard Parry Jones, Robert Main, Robert Wotherspoon Lindsay, James Gray, Edward Joseph Freeman, Edward Tenison Collins, Alfred William Greenleaf, James Loughlin Nevin, Hugh Charles Goold, Isaac Kiddle, Thomas Ernest Gee, James Hargreave Mawson, Wm. John Harvey Fletcher, William Montagu Venables Williams, Arthur Edward Blacker, John Jordan Skinner, Wm. Bradshaw Paulin, Henry Dobson Osborne, John Nagle Jeffries, Alexander Maclaren, Wm. Frederick Hamilton, Matthew Steel Aitken, and John Oliver Chisholm:

The following gentlemen passed their Final Examination in April and May, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—

Charles Frederick Pollock, Guthrie Rankin, William Thomas Waterson, John Thomas Jones, James Dobb, Philip Henry Wm. Boon, Walter Flewitt, Wm. Babtie, James Gray, Henry Johnston Boyd, John Alexander Kennison, John Moore Tweed, William Jones, John Crawhall Nichol, Leonard King Havelock H[illegible], Edward John Hadderston Hoskyns, Wm. George Morgenwood, Edward Brady, Mervanji Pestanji Kharegat, George Richard Edleston Bonsall, Wm. Mackay, Robert Gravenor Strong, George Cuthbert Clarke, Harry Callander Oakley, Arthur Neve, Marcus Calder, Edward Joseph Freeman, Archibald Henry Fraser, Charles Samuel Gibbons, Thomas Brodrick Albert Tuckey, John McGavin, Abercrombie McBeath, James Bennett Hayes, James Keating, Robert Duncan Cameron, Alfred Ernest Bartrum, and Edmund McDonnell.

**Royal College of Surgeons, Edinburgh.**—The following passed their First Professional Examination during the recent sittings of the Examiners :—

Norman Henry Lawrence, Frederick Rutherfoord Harris, and John Bremridge.

The following gentlemen passed their Final Examination and were admitted Licentiates of the College :—

William Collier, Samuel George Levis, John Eadie, Robert Jonathan Baylor, Frederick Rutherfoord Harris, and Thomas Clements.

The following passed their First Professional Examination for the Licence in Dental Surgery of the College :—

James Stewart and James Stewart Durward.

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# NOTICES TO CORRESPONDENTS.

Dr. Wigglesworth.—Not a brother, but a son of deceased.

Dr. Spencer Cobbold is thanked.

Mr. Whatford, Brighton.—The cases promise to be of interest. We shall be glad to find space for them.

Dr. Fox.—The list of elected Fellows was omitted last week by official request, pending certain formalities.

Vaccine from Inoculated Cows.—Dr. Drysdale's communication on this subject is unavoidably held over until next number.

Surgeon-Major Curran.—Your papers "On Sunstroke" will be commenced in our next, and will be continued weekly until finished. Regret being unable to commence them earlier.

Association of Surgeons Practising Dental Surgery.—Wednesday, May 19, at 8½ p.m., Casual Communications from the President and others.—Mr. W. D. Napier will exhibit the Polyscope for illuminating the Mouth by Electric Light, and also a New Apparatus for the Administration of Nitrous Oxide without the risk of the gas running short.

### CAN A DISPENSARY OFFICER BE A MAGISTRATE?

*To the Editor of the* Medical Press and Circular.

Sir,—Will you kindly state in your next issue if a dispensary medical officer can be a magistrate at the same time?

Yours, &c.,
T. C.

[There is no rule to the contrary, but the matter is altogether at the discretion of the Lord Chancellor. At the present moment several dispensary medical officers hold the Commission of the Peace, and one of them was made a J.P. within the last eighteen months, so that it may be assumed that there is no rule of precedent to debar a dispensary medical officer from the office.—Ed.]

A Hospital Surgeon and A. S. P.—Probably in our next.

Mr. F. R. Fisher, F.R.C.S., will lecture at the National Hospital for the Deformed, Great Portland Street, London, to-day and on Friday at 5 p.m., "On Club Foot." The lectures are free to the profession.

The Indian Medical Service.—The following has been sent us as a corollary to the leading article which appeared in our last issue :—

### AN EPITAPH.

TO THE MEMORY OF
THE INDIAN MEDICAL SERVICE,
which, through the liberality of a great Company
and of successive enlightened Governments,
drew into its ranks
men who achieved a world-wide reputation.
O'Shaughnessy, Waring, Martin,
Murchison, Monath, Fayrer,
shed lustre on the service which fostered them.
Their names and their work live :
the service they adorned is dead.
It fell a victim to interested clamour,
to the apathy of ignorance in high places,
and to that want of perspicacity
which could see nothing good that was not symmetrical.
Its destruction has added one more
to the long list of examples
of the instability of human affairs;
while its sorrowing survivors have learned
in how small estimation should be held
the faith of Governments.
B.

Harveian Society of London.—Thursday, May 20, at 8½ p.m., Mr. G. P. Field, "An Analysis of 500 Cases of Perforation of the Membrana Tympani."—Dr. Mahomed, "Bronchitis."

*To the Editor of the* Medical Press and Circular.

Sir,—My attention has been directed to a paragraph in your issue of the 21st inst. stating that Dr. Robert H. Hudson had been elected to the Fellowship of the K.Q.C.P.I. This is a mistake which I beg you will contradict in your next issue. There is no one of that name a Fellow of the College.

Yours faithfully,
J. Magee Finny, M.D.,
Registrar.

April 23, 1880.

Clinical Society of London.—Friday, May 14, at 8½ p.m., Mr. Barwell, "On Section of the Femur above the Small Trochanter for Angular Anchylosis of the Hip."—Dr. Greenhow : (1) "Ten Cases of Rheumatic Fever treated with Salicin." (2) "Fifty Cases of Rheumatic Fever treated with Salicylate of Soda."—Dr. Graily Hewitt, "A Case of Acute Hysterical Vomiting of ten months' duration, caused by Displacement of the Uterus."—Dr. Henry Morris, "Two Cases of Disease of the Mastoid Bone, in one of which a severe attack of Herpes of the Face followed Thrombosis of the Jugular Vein and Lateral Sinus."—Dr. Stephen Mackenzie will show a Case of Anterior and Posterior Polio-myelitis following Small-pox.

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## VACANCIES.

Balrothery Union, Kilsallaghan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, May 19.

Boyle Union, Gurteen Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health, with free residence. Election, May 19.

Dunfanaghy Union, Cross Roads Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, May 21.

Edenderry Union, Rhode Dispensary.—Temporary Medical Officer. Salary, £3 3s. per week. Election, May 14.

Greenwich Union Infirmary.—Assistant Medical Officer. Salary, £100, with board. Applications to the Clerk of the Guardians before May 13.

Royal Albert Edward Infirmary, Wigan.—Junior House Surgeon. Salary, £80, with board. Applications to the Secretary before May 26.

Royal Free Hospital, London.—Junior Resident Medical Officer. Applications, with testimonials, to the Secretary before May 19. (See Advt.)

Sligo District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. (See Advt.)

St. Peter's Hospital for Stone, London.—House Surgeon. Salary, 80 guineas, with board. Applications to the Secretary before May 18.

Wallingford Union.—Medical Officer for the Dorchester District of the Union. Salary, £100, with the usual extra fees. Applications to the Clerk of the Union before May 17.

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## APPOINTMENTS.

Atkinson, R., B.A., F.R.C.S., Junior Assistant Medical Officer at the Worcester County and City Lunatic Asylum.

Bostock, A. S., M.R.C.S.E., Honorary Medical Officer to the West Sussex and Chichester General Infirmary.

Buckell, E. H., L.R.C.P.L., M.R.C.S.E., Honorary Medical Officer to the West Sussex and Chichester General Infirmary.

Chaffey, W. C., M.R.C.S.E., L.R.C.P., House Surgeon to the Victoria Hospital for Children.

Chisholm, W., M.D., L.R.C.S.Ed., Medical Officer to the Harworth District of the Darlington Union.

Curtis, J. G., F.R.C.S.I., Surgeon to the Cork South Infirmary and County Hospital.

Oliver, J., M.B., Resident Physician to the Queen's Hospital, Birmingham.

Pollard, W., F.R.C.S., Honorary Consulting Surgeon to the Torbay Hospital, Torquay.

Price, A., M.R.C.S.E., Surgeon to the Royal South London Dispensary

Skaife, F., L.R.C.P.Ed., Honorary Medical Officer to the West Sussex and Chichester General Infirmary.

Smyth, S., M.R.C.S., House-Surgeon to the Westminster Hospital.

Spencer, H. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Second District of the York Union.

Strang, W. J., M.B., Resident Medical Officer to the Newcastle-on-Tyne Dispensary.

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## Births.

Ironside.—May 6, at Pearshill, Edinburgh, the wife of Surgeon-Major W. Ironside, A.M.D., of a son.

Reynolds.—May 6, at 62 Morehampton Road, Dublin, the wife of J. Emerson Reynolds, M.D., of a son.

Shackleton.—May 2, at Tandragee, co. Armagh, the wife of Edmund Shackleton, L.K.Q.C.P.I., of a daughter, prematurely.

## Marriages.

Lees—Barlow.—May 6, at St. Michael's, Wood Green, Wm. Lees, of Teynham, Kent, to Julia Ann, second daughter of the late N. Barlow, M.R.C.S., of Blackmore, Essex

Lynham—Reed.—May 3, by special licence, John Isaac Lynham, M.D., M.Ch., Professor of the Practice of Medicine, Queen's College, Galway, to Rebecca, eldest surviving daughter of the late John Reed, Esq., Galway.

Sale—L'Estrange.—April 28, at St. George's Church, Dublin, by his Grace the Lord Primate, assisted by the Rev. Benjamin Gibson, M.A., and the Rev. Latham C. Warren, M.A., Gregory Sale, Esq., L.R.C.S.I. & L.K.Q.C.P.I., Newpark, co. Kildare, to Adelaide Frances, only daughter and surviving child of the Rev. Guy Percival L'Estrange, Rector of Rathangan, niece of the late Sir George L'Estrange, K.C.B., and step-niece of the late Sir Arthur Brinsley Brooke, Bart., Colebrooke, co. Fermanagh.

Webb—Hechler.—May 3, at St. Andrew's Church, Hillingdon, Middlesex, F. C. Webb, M.D., F.R.C.P., to Marie, daughter of the late Rev. D. Hechler, of Carlsruhe.

## Deaths.

Berrow.—On May 3, at the Laurels, Milverton, Leamington, William Berrow, M.R.C.S., aged 83.

Caskie.—On April 30, at Stewarton, Ayrshire, John Caskie, Surgeon, aged 83.

Foster.—On April 26, at Brixton, J. F. Foster, M.D., F.R.C.S., late of Hartley Wintney and Guernsey, aged 70.

Maberly.—On April 23, at Minford Gardens, West Kensington Park, Wm. Henry Maberly, M.D., F.R.C.S., aged 27.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 19, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Cases of Ovariotomy, with Observations. By Lombe Atthill, M.D., Master of the Rotundo Hospital ..... 405
Fevers in India. By Surgeon-General Gordon, M.D., C.B., Honorary Physician to Her Majesty the Queen ..... 407
Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department ..... 408

### TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—

Section of the Femur above the Small Trochanter for Angular Anchylosis of the Hip ..... 410
Two Cases of Rheumatic Fever treated with Salicin ..... 411
Cases of Rheumatic Fever treated with Salicylate of Soda ..... 412

SURGICAL SOCIETY OF IRELAND—

Mammary Tumour ..... 413
Ovarian Multilocular Cyst ..... 414
Seven Cases of Ovariotomy ..... 414

### LEADING ARTICLES.

THE TREATMENT OF ACUTE RHEUMATISM 416
THE ABUSE OF THE LONDON HOSPITAL SYSTEM ..... 418

### NOTES ON CURRENT TOPICS.

The Representation of London University 419
British Medical Association ..... 419
Alleged Poisoning by Chlorodyne ..... 419
Accident to a Celebrated Jockey ..... 419
Treatment of Anal Fissure ..... 419
Pleasure Grounds for the Poor ..... 419
Society for Relief of Widows and Orphans of Medical Men ..... 420
King and Queen's College of Physicians in Ireland ..... 420
Hospital Sunday in Liverpool ..... 420
The Royal Irish Medical Benevolent Fund 420
Medical Night Service ..... 421
St. John Ambulance Association ..... 421
Jaborandi in Mumps ..... 421
Death from Hydrophobia ..... 421
Small-pox in Belgium ..... 421
Metropolitan Medical Officers of Health, Dublin ..... 422

PAGE

### SCOTLAND.

Proposed Glasgow Hospital and Dispensary for Diseases of the Ear ..... 422
Outbreak of Fever in Glasgow ..... 422
Glasgow Death-Rate ..... 422
The Outbreak of Fever and the Water Supply of Perth ..... 422
Registrar-General's Returns ..... 423
A Clergyman Refusing to Vaccinate his Child ..... 423
Hillhead—Medical Officer's Report ..... 423

The Annual General Meeting of the Irish College of Surgeons ..... 423
The Irish Medical Association ..... 423

### MEDICAL NEWS.

Royal College of Physicians of London ..... 423
Royal College of Surgeons in Ireland—Pass List ..... 423

### NOTICES TO CORRESPONDENTS.

The Dreadnought Hospital ..... 424
Appointments ..... 424
Vacancies ..... 424
Births, Marriages, Deaths ..... 424

# Original Communications.

## CASES OF OVARIOTOMY, WITH OBSERVATIONS

By LOMBE ATTHILL, M.D.,
Master of the Rotundo Hospital.

DURING the year 1879 I performed ovariotomy seven times, and as I have made it a rule to publish every case in which I have operated, I now propose to lay before this society a brief outline of these, they comprise five successful, and two unsuccessful cases.

Case No. 1 was remarkable: First from the fact that vomiting continued almost incessantly for fifteen days after the operation, being only restrained for an hour or so by the hypodermic injection of morphine, half a grain was thus administered every eight hours; this always produced some sleep, and restrained the vomiting for a time. The matter vomited was at first green, it subsequently became black, or that commonly called "coffee ground."

2nd. From the long persistence of obstinate constipation, the bowels not having moved till the twenty-first day after the operation. And

3rd. From the length of time during which nourishment was taken per rectum only. No food whatever was retained by the stomach till the sixteenth day after the operation. In this case also, cold applied to the abdomen by means of a wet sheet, changed every five minutes, proved of great use. This treatment was persevered in with occasional intermissions, for several days.

Case No. 3 also presented features of great interest. The patient had suffered from dysmenorrhœa for several years, and had been advised to submit to division of the cervix uteri for its relief, and the existence of ovarian disease does not seem to have been suspected. I satisfied myself of the existence of an ovarian tumour of small size, evidently bound down by adhesions in the left inguinal region. An operation verified the correctness of the diagnosis, but the difficulties experienced in the attempt to remove the tumour were very great, it being universally adherent, not only to the intestines, but also to the pelvic wall, and I found it necessary to leave a portion of the cyst behind, so intimately was it attached to the wall of the pelvis.

In this case all went on favourably till the eighth day after the operation, when symptoms of pelvic cellulitis manifested themselves, and on the twenty-first day matter was discharged through the wound, as well as by the rectum, and a fistulous communication still exists between the opening in the abdomen and the bowel. I anticipate, however, that this will in time close, for the patient's condition is steadily improving.

Case No. 6 is interesting from the fact of the cyst being in an incipient stage of gangrene, a fact to which I shall have to refer again. And Case No. 7 from the extraordinary denseness of the adhesions, to which I refer the fatal result—for the patient died simply from collapse, due, I believe, to the shock the system sustained from the violence necessarily used in breaking these down.

I am unwilling to occupy the time of the Society by entering into the details of these cases, and have therefore alluded to them very briefly, but there are two points of great practical importance to be deduced from them on which I desire to dwell.

When I commenced to practice ovariotomy I was strongly impressed with the idea, that the operation should be postponed till the latest possible period, in order that the patient should not be exposed to the risk to life involved by the performance of an operation of such magnitude as that of ovariotomy. I have now grave doubts as to the correctness of this opinion, and the results of these seven cases strengthen, more and more, my growing conviction that an ovarian tumour once detected, in an otherwise fairly healthy woman, and which we are satisfied is increasing in size, should be removed at an early period, and not be allowed to remain till, by its bulk, or by its influence on the patient's general health, we are compelled to interfere.

Of the cases under consideration, Nos. 2, 4, and 5 were the subjects of comparatively small ovarian tumours, No. 2 came into hospital for prolapse of the uterus, and

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(a) Read before the Surgical Society of Ireland.

## ABSTRACT OF CASES OF OVARIOTOMY PERFORMED IN 1879.

| No. | Date of Operation. | Age and Condition. | Antiseptic Employed. | Anæsthetic employed. | Pedicle, how treated. | Result. | Notes. |
|---|---|---|---|---|---|---|---|
| 1 | March 14 | Widow, æt. 50, No children | Thymol | Æther | Ligatured and returned into abdomen | Recovery | Cyst unilocular, of enormous size; case had been mistaken for one of ascites; patient in a state of extreme debility. No adhesions. Vomited almost incessantly after first four-and-twenty hours for fifteen days. Most of the time the matter vomited being "coffee ground." Fed during all this time *per rectum*. Great tympany. Incision opened and suppurated. Bowels did not move till twenty-first day. Bed-sores formed. Ultimate recovery perfect. |
| 2 | September | Æt. 55, single | Carbolic Acid | Chloroform | Ditto | Ditto | Tumour small, unilocular, no adhesions. Recovery rapid. |
| 3 | October 1 | Æt. 33, Married; No children | None; Spray producer having got out of order at commencement of operation | Ditto | No pedicle | Ditto | Small unilocular cyst bound down by dense adhesions in left iliac fossa intimately attached to intestines, and so densely to pelvic wall, that portion of cyst had to be left—a ligature being thrown round it before being severed. Recocovery at first fairly good, but suppuration subsequently occurred in left inguinal fossa, and an abscess formed, which opened both into the rectum, and externally at lowest margin of incision. |
| 4 | December 5 | Æt. 40; Married; had several children | Carbolic Acid | Ditto | Ligatured, and returned into abdomen | Ditto | Cyst unilocular, of moderate size; no adhesions. Recovery uninterrupted. |
| 5 | December 30 | Æt. 41; Single | Ditto | Ditto | Ditto | Ditto | Cyst small; had had two attacks of peritonitis; considerable anterior adhesions not dense and easily broken down. |
| 6 | February 5 | Æt. 28; Married; Two children | Ditto | Æther | Ditto | Died | Tumour detected after birth of last child. Had co-existed with pregnancy. Cyst small; proved to be in a state of incipient gangrene. Died of septicæmia. |
| 7 | October 8 | Æt. 22; Married No children | Ditto | Chloroform | Ditto | Ditto | Universal adhesions, broken down with the greatest difficulty; patient in a state of collapse at termination of operation, rallied, but gradually sank, and died of collapse in thirty-six hours. |

was quite unconscious of the existence of an ovarian tumour. It was of small size, her recovery was rapid—in fact, she was well in a week.

No. 4 was sent up from the co. Kerry to be operated on; the tumour being of moderate size, and as yet it had not in any way told on the patient's health. Her recovery was equally good.

Case No. 5 was still more remarkable. The tumour was not larger than a fœtal head, and I told the patient that the operation might safely be deferred for some time, but she expressed a wish for its immediate performance. I refused to operate without a consultation, and she accordingly was seen by my friend Dr. Kidd, who, while agreeing as to the nature of the case, was of opinion that the operation should not be undertaken, till the tumour began to interfere with the patient's comfort, or till her health suffered to a greater degree than it then did. I accordingly explained clearly to this lady the nature of the case, and pointed out that a considerable time might elapse before any operation became necessary; but she insisted on an immediate operation, and it was performed on the 30th December, 1879. On the third day after the operation she expressed herself as being perfectly well, and in fact, was so—pulse being only 80, and temperature 99° She was up in a fortnight, and absolutely well in three weeks.

Now contrast the results of these cases with those of Nos. 1, 6, and 7. I omit all reference to Case No. 3 at present, because it was an exceptional one, and I decided on operating, because though the tumour was small, the lady's life was one of constant suffering, and her health rapidly deteriorating.

In Case No. 1 the patient did not come under my care till almost *in extremis*. Not a moment was to be lost if life was to be saved. There was no difficulty in the operation, no adhesions, and yet this patient's life was for many days in the greatest danger; and her recovery was altogether due to exercise of the most unremitting attention on the part of her medical attendants, and even more to skill and intelligence of her nurse, who carried out to the letter, every direction given to her.

In Case No. 6 the tumour was so small that I hesitated to operate, and only did so, after postponing it for some weeks, at the wish of the patient's husband, who had brought her up for the purpose from the North of Ireland, and yet the operation proved that this delay was the cause of the fatal result. The wall of the cyst had so softened that it ruptured spontaneously during the operation, and an examination subsequently made with great care, proved that it was in an incipient stage of gangrene. Had I operated on this patient immediately on her being admitted into hospital, I believe I should have saved her life.

One other case bearing on this point I must refer to. In February, 1878, I operated on a girl, æt. 18, the subject of a small ovarian tumour. I did so, reluctantly, at the urgent desire of her father. The cyst proved to be suppurating. The patient made a rapid recovery, but had my advice been followed, and had this girl have returned to her friends, who resided near Tralee, there is little doubt but, that in a very short time the case would have terminated fatally.

With due care and strict attention to antiseptic precautions, the operation of ovariotomy is now deprived of its terrors, and has become one of the safest in surgery; and I contend, that the risk is diminished infinitely by its being undertaken at a comparatively early period.

The value of antiseptic precautions, by which I mean "Lister's method," is now so generally admitted, that I do not intend dwelling on it at any length. My own opinion is, that in ovariotomy they should never be omitted. On the present occasion I wish to point out that in two of my patients out of the seven whose cases I have detailed, the wound suppurated. In one of these the operation was performed under the thymol spray, the efficacy of which I much doubt, and in the other my apparatus went out of order at the commencement of the operation, and it was virtually performed without the use of the spray. This latter case (Case No. 3) it is right however, to bear in mind was an altogether exceptional one. When the abdominal cavity was opened, no tumour could be seen; it was intimately attached to the pelvic wall, as well as being universally adherent to the intestines, which lay over it, and we were obliged, as already mentioned, to leave a portion of the cyst attached to the pelvic wall, after a good deal of force had been used in our attempts to remove it. Still, this was the first time in which in my practice, a pelvic abscess formed after ovariotomy, and I have now operated twenty-five times, and in this case the carbolic spray was, in consequence of an accident, not used.

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## FEVERS IN INDIA. (a)

By Surgeon-General GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

The author began by observing that the views he was about to express were those held by eminent authorities, and that only the deductions from a comparison of those views were his. He alluded to what he considered to be a description by ancient Hindoo writers of what in recent times is in India called synonymously typhoid or enteric fever. He enumerated several standards or definitions of what was by different observers held to constitute the disease so called, and noticed that such standards differ among themselves. He noticed that the use synonymously of the terms typhoid and enteric has led to much confusion in description, and to the grouping together of conditions and complications which have no necessary connection with each other; that the term typhoid in former times was used to denote a condition—that of enteric a complication, but neither as pointing to a specific form of fever, the result of a specific cause, namely, filth in air, food, or water. With regard to age, he noticed the circumstance that not alone specific enteric fever is particularly fatal among the young, but so also are other forms of fever, and of other diseases; also that cases of enteric fever are recorded as recurring in persons of advanced age, and in whom the presence of Peyer's glands has long ceased to exist. Early residence in India and youth are usually coincident in the same individual. All young persons going from a temperate to a tropical or semi-tropical climate must undergo a process to which the term seasoning used to be applied in the West Indies and on the West Coast of Africa. When this process occurs violently it is by an attack of fever, in the course of which low adynamic or typhoid symptoms may occur, as also various complications, cerebral, pulmonic, hepatic, intestinal, or enteric, and so on; when the process takes place gradually it is by a period of more or less impaired health, but without actual "catachysm." But not alone is one form of fever especially fatal among new arrivals; so are all endemic forms of disease, and in a ratio little different from so-called typhoid or enteric fever. He enumerated the symptoms by which specific typhoid or enteric fever is said to be characterised, and in reference to them observed that while in their entirety they had never been recorded in any one case of the disease so-called, one or more were present in other forms of fever, and of other diseases, instancing among such tympanitis, diarrhœa, abdominal tenderness, hæmorrhages, and so on. With regard to cutaneous eruption, it was not always present in all cases of typhoid occurring in Europe; in India cutaneous eruptions, papular in character, were of frequent occurrence during the hot and damp seasons in all forms of fever, in various other forms of disease, and also in the absence of any disease at all. He gave a series of statistical observations, the result of which indicated that in the cases to which they referred no connection whatever existed between the presence or absence of a cutaneous eruption, and the presence or absence of ulceration of Peyer's glands; also that various kinds of eruptions were noted in connection with cases said to have been of enteric fever. Temperature charts show no uniformity among themselves, either as respects those given as typical in typhoid fever, as it is said to occur in Europe, or in those appended to reports of individual cases so designated in India; hence such charts are untrustworthy in diagnosis. The causation of the disease is variously given by different observers; that by pythogenic influences, by late reports, is considered as not always effective, as not necessarily to give rise to specific fever, but to be productive of other forms of illness; also that as a train of phenomena and pathological conditions precisely similar to those that may, under certain circumstances, arise from filth causes, are also produced by fatigue, exposure, and other non-specific causes, the application to them of a name signifying one kind of causation only, and if specific in its nature is inappropriate and misleading. As a matter of fact no case related in reports before the meeting had been actually traced to pythogenic causation. On the subject of season in relation to enteric fever, the opinion of certain writers was quoted that in Britain typhoid or enteric fever had taken the place of what during last century was called *autumnal* fever, if, indeed, it was not the same disease. In India ardent fevers prevail during the hot dry period of the year; those with intestinal complications during the rainy and moist season. Climate also exerts a modifying influence upon disease, as upon the *fauna* and *flora* of particular countries. In India certain organs manifest a special liability to infraction as a result of such influences, and among them the liver and the aggregated glands of the ileum. The pathological appearances said to be distinctive of *enteric* fever are not invariably recorded in fatal cases of the form of fever so designated. Similar appearances are recorded in connection with other diseases, more especially dysentery, yellow fever, and in protracted cholera. In malarial fevers they have been observed to an extent greater than in specific enteric or typhoid fever, and also as results of certain poisons. The views expressed in regard to his reports on the table were next referred to by him, with the result that those views differed among themselves. In summarising the whole he indicated that with regard not only to the forms of fever so designated in India, but also with regard to that observed in Europe, views are expressed of a nature absolutely different from each other, while in regard to not one circumstance in connection with etiology, phenomena, or pathology are opinions in accord. He therefore expressed a hope that good might result from a discussion of the subject, not only in a professional point of view, but also to the soldier in India.

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(a) Abstract of a paper read before the Epidemiological Society, April 29th, 1880.

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## SUNSTROKE AS I HAVE SEEN IT IN INDIA.

### By Surgeon-Major WILLIAM CURRAN,

Army Medical Department.

EVER since that memorable night in June, 1756, when one hundred and forty-six persons were confined in a room in Fort-William, not twenty feet square, with only two small windows, the sun has been a deadly enemy to the European, *pur sang*, in this country. Of the above number not more, we are told, than fifty remained alive at two o'clock, and when the door was opened in the morning, twenty-three of the ghastliest forms that ever were seen alive, emerged from it. Several of these "were afterwards carried off," as we learn from another writer, "by putrid diseases, the consequence of the cruelty to which they had been subjected;" and this is, I believe, the first illustration, as it is also the most painful record, we have of the danger of confining large numbers of human beings within a narrow space, on a sultry night, in the sultriest season of the year, (*a*) in the latitude of Bengal. It is a sad story, but none the less suggestive, which, however, is not likely to be repeated in our day, and I use it accordingly, more as a text for my essay than with the view of engrafting any theory on, or of airing any crotchet of my own through it. I have, indeed, none to air or enforce, and my heading will at once show that I purpose dealing with the question on its merits from the personal stand-point of observation and experience. But while thus restricting the inquiry within the sphere of my own individual knowledge, I will not reject any or such supplementary aid as may come to me from without. On the contrary, I will eagerly court, and as eagerly display it, with such comment or criticism as the context may appear to suggest, and in this way the illustrations will naturally blend with or flow from the current of the narrative itself. I purpose, in short, discussing the subject through the light of a sixteen years' acquaintance with it, and taking the years 1869 and 1876 as the basis of my calculations, will try with their aid and such other accessories as the situation may afford, to shed such light as I may on the causation and pathology of a disease which "has attacked men in the prime of life and the full flow of health, apparently the sober as well as the dissolute and reckless drunkard—the strong and young equally with the worn-out soldier. It has seized . . upon unfortunate victims when peaceably reposing with equal venom and destructiveness as when exposed to the full glare of a tropical sun, or scorched by the burning blast of the up-country winds. As often without warning as with, it has brought death to the unwary and exhausted straggler." (*a*)

The first case of sunstroke that came under my notice happened in a cholera camp in Oudh, with which I was casually connected, and the others adverted to within, occurred from time to time since in various parts of India. They are so far quite authentic, and their authenticity is further enhanced by the fact that I either made the post-mortem examinations of them myself, assisted at them, or had direct personal access to the registers in which they were recorded. I have, however, purposely substituted here and there cases that occurred in the hands of others, for those that were noted by myself, partly with the view of imparting more variety to these details than they might otherwise exhibit, but chiefly to show the similarity that exists between them all, and redeem my account of the series, in some measure at least, from the monotony that must necessarily attach to such a dreary recital. Nevertheless, the accounts vary but little, for sun stroke cases have all a strong family likeness, and this uniformity of symptoms implies a community of cause and origin. Nor is this relationship often disturbed by death; on the contrary the pathological changes induced by great heat are very similar. This is specially the case in the very sudden or more aggravated seizures, and once seen they can scarcely be again forgotten or misunderstood. This feature is, however, less observable during life than after death, for the good reason that shock differs in degree as it does in kind, and the man referred to above had, when seen by me, a flushed and "boozy" appearance, a bloated face, and a suffused and watery conjunctiva. His manner was noisy and excited, he rambled incoherently or wanted to get out of bed, and

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(*a*) I subjoin, for the benefit of those who wish to investigate this matter further, a few references to this terrible episode. Orme's description of it is the best I have seen; indeed, it is the best in his book, and it occurs at pp. 74-7, vol. i., of his "History of the Indostan." Thornton gives, also, a good account of it in his "History of the British Empire in India," p. 44; and there is, strange to say, a good and by no means very sensational notice of the event in Miss Braddon's "Robert Ainslie." (See also Dr. Richardson's "Diseases of Modern Life," p. 138, in the same direction.) I may be permitted to quote, as a counterpart to this, and by way of showing the danger that is incurred by the confinement of large numbers in a small space at night during summer in India, a fatality that occurred among natives under somewhat similar circumstances in the mutiny. After describing the devices by which large numbers of mutineers were subjected to spoliation, disrobement, and pinioning, Mr. Frederick Cooper, at that time Commissioner of Lahore, says, in his "The Crisis in the Punjab," pp. 159-163, that "it was near midnight before all were safely lodged in the police-station. A drizzling rain coming on, prevented the commencement of the execution. . . . Before dawn another batch of sixty-six was brought in, and as the police-station was nearly full, they were ushered into a large round tower or bastion. . . . When that morrow dawned . . . the officials were called and made aware of the character of the spectacle they were about to witness. . . . Ten by ten the Sepoys were called forth . . . a firing party being in readiness. . . . About 150 having been thus executed, one of the executioners swooned away, and a little respite was allowed. Then proceeding, the number had arrived at 237, when the district officer was informed that the remainder refused to come out. Expecting a rush and resistance, preparations were made against escape; but little expectation was entertained of the real and awful fate which had fallen on the remainder of the mutineers. . . . The doors were opened, and behold! they were nearly all dead. Unconsciously the tragedy of Howel's Black Hole had been re-enacted. No cries had been heard during the night. . . . Forty-five bodies dead from fright, exhaustion, fatigue, heat, and partial suffocation, were dragged into light, and consigned, in common with all the other bodies, into one common pit by the hands of the village sweepers." Nor is the danger of this kind of crowding confined exclusively to the East. We sometimes hear of it nearer home, and Mr. Lecky tells a somewhat parallel story in his able "History of the Eighteenth Century," vol. i., p. 483, which is worth reproducing in this connection. Enumerating the outrages that were perpetrated with impunity in the streets of London about the year 1712, and after glancing at the age and inefficiency of the watchmen of the period, he says: "Of these—viz., the latter—an opinion may be formed from an incident related by Horace Walpole in 1742. A parcel of drunken constables took it into their heads to put the laws in execution against disorderly persons, and so took up every woman they met till they had collected five or six and twenty, all of whom they thrust into St. Martin's Roundhouse, where they kept them all night with doors and windows closed. The poor creatures, who could not stir or breathe, screamed as long as they had any breath left, begging at least for water . . . . but in vain. . . . In the morning four were found stifled to death, two died soon after, and a dozen more are in a shocking state."

(*a*) Marcus G. Hill in the *Indian Annals of Medical Science*, No. 5, pp. 195-6.

his demeanour was otherwise so suggestive of the influence of drink, that I incautiously ascribed his condition to drunkenness. The breath lent through its odour some support to this view, the men were known to be indulging at the time more freely than was either good or necessary for them, and they were, I believe, allowed an extra tot on the day in question, in consideration of the fatigue and exposure to which they had been subjected. Moreover, they had just marched out a distance of eight or ten miles on the afternoon of a hot, close, and withal a cloudy day, and the general surroundings were, so far, in favour of the view arrived at by me. But I was wrong, as the result but too fatally showed, and there is reason to believe that had the douching I employed been more prolonged or better regulated, it would have ultimately roused this man to consciousness; and finally, perhaps, saved his life. But my ignorance or misapprehension of his symptoms stood in the way of such a termination, and the import of these allusions will transpire as we advance.

Though there is, as far as I know, no evidence to show that sunstroke was more fatal to Europeans in former days than it is at present, yet is this my own firm belief as well as the general impression, and for these there is ample warranty in the altered habits and surroundings of our countrymen in Hindostan.

(Lieutenant-Colonel Corbet says expressly in his work, "The Climate and Resources of Upper India," that heat apoplexy is far commoner now than it was of old in these provinces. He adds that "deaths from this cause are steadily increasing. The natives say it was almost unknown amongst them in Rohilcund some years ago, but now numerous deaths occur from it there." Describing the occupation and settlement of Bombay (about 1670-1) Mr. Anderson says ("The English in Western India," pp. 131-2) that its many advantages were counteracted by "its pestilential climate. . . . . . . . Three years was the average duration of European life. The catalogue of diseases and the records of deaths are, when read, even at this distant day, truly saddening. In the months which intervened between October, 1675, and February, 1676, a hundred English soldiers perished," and he quotes Fryer to the effect that "of every five hundred Europeans who came to live upon the island not one hundred, in his opinion, left it." Mr. J. Talboys Wheeler quotes in his "Early Records of British India," a Captain Hamilton, who wrote about A.D. 1720 to the effect that "one year I was there (viz., Hooghly, near Calcutta), and there were reckoned in August about twelve hundred English—some military, some servants of the Company, some private merchants—residing in the town, and some seamen belonging to the shipping lying at the town, and before the end of January there were four hundred and sixty burials registered in the clerk's book of mortality." Many, perhaps the greater portion, of these deaths, were due to sunstroke, but we are unable to pronounce with certainty on this point *carent quia Bate sacro*, and Mr. Seton Carr, Sir John Kaye, and others testify in the same direction as regards a later and better-known period of Calcutta history.

Except among railway *employés* and officials, whose mortality from this cause is known to be very great, and whose habits are, according to common rumour, often the reverse of sober, travelling is only resorted to by Englishmen at night, or during favourable days in the hot season in the plains. Writing on this point in the *Pioneer*, of June 15th, 1869, Mr. Plank, the Sanitary Commissioner of the N.W., says truly, after alluding to a report that had reached him to the effect that five Europeans had died from heat apoplexy in one train alone, that "there is a limit of distress beyond which no living creature can go unhurt, and that limit is quickly reached for a man in a train running against a hot wind, or running through a hot land even without a wind. For a little while, increased perspiration keeps all well by its evaporation, but the victory is to the hot wind of thirty miles an hour or more, which licks up the moisture almost before it comes, till very soon no more will come. From that moment heat accumulates in the body until before very long the blood, which should be at a temperature of 98°, rises till in all probability a sufficiently delicate thermometer would show it to be 106°. A man with blood at that temperature is ready to die. His brain and heart decline to be stimulated by it; it fills his lungs, perhaps crowding there in the hope of meeting cool air. Alas! the air that comes is hotter far than the blood itself."

Another writer, after enumerating the casualties that occurred within his own cognisance on a certain line charges them to the account of the authorities of this line, and adds emphatically that "were they to run a train freighted with a thousand people purposely down one of their embankments, the Company could be no more guilty than it is now." A paragraph that appeared in the *Delhi Gazette*, of a later date, runs as follows:—"The railway *employés* have suffered very much indeed. Many have died, and all who survive are suffering more or less. At one time, about ten days or a fortnight ago, there was a possibility that trains would discontinue running except by night. All the drivers, guards, and station-masters were quite prostrated, and passengers everywhere presented quite a pitiable sight. Scores of trees, old and flourishing for long, have been charred into tinder;" and though the data given in the one that closes this note are clearly inaccurate, yet are they worthy of record in this place. They illustrate the danger of travelling in that climate during the hot months; and the writer believes that were the classification more accurate than it is, it would show a far larger death-rate from sunstroke than is given within:—"During the year 1876, there were 201 deaths in trains and stations on Indian railways, of which there were 36 deaths from cholera, 7 from diarrhœa, 3 from heat apoplexy, 1 from sunstroke, and the rest from fever and other causes. During 1877, there were 263 deaths: 20 from cholera, 17 from diarrhœa, 26 from dysentery, 1 from sunstroke, 1 from heat apoplexy, and the rest from fever and other causes. In many cases deaths resulted from the passengers undertaking journeys when in bad health.")

The ordinary European avoids as much as he can such exposure in the hot weather in India, and as to the soldier, he is rarely allowed any discretion in the matter. Casualties of this kind have, however, occurred, and the mode of life led by the classes who resort to railways in summer in India is often more calculated to invite than repel an attack. Some men are, again, it is to be feared, so constituted by nature as to render precaution on their part of little or no avail, and personal peculiarities have, perhaps, more to say to this than to any other tropical disease. Certain is it that men of advanced years (*a*) or plethoric habits should avoid this climate, and it is admitted on all hands that excess of all kinds, whether it be in eating or in drinking, conduces largely towards its production. However that may be, new-comers are (*b*), doubtless from their thoughtlessness, thirst, aversion to restraint, or want of care and seasoning, very liable to suffer; so also are sailors from their *insouciance*, exposed occu-

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(*a*) Two Anglican Metropolitans, Drs. Middleton and Heber, and one R. C. Archbishop, Dr. Van Heule, died, as I believe, of this disease.—Kaye's "Christianity in India," pp. 311-12 and 859-60. The newspapers lately ascribed the death of the American poet W. Cullen Bryant to the agency of the sun; and I believe that the end was precipitated by a similar catastrophe in the case of Charles the Fifth, for which see Prescott's edition of Robertson's History of that great monarch, pp. 372-3 to 575. See also in the same direction, "The Literary Life and Correspondence of the Countess of Blessington," by R. Madden, vol. i., p. 138; and Dr. Granville's "Autobiography," vol. ii., p. 407, for other exalted examples.

(*b*) This is well shown in Dr. Bryden's "Vital Statistics," already referred to, from which it appears that out of every 100 deaths that take place during the first and second years of service in India, 12·2 result from heat-apoplexy, while the casualties directly ascribable to this cause in men whose residence has exceeded ten years, average only 9·5; and a friend who was present, and who, to use his own plain words, thought the men of his corps had too much beef and beer in them at the time, informed pations, or intemperance, and it slew almost as many soldiers in the Mutiny as fell by the sword of the enemy.

(Notifications like the following may be found any summer in the Calcutta or other local papers, and I purposely restrict their number to three, as follows :—

"*Death from Apoplexy*.—Just before the s.s. *Madura* left for Madras, she lost her third officer from apoplexy. The deceased complained of the heat while he was engaged taking in cargo in the hold, and while one of the coolies was fanning him as he sat in the chair, he expired."

"*Death from Heat Apoplexy*.—The proprietor of a boarding-house for seamen, in Bow Bazaar Street, informed the police at 5.45 yesterday morning that a European had died suddenly in his house. From police inquiries it appeared that the deceased, æt. about 40, left his ship on the 18th instant and took up his lodgings at the above hotel; that since then he had been drinking very hard, and the day before complained of excessive heat. At 4 p.m. yesterday he was heard to breathe very hard, and at 5 a.m. was, by the informant, found dead, with his tongue protruding and very much swollen. He is said to have been a man of very quiet habits. Heat apoplexy can only be assigned as the cause of his death."

"A Calcutta paper thus collates some of the recent deaths from sunstroke :—'The continued intense heat of the weather has resulted in more deaths from heat apoplexy. A ship captain, whose name or vessel is not yet known, succumbed to it last Saturday, and a Greek sailor was the same morning found dead in his bed, bleeding from the eyes and ears.' ")

It has also long been very destructive to us during sieges,(*a*) or on the line of march (*b*) in hot weather, and observation would incline me to believe that soldiers would fare far better in respect of it than they do, were they allowed to sleep out in the open air in the months that precede the rains, rather than, as is now so much the custom, in stuffy barracks or crowded hospitals. But guard against its approaches as we may, there will still be victims; and I learn from the Twelfth Annual Report of the Sanitary Commissioner with the Government of India (one of the latest I have seen), that "apoplexy, with a death-rate of 1·73, has been more fatal (in '75) than in any year except 1872; 240 cases were treated, of which 101 proved fatal. . . . The disease occurred chiefly in the hot months. Of 153 cases in Bengal, 101 were admitted in June and July." The following table from Dr. Bryden's more elaborate Annual Returns of the European Army of India, for the years 1871 to 1876, testifies on a larger scale in the same direction, and the columns of admissions per month are omitted to save space, and adapt it to the requirements of this page.

| Armies. | Average Strength. | Total Admissions of the year. | Admission Rate per 1,000 of strength. | Number of Deaths. | Death-rate per 1,000 of Strength. |
|---|---|---|---|---|---|
| Bengal ... | 36·507 | 157 | 4·3 | 58 | 1·59 |
| Madras ... | 11·544 | 56 | 4·8 | 28 | 2·43 |
| Bombay ... | 10·819 | 55 | 5·1 | 28 | 2·59 |
| India .. | 58·870 | 268 | 4·5 | 114 | 1·93 |

Such being confessedly its effects, it behoves us to inquire into its causes and natural history, as well as into the circumstances that conduce to or detract from its occurrence, under conditions of equal latitude or similar geographical locality; and the best way of doing this will probably be through the medium of a condensed statement of the experience that I have enjoyed myself, or acquired from others. In this way the personal element will be best retained, while there will be ample room at the same time for extrinsic embellishment or illustration, and in either case, some account of the general effects of heat in the tropics can scarcely be considered superfluous or inappropriate.

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me that there were thirteen deaths from this disease in one day—the 14th of June, 1854—in that single regiment in a station of the N.W. He added that a soldier of the regiment who thoughtlessly or stupidly undertook, for a wager of one rupee, to drink a quart of rum at a drink in the canteen, died the same night insensible in the hospital.

(*a*) For some account of the sufferings endured by the handful of Europeans who were shut up in the miserable entrenchment at Cawnpore in '57, see Moubray Thomson's Story, p. 104; Kaye's "History of the Sepoy War," vol. ii., p. 316, and all the other public records of the day. Malleson is equally explicit as to the effects of the same cause on the health of those who were subsequently beseiged in the Residency at Lucknow, and alluding to the hardships that had to be borne by our forces before Delhi in the former year General Seaton adds, "From Cadet to Colonel," vol. ii., p. 149, that "the heat was fearful; yet day after day we had to stand for hours in the sun and hot wind, or worst of all, to endure the torture of lying down on the burning rocks of the ridge. In this position many an officer and man, struck by the sun and unable to rise, was carried off to the hospital delirious and raving." The sun prostrated almost as many men at the storming of the great Dagon Pagoda at Rangoon in April '52, as we learn from Arnold's "Lord Dalhousie's Administration of British India," vol. ii., p. 62, as fell by the fire of the enemy.

(*b*) An officer who took part in it, assured me that he saw as many as 22 men drop from one corps from sunstroke in one march in Scinde; during our first advance to Cabul, and dwelling on the horrors of the same dreadful march, General Seaton, *op. cit.*, vol. i., p. 132, adds that "in those fearful seven days we had lost six out of the fourteen Europeans in camp, and 100 Sepoys." Similar details may be found in some of the other extant accounts of this most trying march; and "so great," says Sir Wm. Napier in his "History of the Conquest of Scinde," part ii., p. 435, "was the heat (in this province in June, 1843) that more Europeans fell dead—during one of his brother's marches—than would have sufficed to win a battle." Havelock's first battle (12th of July, '57) was won without any loss, but "twelve British soldiers were struck down by the sun and never rose again," and "the little army that captured Bithoor (about the middle of the following August) was so completely exhausted by previous exposure and fatigue that, though the return journey was only sixteen miles, many fell on the road never to rise again, the victims of cholera and *coup-de-soleil*."—Marshman's "Life of Havelock," pp. 292, 357, and for very similar occurrences during Sir Hugh Rose's advance towards Calpee, see Malleson's "Essays and Lectures," p. 220, &c. Consult, also, in connection with casualties from this cause nearer home, Carlyle's "History of Frederick the Second," vol. vi., p. 21, and Lecky's History, as above, vol. ii., p. 509, and the late Mr. MacGahan's "Campaigning on the Oxus," pp. 254-5, &c., whereat he describes the horrible sufferings of the Russians on their way to Khiva, should be examined with the same view.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 14TH, 1880.

Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

Mr. RICHARD BARWELL, on

### SECTION OF THE FEMUR ABOVE THE SMALL TROCHANTER FOR ANGULAR ANCHYLOSIS OF THE HIP.

William D., æt. 12, had when five years old severe hip disease and many abscesses about the joint. After several years he got about on crutches, but the result was a thigh flexed at right angles to the pelvis and somewhat adducted —the deformity was extreme. The altered state of parts about the neck of the bone rendered section at that place inadmissible, section below the trochanters was rejected, because Mr. Barwell considers such operation must produce very considerable shortening—equal in amount to the distance from the centre of the head of the bone to a point below the small trochanter, namely, from two to three inches. The operation of Rhea Barton, and that of Lewis Sayre, viz., the removal of a wedge of bone from about the junction of the femoral neck and shaft appear to aim at an unattainable result, since an artificial joint at this part of the body, even if it could be secured could not be relied on to support the weight of the trunk. A review of the results obtained by those surgeons shows that of the two successful cases, one of Barton's and one of Sayre's, motion at the place of section was either never attained or soon ceased. In the case of William D., all such intention was therefore discarded. Mr. Barwell endeavoured simply to secure a straight limb without further shortening than that already produced by the loss of growth which accompanied the original disease. October 30th.—*Operation* performed antiseptically by making a crucial incision on the outer aspect of the great trochanter, down to the bone, peeling off the periosteum all round, finding the small trochanter and the tendon of the ilio-psoas muscle, passing above this latter part an armed needle, and drawing with the thread round the bone a chain saw, with which, obliquely upward and outward, the section was made. Barely twenty drops of blood were lost, the patient was taken to bed, and a weight suspended to the foot. No suppuration followed, nor indeed any other bad symptom, the temperature being good throughout. Union of soft parts by first intention except where the drainage tube was inserted, and that channel healed as soon as the drain was withdrawn. *Result.*—The boy stands upright and straight, the limb parallel with the other; the shortening is barely an inch, and that appears due to lack of growth in the bone, not to the operation. He walks almost perfectly and without sway of the body. Mr. Barwell especially directed attention to the fact that this end was attained by an operation which, being sub-periosteal, secured so rapid a union of bone that the boy was in bed only thirty-three days. The temper and the small size of surgical needles gave rise to a little difficulty in getting a thread round the bone. An instrument devised on the principle of Bellocq's sound was exhibited by Mr. Barwell, who has tested the facility of its use on the subject; with this instrument the operation is quite easy.

Mr. HEATH.—When it can be performed Adams's operation is the best possible. In some cases, however, it could not be followed, and the plan adopted by Mr. Barwell has much to commend it. In a case now under his (Mr. Heath's) care, a woman, the condition of the parts makes it impossible to tell what structures might not be cut through in an attempt to operate in the usual situation. In this instance he had already determined to divide the bone below the trochanter. By cutting through between the trochanters the danger of forward tilting is avoided. Prof. Sayre, when in this country, exhibited a model preparation of the case referred to by Mr. Barwell. It was difficult to believe it accurately represented what took place in the case it professes to illustrate. The operation is useful as serving to improve the position of a limb, but anticipations of increased freedom of movement from formation of a false joint are delusive.

Mr. BARWELL said much controversy had arisen in regard to Prof. Sayre's case referred to, but it could serve no good purpose to reopen it. The subperiosteal operation demands much care in its performance. The trochanter must be accurately distinguished, and the instrument cautiously and exactly adjusted to carry the silk and saw around the bone. These details are essential to secure a good result.

Two papers contributed by the PRESIDENT were then read by the Medical Secretary (Dr. F. TAYLOR). The first was an account of

### TEN CASES OF RHEUMATIC FEVER TREATED WITH SALICIN.

The author states that for some years past he has been in the habit of testing carefully and methodically in a series of cases the several remedies from time to time proposed for the treatment of rheumatic fever. During the last three years he had treated in the Middlesex Hospital ten cases with salicin and fifty with salicylate of soda. All the patients were confined to bed until the fever had entirely subsided. The diet consisted of milk, beef-tea, and sometimes eggs; stimulants were sparingly given. The affected joints were wrapped in cotton wool, and when pericarditis or endocarditis was present, belladonna and iodide of potassium ointment was applied over the precordia. In most cases simple effervescing medicine was prescribed on the day of admission, and an aperient, and occasionally sedatives were given, but the latter as seldom as possible. In all the cases treated with salicin and in many of those treated with salicylate of soda the urine was examined the day after beginning the medicine, and found invariably to yield the characteristic reaction with perchloride of iron. In order to exclude cases of mild type, which, especially in young subjects, rapidly improve under any kind of treatment, the salicin or salicylate was not prescribed until the patient had seen from twenty-four to thirty-six hours in the wards. Case 1.—First attack; incipient pericarditis; salicin in full doses on day after admission. Temperature began to fall on third day, became normal on sixth. Pains abated on second day and ceased on fifth. The salicin taken every two hours for six days, then for two days every four hours, and for nine days every six hours. A mild relapse occurred whilst taking the drug. Epistaxis occurred in this case; and the heart's action became feeble, requiring stimulants. Discharged on 66th day. Case 2.—Sixth attack; admitted on 14th day; mitral disease and pericarditis. Pain diminished on second day of treatment, ceased on sixth day. Temperature fell on third day and became normal on fifth. Salicin given every two hours for six days, then every four hours, but a relapse occurring, the frequency was again increased to two hours. Vomiting and headache became so severe that at the end of ten days more the drug was discontinued. Pleurisy and a second attack of pericarditis occurred. Discharged on 107th day. Case 3.—First attack; ailing several weeks; pericarditis. Pains rapidly subsided, and temperature became normal on fourth day of taking the drug, but cardiac failure was very marked, and the salicin was discontinued on the eighth day. Discharged, with an open systolic murmur on 25th day. Case 4.—Third attack; old mitral disease and a recent basic murmur. Pericarditis supervened two days after salicin commenced; the temperature soon fell to normal, but pains and sweating did not subside with it. A mild relapse occurred after the salicin was discontinued. Iodide of potassium was given, and patient discharged on 58th day. Case 5.—Third attack; relapse; pericarditis. Temperature normal, and pains greatly subsided on fourth day. Epistaxis supervened and pulse became small and feeble on the third day. Discharged on 20th day. Case 6.—First attack. Temperature fell to normal and pains subsided after two days' treatment but pericarditis developed. Pulse became very feeble; vomiting and epigastric pain occurred nine days after commencement of treatment, unrelieved by reduction in frequency of the drug, which was discontinued on the eleventh day. A relapse occurred, but salicin was not prescribed again. Discharged on 46th day. Case 7.—First attack; third day. Temperature fell to normal on third day of treatment; pains and sweating subsided more slowly. Salicin continued till 23rd day, and patient discharged on 45th day. Case 8.—Second attack; tenth day. Temperature fell to normal and pains subsided within thirty-six hours from commencing to take salicin, which at first given every two hours, was afterwards reduced, owing to feebleness of pulse, and omitted on the twelfth day. Discharged on the 23rd day. Case 9.—Second attack; third day; complicated with pneumonia. Temperature excessive on tenth day; pains continued a day or two longer. Sounds and impulse of heart became very feeble on twelfth day. Discharged on 33rd day. Case 10.—Second attack; sixth day. Double pneumonia and hæmaturia, endocarditis and pleuro-pericarditis. Pains in joints disappeared on the seventh day of treatment, but temperature remained high until after the salicin had been discontinued, on account of persistent and uncontrollable sickness. Chloral and morphia were required frequently at night, and stimulants were freely given on account of the dyspnœa and feeble irregular action of the heart. Twenty grains of salicin were given every two hours for seventeen days. It caused sickness at a very early period, and after a few days dryness and soreness of throat; discharged on 58th day. Thus the effects of the drug were not very satisfactory. The temperature appeared to be reduced, and the pains to subside, in the uncomplicated cases; but in cases 1, 2, 4, and 6 relapses occurred when the salicin was either discontinued or the frequency of the dose diminished. Case 5, one of relapse, had already been laid up some time, and recovery might have been as rapid under simple rest and diet, while in 9 and 10, complicated with pneumonia, the salicin did not appear to exert any influence in their progress. On the other hand, salicin appeared to produce some inconvenient consequences. In one case epistaxis, which recurred when the dose was increased; in four cases marked cardiac depression; nausea and vomiting in two cases. Lastly, the detention of patients in hospital was not shortened by the treatment, for except cases 3, 5, and 8, two of which were approaching their close when admitted, the patients treated with salicin recovered more slowly than is common in cases of similar severity under other modes of treatment.

The title of Dr. GREENHOW's second paper was

### CASES OF RHEUMATIC FEVER TREATED WITH SALICYLATE OF SODA.

These cases were fifty in number, and abstracts of a few of them were read. It would be impossible to reproduce these abstracts here, but we may give the conclusions arrived at by the author. He discusses, firstly, the physiological effects of salicylate of soda, and then the therapeutical effects. One of the most obvious effects of the treatment in the majority of cases was a speedy fall in temperature, sometimes within a few hours from commencing the treatment; and, save in a few cases, within two or three days. The pulse usually, but not invariably, came down in frequency with the fall of temperature. In forty-five out of the fifty cases certain well-marked physiological symptoms attended the reduction of the fever. There were effects on the nervous system, such as deafness, vertigo, headache, noises in the ears, delirium and hallucinations. Deafness often occurred early, and was noticed in twenty-seven cases. Sometimes it was very intense. Vertigo occurred in fourteen cases. Very intense headache, chiefly frontal, though less frequent than deafness and vertigo, was, when it occurred, a much more distressing symptom. It was complained of in nine cases, and in one recurred until the resumption of the medicine. Delirium was present in eight cases; hallucinations in four. Great depression of pulse and action of the heart was the most important effect produced on the circulation. More or less weakening of the pulse calling for stimulants in almost every case; great weakening of the impulse of the heart, and in ten cases almost complete obliteration of the first sound. Pulse irregular, and dicrotous in some. Vomiting occurred in twenty-two cases, great injection of the tongue in many cases, soreness of the tongue in three, and an aphthous state of the tongue in three cases. Diarrhœa in two cases was evidently referable to the salicylate. Epistaxis occurred in seven cases. In two transient albuminuria was observed, in two others tremor of the hand or tongue, which may not have been due to the drug. Speaking of the value of salicin and salicylate of soda in the treatment of rheumatic fever, Dr. Greenhow said that his experience led him to regard these as the most powerful antipyretic agents with which he was acquainted. The temperature soon falls under their use; the pulse commonly falls at the same time, and the pains soon abate very considerably, and in most cases entirely cease within a few days. But the improvement in the symptoms only takes place coincidentally with the development of one or more of the physiological phenomena already described, and in all the most acute cases the relief derived from the medicine passed away soon after the treatment was intermitted, and a relapse—in some cases several relapses—took place. On this ground these agents cannot be regarded as in any respect specifics in the treatment of rheumatic fever. Excluding two cases which passed into the state of hyperpyrexia whilst under the physiological influence of salicylate of soda, two other cases which proved fatal, and about 14 very mild cases from which no conclusions could be drawn, there were relapses in 21 out of the remaining 32 cases. In 7 of these 21 cases there was only one relapse, in 9 there were two, in 2 there were three, in another 2, four, and in 1 five relapses. A proportion of 21 out of 32 was a large one for relapsing cases; and in most of the cases the relapse was due to the passing off of the influence of the medicine. The paper concluded: "Fully admitting, therefore, the great immediate relief that appears to follow the use of these agents in the treatment of rheumatic fever, there still remains for consideration the further question, whether, upon the whole, the treatment is successful. The answer must depend upon whether the complications which are apt to arise in rheumatic fever are less frequent under this treatment; whether the condition of the patient after recovery is better or worse than under other modes of treatment; and lastly, whether the length of time during which the patient is disabled is shorter or longer under this than under other modes of treatment. To all these questions my experience leads me to reply in the negative. We might have, perhaps, expected that hyperpyrexia, at least, would have been prevented by the use of such a powerful antipyretic agent, but the two first cases I have recorded negative this expectation, for hyperpyrexia was developed in both of these after the proper physiological influence of the salicylate of soda had become manifest. Pericarditis was present in many cases before the treatment was commenced, but in several instances it improved afterwards. In three cases pneumonia, and in four others pleurisy, supervened when the physiological effects of the medicine had become manifest. On the other hand, several cases that were admitted with either pleuro-pneumonia, broncho-pneumonia, or bronchitis ran very much the course we are accustomed to witness in similar cases under other treatment. Patients treated with salicylate of soda appeared to me to become unusually anæmic, and to regain health and strength very slowly. They are long in becoming fit to resume their occupations, and their recovery has appeared to me more tedious than has been the case with patients treated on other methods. Excluding the two cases of hyperpyrexia, the two fatal cases, and nine very mild cases, which were on the average less than twenty days in the hospital, and perhaps recurred neither more quickly nor more slowly than such cases commonly do, I find that the remaining 37 cases were on an average 57 days each in the hospital. This period, however, by no means represents the duration of their disabling illness, for all had been at least a few days ill previous to admission, and probably never were discharged in a condition to resume work, many having been sent to convalescent hospitals, and others to their friends in the country to recruit. If now we examine into the duration in hospital of the cases treated with salicin a very similar result is shown. Two cases which were admitted in an advanced stage of their illness being excluded, the average residence in hospital of each of the remaining eight cases was 55 days. With regard, therefore, to the treatment of rheumatic fever with salicin and salicylate of soda, we must, I think, come to the conclusion that most physicians did with regard to the treatment with blisters, viz., that the pain and distress of the patients is undoubtedly for a time greatly assuaged, but that the duration of the illness is not shortened. Of the two plans I am of opinion that blisters applied in the vicinity of all the painful joints are by far the most efficacious and speedy in the relief they afford, and have the advantage of not producing so much subsequent debility. Another question now presents itself for our consideration, namely, whether it is not possible that some injurious consequence may result from the powerful action of the medicine upon the heart; and I am bound to confess my fears that the marked weakening of the first sound of the heart present in so many cases, indicates the exertion of an influence upon the muscular structures of that organ which may not always pass entirely away when the treatment is suspended, and more particularly when either inflammation of the endocardium or pericardium, or of the muscular structure itself, exists during the treatment."

Dr. SILVER said he had given much attention to cases of this nature. Within three days he found the pain assuaged, and the temperature reduced when the salicylate is given. He considered the drug of good value in these respects, and as a means of obtaining comfort for the patient; but the *disease* is not controlled by it, returning again and again on discontinuing the medicine. He employed in practice salicylate of soda until cessation of pain, and subsequently quinine in some form, or potass salts if suitable. He felt the paper would be eminently valuable and notable among the records of the Society.

Dr. HENRY DAVY could not endorse the conclusions arrived at by Dr. Greenhow. He had carefully watched the treatment of rheumatic fever, and had himself suffered from it three times. His experience of thirty cases treated with the drug under discussion tended to convince him that while it does not prevent cardiac complications, it does materially reduce heat and pain. The relapses he had witnessed were less serious and less frequent than those described in the paper. He had never seen grumous vomiting. The sickness, too, which took place during the administration of salicylate of soda, disappeared when for it salicin was substituted. He had noted nervous complications, but urged they were of minor importance. He considered relapses due to a too early return on the part of the patient to a fuller diet. He had himself been under three methods of treatment:—(1) Bleeding, opium, and mercury. Recovery, with no heart disease. (2) Alkalies; ill for many weeks. (3) Salicin; 15 grs. every two hours. The temperature, which rose to 104°, became normal in two days. The heart was not affected.

Dr. HERMAN WEBER had attained to greater success in treatment of rheumatic fever by salicylate than with any other agent. His results were less unfavourable than those recorded by the President. It was difficult to determine at the German Hospital the average number of febrile days, patients being retained therein somewhat longer than usual, in order to prevent relapses as much as possible. Complications he found less common under salicylate treatment than with other modes. In 44 cases treated by the salicylate method he had seen *no* hyperpyrexia. Had noticed reaction of urine with perchloride of iron in twenty or twenty-five cases of general rheumatism treated by salicin, and was surprised to hear that this reaction is obtained in secretions of patients treated by either salicin or salicylate of soda. He could not feel sure in what way the salicylate affects the heart. He was inclined not to accept the idea that it depresses cardiac action. The drug might possibly act in some unknown manner by setting up a fermentation in the blood. In eight or nine cases diminished sugar production had been found.

Dr. **Cavafy** detailed the result of his own experience in the treatment of acute rheumatism by salicin. This dated from 1875, when he published a series of cases. He had not employed salicin. He frequently gave half-drachm doses of the drug every two hours, varying the administration according to circumstances. He could not express agreement with the conclusions arrived at in the paper read by Dr. Greenhow. In his opinion improvement was not entirely dependent on the production of the physiological (toxic) phenomena. In a small percentage of his own cases no such phenomena were observed. Too much weight could easily be attached to the appearances of poisoning; but in his experience no serious consequences had followed therefrom. These were easily controllable by the establishment of a condition of tolerance by continuing the use of the medicine. He inclined to think that albuminuria, since it occurred in so small a number of cases, might be ascribed to the operation of accidental causes. The ill results commonly noticed may be avoided by giving the drug in small doses, and by not too suddenly cutting it off entirely. A fluid diet also should be maintained. He had not been troubled with tedious recoveries, and had occasionally been able to permit patients to leave bed after four days' treatment, even in cases of moderate intensity. In the case of a lady recently under his care, who was suffering from a third attack of rheumatic fever, the temperature recorded in the afternoon was 102°·8; there were redness, swelling, and tenderness of joints, but no murmur on auscultation of heart; soda salicylate was given in scruple doses every two hours, and in one week the patient was up and about. There was no relapse, and no bad symptoms supervened. Dr. Cavafy expressed his opinion that pyrexia may be the cause of the undoubted weakening of the first sound of the heart in these cases.

Dr. **Hewan** said he had himself suffered from acute rheumatism. He had tried the effects both of salicin and the salicylate of soda in himself and others, and always found sickness produced. He could not place confidence in the remedies. Under the influence of salicylate of quinine he had himself recovered very quickly, and ever since his personal experience of it he had employed it in treating cases of rheumatic fever and gout. In such cases he found recovery to be rapid and complete.

Dr. **Burdon Sanderson** was glad to find that everyone did not endorse Dr. Greenhow's disappointing views with regard to salicin. In connection with the physiological action of the drug, he reminded the Society of the origin of its use in treatment. If came first into employment in Germany in 1872, and its introduction into medicine was entirely suggested by experimental therapeutics. The discovery of the powerful antiseptic properties of salicin led to the inference that it would also be found an antifebrile, and this was proved the case by experiments made on the human subject. It did not succeed in gaining general favour, however, for some years, and he (Dr. Burdon Sanderson) had been among the first to indicate its action in this country in a series of lectures delivered in 1874.

Dr. **Dyce Duckworth** was convinced of the specific value of the drug in rheumatic fevers, the pain, high temperature, and other attendant trouble yielding before it and careful dieting together, so that the course of the fever has been materially modified for the better. The patient's stay in hospital is thereby shortened and his general improvement advanced. Dr. Duckworth said he had only adopted the salicylic treatment after considerable time spent in observing its effects, but that he now cordially approved it.

Dr. **Douglas Powell** desired to know the minimum dose it was thought necessary to obtain a good result. He preferred to give fifteen grains every two hours; when a greater amount is given than is required it is spent in producing toxic symptoms only. In consequence of its antiseptic properties salicylate of soda preserves urine for a considerable time.

Dr. **F. Taylor** observed that it must not be lost sight of in comparing the two remedies under discussion, that rheumatic fever will often disappear of itself after a time. This fact alone would require the removal of many cases reputed to be successfully treated under the method from the category of favourable instances of its efficacy. He was not impressed with the value of the drug himself, judging from the results he had obtained in Guy's Hospital. Frequent relapses were by no means uncommon, and he felt that many more records are necessary to enable a judgment to be passed on the value of treatment in practice.

Dr. **Silver** explained that in his analysis he had carefully excluded cases of self-recovery.

Dr. **Greenhow** said his papers could rank only as a contribution to an important subject. He entered on the consideration of the subject with no preconceived ideas, and had honestly devoted his best attention to it. He had been guided throughout by an earnest desire solely to consult the interests of the patients committed to his charge, and his papers were based entirely on the results of his personal experience in practice. It would gratify him to find his own conclusions were contrary to the general experience. He was certain that rest in bed and appropriate diet are most important agents towards recovery, and *all* his own cases were fed on a milk diet for a lengthened period of their illness. He had purposely avoided committing himself to the expression of any opinion on the subject of the production of symptoms, and had therefore confined himself altogether to an examination of *results*. The possibility that the drug may powerfully affect the heart ought, however, to be borne carefully in mind. He found there was a consensus of opinion that the temperature and pain are reduced by the use of salicin, and so far it can be said to be beneficial in its action. The evil after-consequences observed make it, however, a remedy of doubtful value at the best. In eight out of the ten cases treated by salicin the urine was tested the day after admission, and reacted to perchloride of iron. He felt sure small doses given frequently were to be preferred to large ones, *i.e.*, ten to fifteen grains every two hours. He had not found that relapses were prevented by diminishing the time-dose. The patient requires to be kept saturated with the drug, and this produces toxic effects. The most important symptom is the depression of the first sound of the heart. He hoped he might influence other observers to supplement his work by recording the results of their investigations as to the action of the drug during the progress of fever.

Dr. **Stephen Mackenzie** exhibited a case of "poliomyelitis," in which paralysis of muscles about the scapula succeeded to recovery from small-pox; and a case of a young child showing well-marked urticaria pigmentosa.

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## SURGICAL SOCIETY OF IRELAND.

**The** Society held an extra meeting in the Albert Hall, Royal College of Surgeons, on Friday evening, April 9, 1880, Dr. **Mapother**, President of the College, in the chair.

Dr. **Jacob** read the minutes of the previous meeting, which were confirmed.

### MAMMARY TUMOUR.

Mr. **William Wheeler** exhibited a tumour removed by him from the left breast of a girl, æt. 22, on the preceding Tuesday, in the City of Dublin Hospital. The history of the case was that about two or three months ago the tumour commenced, being then about the size of a pea, and it remained pretty much of that size a year at least; but since then it increased gradually until it attained the size of a small Seville orange. It was situated inferior to the gland itself and pushed the breast a little upwards. There was no difficulty in feeling the tumour and isolating it from the breast. The skin was not all discoloured, but there were two veins ramifying on it. It was painful, and at the menstrual periods very much so, and she experienced sickness of the stomach. Underneath the great pectoral in the axilla there was a small gland enlarged, It was a chronic encapsuled mammary tumour. Some opaque serum exuded. This was the second time in chronic mammary tumour he had witnessed enlargement of a gland in the axilla.

### OVARIAN MULTILOCULAR CYST.

Dr. **Lombe Atthill** exhibited an ovarian multilocular cyst removed by him on the previous day from a patient in the Rotundo Hospital. Before the operation, the most interesting feature was, perhaps, that, though perfectly satisfied of the existence of a large multilocular cyst, he believed there was also a good deal of fluid in the peritoneum ; but he was deceived by an immense layer of adipose substance over the abdomen The diagnosis of a multilocular cyst was verified by the operation. He was obliged to insert his hand into the cyst and break up the congeries of cysts which composed it. The adhesions were not numerous or dense, and without any great difficulty the tumour was removed, the pedicle was ligatured, and at that date the patient was doing well.

Dr. **Atthill** read a paper detailing his treatment of

### SEVEN CASES OF OVARIOTOMY

which will be found on page 405.

Dr. **Arthur Macan**, referring to the important question raised by Dr. Atthill, that of early operation, said the arguments for the late operation had nearly all gone on the theory that the peritoneum, being so much involved in cases of adhesions, there was less of it left for healthy action. But Dr. Atthill had indicated that the danger of infection of the peritoneum was got rid of by operation under the spray. The theory of early operation was obviously the correct one ; for why wait until the general health was affected, whereas, in every other case the surgeon tries to operate on a healthy person? It was a mystery to him to account for the late operation theory.

Dr. **Henry FitzGibbon** observed that in the single instance, where subsequent suppuration occurred, Dr. Atthill had not adopted Lister's antiseptic method. His personal experience in ovariotomy was small ; he had had but two cases. Nevertheless, he was an early convert to antiseptic surgery. The first occasion when he adopted carbolic spray was in 1869 at Howth, in a case of mammary abscess. The wife of the Earl of Howth's steward had been nursing some few weeks, when she contracted a mammary abscess from exposure to cold. Lactation had entirely ceased in the breast, and there was a dense tumour full of pus. He passed a drainage-tube through it under the hand-spray. He had been reading something about carbolic spray at the time, and he adopted it in this case, washing out the sac of the tumour, contrary to the present practice, with carbolic acid, dressed it with wadding saturated with carbolised oil, and leaving the nipple exposed. Three days afterwards all the breast was soft, the abscess never refilled, there never was a single drop of pus secreted, lactation returned to the breast, and the woman nursed for the next nine months. The case made such a strong impression on him that he believed in carbolic acid from that period. But the first occasion on which he performed ovariotomy was on the 16th July, 1877. He dressed the case carefully under a hand-spray until the fifteenth day, when the wound was completely healed ; but he then discovered that, through an oversight, there was one of the ligatures still remaining undivided. He divided the ligature without the spray, and left it for a few hours. Within three hours he was sent for, and found that the patient had had a rigor ; her pulse had gone up, her temperature was upwards of 100° ; she was anxious, and suffered a good deal of abdominal pain. He took off the antiseptic dressing and removed the ligature. The other ligature he had removed on a previous day, using the spray each time. She was seized with vomiting, and got peritonitic tendencies, so that he thought he was going to lose her. However, she recovered, and is still alive and enjoying good health. He believed he was nearly losing her for having neglected to use the hand-spray. The next case in which he performed ovariotomy was that of a woman, æt. 49, on Nov. 21, 1877, carrying it out strictly according to Lister's method, as he had immediately before seen the *modus operandi* in London. When the woman was admitted into hospital on the 3rd November, she was regarded as an urgent case for ovariotomy. The symptoms had become so urgent there was no time to be lost in doing something in the way of operative procedure. He found she had a high temperature. nearly 102°, a quick pulse, abdominal tenderness, and in fact was suffering from peritonitis. He was pressed to tap her ; but his conviction was that if he did he would be wounding the previously inflamed peritoneum, and she would probably have died. So he refused, and he treated her for peritonitis. The abdominal tenderness subsided, and she was restored to the condition she was in previous to the attack on the abdomen. He urged upon her the importance of having the tumour removed, and he operated on her on the 8th December, she having been admitted into hospital on the 21st November, proceeding strictly according to Lister's method. He immersed the instruments, made his assistants wash their hands, subjected them to carbolic spray as they entered the operation room, and carried out the practice to the letter. The result was, that although we found the suppurating cyst had apparently given way some time previous to the operation, there was plastic matter over some of the intestines, and over the cyst itself, and another suppurating cyst which opened during the operation, yet she never had a bad symptom. On the 13th day she was up walking about the ward. She went home on the 17th, and after the first two or three days never had any pain. That case was an unfavourable one for operating on under any other method than Lister's ; and the rapid recovery he had no hesitation in saying was the result of the antiseptic power of carbolic acid. In reference to thymol, he believed that it had no antiseptic power whatever. If it had any of the antiseptic power of carbolic acid it would destroy the vaccine power of vaccine lymph, but it did not. In conclusion, he might say the case he operated on on the 21st November, 1877, was the first in Ireland under the antiseptic system carefully carried out. There were other operations performed about the same time in which poultices were applied after 48 hours.

Mr. **Wm. Stokes** thought so far the principal point had been lost sight of, namely, the desirability or otherwise of operating at an early stage of the development of ovarian tumours. The subject had been frequently discussed between himself and his colleagues in the Richmond Hospital. An argument which had been adduced on more than one occasion against early operation was the fact of which everybody was aware—the infrequency of any inflammatory or other troubles supervening after puncturing the peritoneum in cases of ascites. Where the membrane has been subject to long continued pressure it has been considered, and with some ground, that that membrane is not so likely to be attended with inflammatory action afterwards. He had recently brought some cases under the notice of the Society. In the first at a very early period of the development of the tumour it was a subject of discussion whether the operation should be undertaken then or should be deferred ; and as there was a difference of opinion among them he wrote to Mr. Spencer Wells. That circumstance he had mentioned also. Mr. Spencer Wells wrote back strongly urging him to defer the operation until the tumour became much more largely developed, and he accordingly followed his advice. The case was subsequently operated on, and with success. His remarks appeared in the *Medical Press*, particularly in reference to his having written to Mr. Spencer Wells. Two or three days after the publication of his paper in that journal he received a letter from Mr. Spencer Wells containing a remark which would be heard with satisfaction by those who took an interest in the operation of ovariotomy, and particularly so by Dr. Atthill, who, as would be seen, took the same view to that now held by Mr. Spencer Wells : —"My opinion as to early or late ovariotomy has been a great deal modified since I have adopted Listerism. The irritability is so much lessened that I think we are justified in advising operations at a much earlier date than before." That remark coming from a person with such experience was of very great importance ; and he thought it would in future cease to be a subject of debate as to whether they should or should not operate in ovarian cases at an early stage of their development.

The **Vice-President** (Dr. **McClintock**) felt deep interest in ovariotomy, though not an operator himself. The salient point in Dr. Atthill's paper, and the one, too, which he himself considered was such—was the question of early or late operation. If it could be demonstrated that *cæteris paribus* the early operation was not more dangerous than the late operation it would clearly be incumbent on surgeons to recommend the early operation. In proportion as the operation is divested of danger, whether that improvement be attributable to Listerism or not, in the same proportion as the operation was divested of risk and mortality, would it be the duty of the surgeon to recommend its early performance, for there was no reason why, if a woman with a tumour the size of a cocoa nut could be permanently and radically cured, she should be condemned to wait 12 or 18 months until the tumour had attained a magnitude three or four times greater. Of course the opinion of an authority such as Mr. Spencer Wells would sway and influence every one's mind deliberating on the question. There was one point in favour of delay which had not been touched. If a patient came before a surgeon with an ovarian tumour, say the size of the uterus, at six months of pregnancy, there was a chance—though a faint one—of dispersing it by medical treatment; it might cease to enlarge, or undergo a spontaneous cure without any operation at all. There was a certain chance to the patient, and that ought not to be left out of view altogether. He had seen three or four cases of what were considered by himself, Dr. Kidd, and Dr. Churchill, ovarian tumours, and they disappeared under medical treatment. He had also seen cases where an accident had effected a radical cure. Last January he attended a lady in Dublin on her second confinement, and on the fifth or sixth day after it he was rather distressed to find a decided tumour in the left side in the hypogastric. This tumour steadily increased in size, and at the end of three weeks had acquired considerable magnitude, reaching up to the umbilicus. He had no doubt it was an uterine tumour that had existed there in a passive state before delivery, and suddenly acquired great dimensions, growing with rapidity. The circumstance he mentioned to her husband and mother, and as she came from a remote part of the country he insisted on a consultation before she left town. Dr. Kidd was asked to see her about three weeks after delivery. He examined her with the greatest care, and of course used the uterine sound. It was a perfectly clear case, he said, of ovarian tumour. Both himself and Dr. Kidd advised her to go to the country and live completely apart from her husband, as it was not desirable she should incur the risk of pregnancy till the tumour was disposed of. They wanted to consult Mr. Wells. However, she went away, and her general health improved, though the tumour increased. During the hard frost in February she was skating, and getting a very bad fall felt something give way in her stomach. She was laid up for two or three days with abdominal pain, and to her infinite delight the tumour disappeared. He was slow to give credence to the occurrence, but her husband brought her to town some two or three weeks ago when he found that not a vestige of the tumour remained. The chance was a slender one, but still afforded some little argument in favour of delay.

Dr. **Pollock** said a nurse-tender belonging to the Rotundo had been attending a patient of his for the last two years. He considered she was suffering from an ovarian tumour, and told her she ought to give up her place and go into the Rotundo to be operated upon. She declined, preferring to earn her guinea a week and stay where she was. For the last two or three days she had been confined to bed, and to his astonishment the tumour had gone down to nearly half its size. She now felt easier and better, but she had a bloody and serous discharge from the vagina, which he looked upon as a discharge from the tumour. That was another instance of the advisability of a little delay.

Dr. **Thos. Darby** said the question of early operation was no doubt the salient point of Dr. Atthill's paper. He had had four cases under his observation from 30 to 35 years. Those were cases of ovarian tumour. When Mr. S. Wells came to Ireland to operate he was at the hotel in Bray for the purpose of doing so upon a lady with whom and whose family he was acquainted, but had never professionally attended. He was at the time surgeon to the County Dublin Militia, and having left the Richmond Barracks he got into the train with the late Dr. Beatty, the late Dr. Hayden, Mr. Macnamara, and a fourth person. In reply to his inquiry, "Where on earth are you all going?" they said, to operate on a young lady whom he had seen—but not professionally—a week or ten days before. Her figure was not very slight, though not so large as a woman in pregnancy. She was walking about and well. He rather demurred, but of course with delicacy, as she was not a patient of his. He said she was likely to live for years, and it might be she would not live for days if they operated. Dr. Hayden said that was his opinion too. Mr. Spencer Wells operated, and she was dead in twenty-four hours. There was a case of his own, a woman rather in humble life, her family in business, her brother a tradesman, and she herself minding a shop. For many years she had been under his care. At that critical time she was so swollen she had been going from her bed to a sofa. For a time he thought she was dying, and he said to her, "There is a distinguished doctor from London here, and you are so very ill, it is my duty to tell you so. I do not recommend an operation. At the same time others might; and it is fair you should have a chance, if you choose, to consult this gentleman." She said, "I shall be entirely guided by you." "Well, my wish would be that you should have a consultation." She said, "Very well." Dr. Beatty having seen her, decided she was so far gone it would be no use to operate. That woman was still attending the shop in active life. She was not a very strong person, and had a good deal of abdominal protuberance and fulness. At the time to which he referred she was confined to her bed, and unable to walk two yards. There was another case of a woman who entered the workhouse 35 years ago, aged 30 years then, and was alive when he resigned. She was so very large he was going to tap her. Ovariotomy was not in vogue in those days. He temporised. When ovariotomy began to be talked about he brought Dr. Kidd to see her, and he advised to let her alone. Two years ago, when he left the workhouse, she was still alive, apparently in better health than she had been in for 30 years. These instances impressed him with the idea that he would not feel justified in an early operation in a small tumour that was not affecting the general health. In fact he would not like to operate in any case unless where imminent danger threatened. It was impossible to tell what time would do, and he could not therefore think early operation justifiable almost in any case, but certainly with regard to a young woman with an inch of fat on her abdomen. With regard to septicæmia he did not believe there was such a thing; that there was putrid blood circulating within the circuit of the live organism.

Mr. **Edward Bennett** mentioned the case of a girl suffering, according to diagnosis, from a non-adhering tumour. There was no evidence of peritonitis, and the girl was plump, without any signs of febrile disturbance. On a trocar being introduced, instead of the ordinary glairy fluid, nothing but pus came away. The entire cyst, which was unilocular, or nearly so, was an enormous abscess. Dr. Kidd, and others who saw the case, said it was an unfavourable one for operation, that operation might be necessary, but it would be better postponed. He did postpone it, and the woman was sent to the country for a fortnight, and she was so remarkably recovered in health when she returned, he was impressed with the idea that the waiting system was the best. She remained two or three days in hospital, but one morning he was suddenly called to see her, and found her in fatal collapse; she died in three or four hours. One of the cysts had given way. Round the cyst had existed the previous irritation, which he recognised as the superficial peritonitis. With early operation the risk of the purulent discharge into the cavity of the peritoneum would have been saved.

Mr. **A. H. Corley** said if it could be clearly proved that there was no harm in the peritoneal sac, the sooner they operated the better, as the sooner they got rid of the disease. But diagnosis was the question. Were they always certain of ovarian cysts? Had mistakes never been made? He had himself seen mistakes committed; cases in which uterine tumours could not be pronounced positively ovarian, and ovarian which could not be pronounced positively uterine. It was high treason to assert there had been mistakes in diagnosis; but he had known of mistakes on the part of the most distinguished obstetricians. They had heard of cases of spontaneous evolution. These seldom occurred, but no doubt they had sometimes. Sir Astley Cooper had told a story of a lady crossing London Bridge, and having got into a cab she felt the ovarian fluid going away, and she was cured. That fact was sufficient ground for not rushing to the conclusion that they should operate. The disease was a serious one; but that was no reason why they should go to the opposite extreme, and perform a serious operation. In the case of a patient suffering from an incurable disease, which, in a comparatively short period, must terminate her life, the surgeon had not the same compunction to operate as he had, where the patient was healthy, and might, from the operation, die next day; a result which had occurred in spite of all the precautions of antiseptic surgery. Therefore the question of diagnosis must be carefully taken into consideration before rushing to the conclusion of early operation.

Dr. ATTHILL replied. He had, he said, made his paper extremely brief, in the hope that it would afford sufficient materials for discussion, while it would not take up the whole evening. In that course he was right. The discussion had been most interesting and instructive. It was impossible to lay too great stress on the question of diagnosis; but in discussing that question he thought they were bound to consider that they had made a correct diagnosis. Had he any doubt as to the diagnosis he should certainly postpone the operation, as he had done not later than the previous day. He sent away a patient with a tumour, which, in his opinion, ought to be operated on, and that before long; but as there was a single difference of opinion, he let her return home for three months. However, Mr. Corley must remember the diagnosis of a small tumour was much easier than a large one. The errors were nearly always when dealing with the large tumour. Dr. Macan had spoken correctly of the cause of death. Patients hardly ever died of peritonitis, but either of collapse or septicæmia. Therefore, the operation of opening the peritoneum he looked upon as of comparatively little harm. Dr. FitzGibbon had confirmed his idea as to the non-use of thymol, and the sooner it was given up the better. To himself, the unexpected opinion given by Mr. S. Wells was at once gratifying and encouraging. The opinion he had given in his paper was the result of his own experience, and, therefore, it was important to find the views of a man of such vast experience approximating to those he had himself been recently led to entertain. Dr. McClintock's observations were very important. He had spoken calmly, dispassionately, and logically, but some of his statements were surprising. Since he commenced to practise, now thirty years ago, he had never once found medical treatment of any avail whatsoever, and yet Dr. McClintock had testified to having seen cases dispersed under medical treatment. At all events, that was diametrically opposed to his experience, for he had used iodine till he had the patient's abdomen blistered for months, and he had never seen the most trifling benefit result. Of spontaneous cure he was very doubtful, while he was well aware of the accidental cure. But who would run the risk of the latter? who would prefer running the risk of a lucky accident, instead of having scientific treatment? When in charge of a dispensary he had under treatment a woman who had ascites, and the abdomen was drained of fluid through the vagina, and he believed through the Fallopian tubes. But how it came through the vagina, unless some accident occurred by which the fluid first got into the abdomen, he knew not. Dr. Darby's cases had great weight in one respect, as proving what they all knew, that a certain proportion of cases of ovarian disease would live for many years. He himself had had a case for twenty years. But these were the exceptions. As a rule, the statistics of the mortality of patients suffering from ovarian disease clearly showed that death occurred within two years, while a few, one in twenty-five or thirty, would live a good many years. But if any one of these was the subject of disease, which they knew would kill in twenty-four months, or one in thirty, might live to a considerable age, and that they might be cured by an operation less dangerous than amputation of the leg or thigh; very few would refuse to undergo it in exercising their own judgment. However, all those cases of supposed ovarian disease were not ovarian disease. One of Dr. Darby's cases was not ovarian, but was a case of a large fibrous tumour. The question was not whether they would perform an operation or not, but whether they would hesitate and refuse to give the patient a chance of life when it lay in their power to do so. It was easy to say the operation was a serious one, and death might occur in twenty-four hours, and then what damage the surgeon's reputation would suffer. He had heard that said by more than one surgeon, and it was no doubt a fair element for calculation. But those were not the reasons that should influence them. The patient was put into their hands, and they were to decide whether they could give her a fair chance of living to the full term of life, or allow her to be cut off early. For himself he could not understand how any surgeon should hesitate under the circumstances, allowing the patient to die a painful death. He had seen two cases, and such agony he had never seen exhibited, and he hoped never would again—cases in which patients at the last gasp in agony, urging and praying the surgeon to do anything to relieve them of the suffering—patients who, if operated on a few months sooner, might have been alive. In one of those cases, he operated on a patient whom he wished to operate on eighteen months previously. She died, but she lived for a week, and there was this comfort, that whereas before he operated, her screams could be heard at a considerable distance, she obtained perfect relief the moment the operation was over. She died without suffering, died a happy death, instead of one of excruciating torture. He knew the operation would be useless. Still it was an example of not shirking the responsibility. They ought to give a suitable patient a fair chance of her life, and operate where they thought they could add to her life by so doing.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MAY 19, 1880.

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## THE TREATMENT OF ACUTE RHEUMATISM.

IT is now about six years ago that general interest was first aroused in this country in respect to the value of salicylic acid in the treatment of acute rheumatism, or rheumatic fever. The distressing symptoms attending this formidable disease, the agonising pain, and high temperature that accompany it, render it a matter for consideration how best to secure the alleviation of the suffering which constitute it one of the most pitiful complaints with which the physician has to deal. Hence the report that a new drug had been discovered to exert an immediate and complete control over the prominent distressing features of rheumatic fever, created in medical circles, a keen desire to make trial of the reputed specific. This trial has been fairly, carefully, and elaborately made; the results attained have been at various times communicated to the profession through the medium of papers, and essays read at the societies, and published in the technical journals; and we are at length in a position to arrive at some definite conclusion as to the therapeutic value of the two drugs hitherto generally employed, viz., salicin and salicylate of soda. Only, however, in a measure, can this be said, for even at this time there is no universal agreement on the most vital point of the whole question, as to the final consequence, that is, of continuous use of the drugs during illness. The conditions under which investigations into the nature of their action have been conducted make it a matter of extreme difficulty to accurately differentiate the essential and accidental phenomena which follow their exhibition.

This was well brought out on Friday evening at the meeting of the Clinical Society of London. On this occasion Dr. E. Headlam Greenhow, President of the Society, communicated two papers, than which it may safely be affirmed no more valuable nor enduring records are contained in the annals of the society. These papers are entitled (1) "Ten Cases of Rheumatic Fever treated with Salicin," and (2), "Fifty Cases of Rheumatic Fever treated with Salicylate of Soda." They embody the results of a series of careful and elaborate clinical studies, and from these results Dr. Greenhow has been driven to conclude that the remedies so pertinaciously advanced as having a specific value in overcoming rheumatic fever, are *per se*, actually inoperative in the way of directly affecting the progress of the disease. That they do exert an influence on pain and temperature, easing the one, and reducing the other, he is prepared to admit, but with the admission he couples the guarded assertion that beyond this benefit none other is produced, while at the same time the administration of the medicines is attended with risks to the patient as heavy and as lasting for evil, as any observed when other methods of treatment are chosen in preference. This is the question which remains for decision at this time. All, or at any rate, the great majority of practitioners familiar with the drugs in the treatment of disease, agree in this, that they *do* exert a marked influence on fever with pain. The mode of their action is undetermined, but we can guess at it with some probability of success by remembering that salicin is distinctly an antiseptic agent. It is undoubtedly antipyretic; but it is significant that Dr. Greenhow reports two cases of hyperpyrexia among those included in his analysis. His experience in this particular is, if not unique, at any rate remarkable; and wonderfully careful as all his observations have been, and distinguished as his treatment is for conscientiousness and an accurate regard to every detail, we cannot but be struck by the importance attaching to his observations regarding this symptom. Dr. Cavafy has made his opinion worthy to be received in all faith on the subject of the treatment of acute rheumatism, and with him Dr. Herman Weber is in harmony in rejecting the conclusion Dr. Greenhow has arrived at, but, at the same time, the two former physicians do not hide their unwillingness to trust absolutely in the remedies for which they nevertheless claim unusual consideration. The certainty that cases of acute fever treated with salicin or soda salicylate will within a short time be relieved from agonised suffering, and restored to comparative ease, is certainly a strong inducement to resort in every case to them as a means of combating a grave disease. When to this can be added the testimony of authorities so eminent as Drs. Cavafy, Herman Weber, Dyce Duckworth, and many others, that the employment of the medicines is followed by an improvement such as can be anticipated from no other of the numerous remedies made use of in treating acute rheumatism, we cannot wonder that the method of cure thus ably expounded is largely followed by the general profession. Hence it becomes in the highest degree necessary that a certain and final estimate of the therapeutic action of remedies, the use of which is rapidly spreading, and which are rapidly receiving recognition on all hands as the one specific in acute rheumatic disorders and other fevers, shall be made.

Salicin possesses certain properties in virtue of which, when introduced into the animal system, it produces a series of physiological effects. The nature and sequence of these cannot even yet be said to be accurately known, but as Dr. Burdon Sanderson described to the Clinical Society, they have been partially determined to be antiseptic and antipyretic; and, further, they are toxic. For the purposes of future inquiry especial attention will require to be directed towards defining the bearing of these toxic properties on the human organism; principally and especially because from Dr. Greenhow's deductions as far as he ventures to draw any, the continuous operation of the drugs within the system is productive of structural changes in the heart which are prejudicial to the maintenance of its healthy action. He insists on the important symptom contained in the reduction of the first heart sound, a symptom he associates with the use of the drug, and with which he describes the oncoming of relapses after continued employment of it; these being in no way, in his experience diminished or prevented by it. The evidence given on this point by other observers does not rebut Dr. Greenhow's conclusions, and although there seems to be a general unwillingness to accept his conclusions, it could not be said that they are materially shaken by the criticism to which they have been submitted. By the method of analysis the best results are alone obtainable. It admits of an adequate conspectus of a multiplied series of clinical researches, and only through it can the numerous details acquired by continuous observation be grouped in a manner to admit a due appreciation of their significance. Dr. Greenhow has fulfilled the conditions required of him in this respect, but it is to be regretted that the rules of the Clinical Society will prohibit the appearance of his papers in print ere they are issued in the annual volume of Transactions.

Dr. Greenhow aims only at stimulating inquiry, but he would best have aided this aim by offering his own records as a model for others to imitate. It is too much to hope that they will be unearthed from the mine of wealth that lies buried in a yearly volume of papers, or be read by more than the few with sense enough in this age of new ideas to glean great truths from things not wholly fresh.

The direction of inquiry may, however, be sufficiently well, though roughly, indicated. There needs further proof that the *immediate* effects of the salicylic treatment are the reduction of pain and temperature, as is claimed. Dr. Frederick Taylor inclines to believe that much of this is due to the rest and improved surroundings to which patients are subject in hospitals, as compared with that they experienced prior to admission: and though other physicians narrate cases which cannot be supposed to come under this class—cases, that is, in private practice—yet we are justified, in the absence of careful records, in eliminating them from our consideration. It cannot be too earnestly insisted on that no case can be of value for determining the questions at issue of which every point that can in any way affect the issue is not carefully included. The observers may willingly essay to pass a judgment entirely free from bias, but wanting any, though an apparently trivial, detail, which, when known, might affect his decision, that decision will not be serviceable to truth. Earlier during the present session of the Clinical Society a paper was read—we believe, by Dr. Dyce Duckworth—on "The Treatment of Acute Rheumatism by Salicin," and from this, as from Dr. Greenhow's conclusions, the opinion that the structure of the heart undergoes degenerative change in patients placed under the influence of salicin gathers force. Again, it is no unimportant fact that salicylate of soda, and even salicin, will produce in many patients speedy and serious toxic effects, though only small doses be administered, and when regard is had to the possibility of even the most favourable recoveries reported as due to the influence of the drug, may yet be included under the head of spontaneous improvement when carefully investigated, there arise many doubts to dissuade the too hasty establishment of a final dictum respecting them. Much remains to be done. Dr. Greenhow has laid the foundation for future observation. Though these will not possibly equal his, they can ably supplement them.

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## THE ABUSE OF THE LONDON HOSPITAL SYSTEM.

THE *Students' Journal* has a thoughtful and forcible article on this subject which is worthy of quotation, but that our space forbids its republication in full.

"Thinking men," says our contemporary, "cannot be ignorant of the fact that our hospital system is greatly abused. No doubt in our profession, as in that of the church, much gratuitous work must be done, and its members must be prepared to make many sacrifices for the general good of the community, but that is no reason why we should be imposed on. We do not find men of other professions giving their services; lawyers and merchants all require paying. One must pay his lawyer for a consultation, however poor he may be; as also he must pay the merchant for his wares. And this is only right; for if a merchant were to keep open house, and give his stock-in-trade indiscriminately to all applicants, as many hospital surgeons do, the public would not go to his fellow-merchant and pay for what he himself would give them.

"One example out of very many is afforded by a drunken man. Why should a drunken man be attended to at our hospitals? We maintain that if a man can pay for the privilege of getting drunk, he can pay, and should be made to pay, for being cured of the effects of any accident the result of that drunkenness.

"If our readers will just think for one moment, they will see as clearly as we ourselves do the justice of this view.

"A man goes to a public-house and indulges in too much drink; in a drunken brawl he cuts his head—What does he do? He simply staggers instinctively to the nearest hospital, and gets his head dressed for nothing; he then staggers back to the public-house, and spends in beer the money which he ought to have paid some surgeon for dressing his head.

"This is no fanciful dream, nor the result of an article-writer's imagination; it is a reality—a reality which happens every day of our lives, and *just one* phase of the abuse of the hospital system.

"Why, we ask, should the casualty-assistant at that hospital have been disturbed to attend to that man? why should the resources of that hospital have been drawn upon in the slightest degree for such a purpose? why should drunkenness be thus encouraged? and why, lastly, *should an outside practitioner have been cheated of a patient and a fee?*

"A man may consult our most eminent men at the hospitals free of charge; he may also obtain medicine and certain appliances free of charge; he never thinks that if he can pay for advice and medicine, he is doing wrong by obtaining it for nothing, and if for a moment such a thought crosses his mind, his conscience may be free and easy; and as he prefers distinguished advice for nothing, to paying for less appreciated aid, he soon finds a prettier term for his act, than that by which we express it, viz.; robbing the consultant of his time, the institution of its funds, and some practitioner of his fee.

"We know a certain gentleman, whose income is somewhere near two thousand a year; but who thought it no disgrace to express his admiration for our hospitals in a similar way to the following—'Yes, these hospitals are very good things indeed. I was cutting a little bread at dinner the other evening, when I gave my hand an ugly gash. Well, I had only to send my butler for a cab, and to drive to the + hospital, to get it dressed for nothing!'

"And he had the audacity to boast of so mean a trick. This man drove past at least a dozen medical men, any of whom would have dressed his hand for a small fee, in order to receive charity at a hospital whose object was to benefit the poor, and extend its aid to those who could not afford to pay for it!

"Picture the feelings of a newly-fledged surgeon, when his dream of happiness at seeing that his neighbour, Mrs. Jones, the wife of a wealthy merchant opposite, has broken her leg, is ruthlessly dispelled by her driving off to the nearest hospital in a cab, to live on charity over a month!

"This abuse we have shown to be of harm to many classes of people, and we hope our readers will assist us in trying to put it down; it is of long existence of a widespread nature, but earnest work, individually, will help to crush the monster; and, at least, to diminish its extent and power for harm."

We fully understand that the medical officers of hospitals consider themselves repaid to a certain extent by the prestige the office gives them, and that they are eager for as much work and as many beds as possible. But we put it to them whether they would not enjoy all these advantages to an almost equal extent, and, at the same time, relieve themselves of a vast quantity of uninteresting work, if a little discrimination and care were exercised in the out-patient departments. Besides, we urge that, by their readiness to see every body for nothing, they deprive themselves, not to mention their brethren, of a very substantial source of income. If an opulent shop-keeper resorts to the hospital for the purpose of getting the advice of a surgeon, it is highly probable that, being refused that advice without payment, he would go straight to that particular surgeon's house and pay with all the more respect for him because he was not accessible without a fee. We put the matter on the meanest personal grounds, but we hope it is not on that ground that surgeons would discourage the abuse of hospitals. Does the surgeon recollect that when he gives his skilled aid to a person whom he knows and feels to be undeserving, he is really only shamming the good Samaritan, and is not entitled to any credit or thanks whatever, but rather to unqualified blame. He is misappropriating the money of the benevolent, and misusing the institution to which he belongs; besides that he is making a beggar of his patient, and encouraging deception and chicanery. We quite believe that every hospital physician and surgeon feels the truth of this, and would be willing to co-operate in a reform, but habit has made the abuse a second nature, and, in any case, no one can act alone. We think a vigorous organisation is wanted to invade the hospital boards, and put men thereon who will work for a change of system, and who will agitate against the continuance of these cases.

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# Notes on Current Topics.

## The Representation of London University.

It is expected that no contest will take place in connection with the seat for London University, rendered vacant by Mr. Lowe's acceptance of a peerage. The result of a test of feeling in respect to the candidates named for the constituency has been largely in favour of Sir John Lubbock, and in deference to the expression the other gentlemen who were invited to come forward in the Liberal interest will retire from the contest. It is not probable that a Conservative will be put into opposition with Sir John Lubbock.

## British Medical Association.

On Friday evening a *conversazione* was given at the South Kensington Museum by the Metropolitan Counties Section of the British Medical Association. A very large assembly took place, and many well-known members of the profession were present. Mr John Wood, President, received the guests, among whom were also some members of the Legislature. The band of the Grenadier Guards, under Mr. Dan Godfrey, played during the evening, and a concert of vocal music was given. An interesting exhibition of work done by the blind was a feature of the evening.

## Alleged Poisoning by Chlorodyne.

At Leeds Town Hall, last week, the coroner held an inquest on the body of John Rivers, aged 42. It was sworn that he had suffered from sleeplessness, and for several years he had been in the habit of taking chlorodyne. He had been away for more than a fortnight, and when he returned he appeared to be very ill, and was assisted upstairs. The following day he vomited a good deal, and on the next day a surgeon came to see him. The surgeon reported that he found the deceased very ill. He told witness that two days previously he had gone to a chemist, and got medicine and a bottle of chlorodyne. During the night, when he found he could not sleep, he had taken all the chlorodyne. Witness asked if he had been in the habit of taking chlorodyne, and he said he had. He had made a post-mortem examination of the body, and was of opinion that deceased had been poisoned by an over-dose of chlorodyne. The jury gave a verdict in accordance with the medical evidence.—The evidence and the verdict seem alike strange. Has anyone ever heard of chlorodyne poisoning which did not cause death for three days afterwards, the patient being meanwhile quite conscious and showing no narcosis? We should also be interested to know what were "the usual remedies" which were prescribed.

## Accident to a Celebrated Jockey.

Mr. Archer, of celebrity among race riders, was bitten by a horse about a fortnight ago, and is now under the care of Dr. Wright, of Newmarket, and Mr. A. T. Norton, of London. The musculo-spiral nerve was injured by the bite, completely paralysing all the extensors of the fore-arm and wrist. The pulling power is barely interfered with, so that Mr. Archer is not altogether prevented from continuing his vocation. A considerable amount of induration exists about the posterior part of the humerus where crossed by the nerve, and it is hoped that as the swelling subsides the function of the nerve will be restored.

## Treatment of Anal Fissure.

Instead of employing forcible dilatation Dr. Hamon (*Le Praticien*) applies to the fissure, with a camel-hair brush, a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications at intervals of two or three days usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

## Pleasure Grounds for the Poor.

The poor of London are none too well supplied with gardens or grounds in which they can see the resemblance of the country in the shape of trees and flowers. For all that it possesses so many, and extensive parks and gardens, these are so dispart, London is so very large, that they provide but a portion of the people with facilities for open-air enjoyments. Just those parts of town—the slums and alleys of crowded neighbourhoods—which contain the densest population are, as a rule, those farthest removed from the inheritance of all — the large public parks. Hence, any means of enabling the densely-packed crowds to leave their dreary homes and move among the fresher green deserves encouragement and aid. A movement to open the hitherto closed gardens of Lincoln's and Gray's Inns is afoot, and to those who know the numbers of poor who have their homes about Gray's Inn Road, Bloomsbury, and Drury Lane, the aim in view will heartily commend itself. An association entitled the Kyrle Society has the work in hand, and to its objects the Duke of Westminster gives his cordial approval. It would be well, indeed, if all the west and west-central squares were opened to the public. That they would be well treated and not abused, the condition of the slips of garden on the Embankment and other places satisfactorily demonstrates.

## Society for Relief of Widows and Orphans of Medical Men.

THE Annual General Meeting of this useful Society was held on Friday, May 7th, in the rooms of the Royal Medico-Chirurgical Society of London, under the presidency of Sir George Burrows, B.A., M.D. The Annual Report, which was read by the Secretary, showed that the number of members was 385, the same as in the previous year; 10 new members having been elected, 5 had died and 5 resigned.

During the past year 59 widows and 14 orphans had received £2,968 10s. The expenses amounted only to £222 17s. 10d., albeit this was in excess of the previous year. The grants showed an increase of £72 10s. Three widows in receipt of grants had died, and one had become ineligible through marriage; 5 fresh widows had been elected. Two children had ceased to be chargeable on the funds, but 5 fresh cases had been adopted. A present of £5 had been made at Christmas to each widow, and £2 to each orphan, and £4 to each of 3 orphans from the Copeland Fund.

A legacy of £500 Consols had been transferred to the trustees of the Society by the exors. of Miss Harriot Hurst, and the funded property had been further increased by the purchase of £814 0s. 9d. Metropolitan Consolidated Stock. The total expenditure of the Society for 1879 had been £3,191 7s. 10d., and the receipts available for payment of grants and expenses were £3,242 5s. 4d., leaving a balance of £50 17s. 6d. in favour of the Society.

The following gentlemen were elected Directors in place of the six seniors who retired, viz., Mr. Thomas Dickinson, M.R.C.S., Mr. Charles A. Aiken, F.R.C.S., Dr. Church, Dr. Day, Mr. A. E. Durham, F.R.C.S., and Dr. L. A. Brailey; and Dr. Rugg was elected to fill the vacancy caused by the retirement of Dr. L. H. Sheehy. A vote of thanks to the editors of the medical journals for their kind services was carried unanimously.

The meeting was then made special to consider the proposal of Mr. Street, to extend the area of the operations of the Society from its present limits to a radius of 20 miles from Charing Cross. The alteration was approved by the meeting, and a vote of thanks to the Chairman brought the meeting to a close.

## King and Queen's College of Physicians in Ireland.

SOME years since this College made a bye-law compelling all candidates for their licence to produce a certificate of nine months' attendance at a general clinical hospital having fever wards attached. The attention of the College having been called to the fact that in many instances the students attending such hospital did not visit the fever wards at all, the bye-law has been modified in the following manner:—From next New Year's day all candidates will be obliged to produce a certificate of at least three months attendance in a recognised clinical hospital containing special fever wards; and, further, to produce the records of at least five cases of infectious fevers taken by themselves, and guaranteed by the signature of the clinical physician. This effort of the College to maintain a high standard of education in the profession, and to ensure the reality of the prescribed course of study, deserves, and will receive, the warm approval of the profession.

## Hospital Sunday in Liverpool.

NEXT to London, the amount subscribed on Hospital Sunday is probably the largest in the United Kingdom. This year nearly £10,000 was collected, which is larger than it has ever been before, andthe Committee propose to apportion the available sum of £9,250 among the various medical charities of the town in the following amounts:—Royal Infirmary, £2,775; Royal Southern Hospital, £1,480; Northern Hospital, £1,295; Dispensaries, £740; District Nursing Society, £647; Ladies' Charity and Lying-in Hospital, £555; Infirmary for Children, £462; Eye and Ear Infirmary, £555; Homœopathic Dispensary, £185; Stanley Hospital, £185; Hospital for Infectious Diseases, £138; Consumption Hospital, £92; St. Paul's Eye and Ear Hospital, £46; Cancer Hospital, £46; Dental Hospital, £23; St. George's Hospital for Skin Diseases. £23.

## The Royal Irish Medical Benevolent Fund.

THE annual meeting of the friends of this charity will be held as usual, we believe, on the first Monday in June. Like all things else in Ireland, it has not passed unscathed through the troubles of the year; and we are sorry to learn that thus far there is a substantial deficit in the receipts. For a society which has for its object the helping of distressed medical men, and the widows and children of deceased brethren of the profession, this is particularly unfortunate, when claims are more urgent and more numerous. We are bound to say that there has been much apathy among a large number of doctors regarding it; and refusal to subscribe is too often the only response to the Society's appeal. It is neither right nor fair that the benevolence of the profession should be confined to a section. It is certainly the duty of all to contribute, no matter how small the sum may be. We know cases in which medical men have been saved from ruin; and almost completely destitute families have been kept from the workhouse by the timely aid of the Society. With diminished funds this year, it will be understood how crippled the committee must be in making awards. We believe there is still yet time to add to the fund for this distribution, and we therefore beg to urge the subject upon the attention of those who have not yet done anything for their poorer fellows.

### Medical Night-Service.

A BILL for the creation of a medical night-service in New York has been presented to the State Legislature, and is in charge of Senator Strahan. It is framed after the Parisian plan of such service, and in accordance with the suggestions offered by Dr. Nachtel at the recent meeting of the New York Academy of Medicine. It provides for the registration at the police precincts, and at such other convenient places as the captain of the precinct may elect the list of physicians, duly authorised by the Health Board, who are willing to respond to a night-call for three dollars. The latter sum is to be paid by the patient, or by the Health Board, on presentation of a properly authenticated certificate of such attendance signed by the captain of the precinct. Consultations, when necessary, may be obtained at the rate of six dollars each, payable under conditions similar to those of ordinary visits. Each patient is to have preference for any particular medical attendant on the list, but as a rule the one nearest shall be summoned. The physician, within twenty-four hours after his attendance, must fill out a blank containing his name and address, the age, sex, residence, and disease of the patient, and forward the same to the registrar of vital statistics. The service is intended only for such as have no regular medical attendant, who are strangers in the city, and who require the immediate attention of a physician or surgeon. The sum of three thousand dollars is asked as an appropriation for the effective working of the scheme. The bill is expected to pass without opposition.

### St. John Ambulance Association.

THE work of this society in Bournemouth has progressed fairly. Since the establishment of the centre there have been four classes, attended by 69 ladies and 24 gentlemen, under Drs. Douglas Hemming, Gunton Turner, Douglas, and Lamson. An examination is to be held on the 19th inst., and when the result is known, it is expected that Sir C. Lechmere and Major Duncan, R.A., will hold a public meeting for the purpose of awarding the certificates. Classes for volunteers and workmen are in course of formation, and as these are usually free, donations towards the funds of the association are much needed. Advanced classes for those who have obtained certificates are also contemplated.

### Jaborandi in Mumps.

DR. TESTA (*Il Morgagni*) has employed this remedy in the form of infusion in five cases, and draws from his practice the following conclusions:—1. Jaborandi is an efficient remedy in mumps. 2. The efficacy is explained by its hydragogue, and especially its sialagogue properties. 3. Administered early it will prevent the development of the affection. 4. It may prevent the metastases which are not infrequent.

DR. THOMAS BARLOW, late Assistant Physician to the London Hospital, has been appointed Assistant Physician and Assistant Teacher of Clinical Medicine in University College Hospital.

A BOY named Clarke, nine years of age, the son of a solicitor, has just died at Longton, Staffordshire, from hydrophobia. He was bitten by a dog belonging to his father. The bite was a severe one, and in spite of all attention the lad died from hydrophobia after three days' violent suffering. The dog was eventually shot.

THE Registrar-General's return shows that a very important social revolution may be expected. Males are on the increase, and females are decreasing. In 1879 the number of boys born was 442,289, while the girls only numbered 433,577. Moreover, the number of females who died exceeded the males by some 30,000.

THE Annual Festival in aid of the funds of Charing Cross Hospital was held last week under the presidency of Lord Denman. It was stated in the course of the evening that the cost of the proposed removal of the mortuary buildings and providing new premises for the medical school would be about £10,000. Subscriptions to the amount of £2,500 were announced.

SMALL-POX is epidemic in many parts of Belgium. In Antwerp, Diest, Jumet, and Gilly many hundreds of people have lately fallen victims to the disease. In the Belgian Senate, M. Crocq, a surgeon of eminence, has proposed to make vaccination compulsory, but the Belgian Government has declined to do more than "supply all persons who require it with good lymph gratis."

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Hull 16, Oldham 16, Portsmouth 17, Newcastle-upon-Tyne 17, Leicester 18, Brighton 18, Leeds 19, Birmingham 19, London 20, Bristol 21, Sunderland 21, Norwich 21, Edinburgh 22, Bradford 22, Nottingham 23, Wolverhampton 23, Liverpool 25, Sheffield 25, Glasgow 27, Manchester 28, Salford 30, Dublin 36, and again the highest rate 38 in Plymouth.

A VERY desirable invention has just been patented by a Mr. Marzetti, of London, by which the draught and dust incidental to railway travelling are said to be entirely avoided. At present we have only seen this much-desired reform "on paper," and cannot, therefore, vouch for its utility. But, although ourselves doubting, the inventor offers to substantiate his claim by fitting up any number of railway carriages at his own expense. Mr. Marzetti is not likely to be kept long waiting for a practical test.

THE Lectures for the present year at the London College of Surgeons will be resumed on Wednesday, the 2nd of June, by Professor Butlin, who will deliver on that day and on the 3rd and 4th of that month three lectures "On the Relations of Sarcoma to Carcinoma."

Mr. Lowne will deliver three lectures on the 7th, 9th, and 11th of June, "On the Development of Sensory Organs."

And Professor Hutchinson will conclude the course for the present year by delivering on the 14th, 16th, 18th, 21st, 23rd, and 25th of June, four lectures "On Some of the Surgical Bearings of Gout and Rheumatism," and two lectures "On the Etiology of True Leprosy."

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were —in Calcutta 28, Bombay 36, Madras 33 ; Paris 30 ; Geneva 17 ; Brussels 27 ; Amsterdam 24, Rotterdam 21, The Hague 29 ; Copenhagen 25 ; Stockholm 27 ; Christiania 19 ; St. Petersburgh 63 ; Berlin 30, Hamburg 26, Dresden 24, Breslau 33 ; Munich 43 ; Vienna 31 ; Rome 32, Naples 41, Turin 28 ; Venice 19 ; Alexandria 29 ; New York 26 per 1,000 of the populations. Typhus and typhoid fevers caused 126 deaths in St. Petersburgh. In Paris 48 deaths resulted from small-pox, and 34 from typhoid fever.

The death-rate from the seven principal zymotic diseases in the large towns ranged from 0·3 both in Hull and Newcastle-upon-Tyne, to 5·3, 9·5, and 18·1 in Salford, Dublin, and Plymouth respectively. Measles showed a further increase of fatality in Plymouth, and caused 23 deaths, against numbers increasing steadily from 11 to 20 in the six preceding weeks. Measles also showed fatal prevalence in Sunderland and Nottingham. The deaths from scarlet fever were proportionally most numerous in Salford, Sheffield, and Manchester. Five more deaths were referred to fever (principally enteric) in Sheffield, and 20 in Dublin. Ten fatal cases of small-pox were registered in London, 11 in Dublin, but not one in any of the other large towns.

A meeting of the Society of Metropolitan Medical Officers of Health, Dublin, was held at the Royal College of Surgeons in Ireland at 4.30 p.m. on the 12th inst., the President of the Society, C. A. Cameron, M.D., in the chair. Various business having been got through, a prolonged discussion on Dr. Cameron's paper, read at the last meeting, on "Toxic Principles in Whisky," then ensued, and the following resolution was adopted, and copies ordered to be forwarded to the Chancellor of the Exchequer, and to Mr. Sullivan, Member for Limerick, viz., "That this Society approves the suggestion in Mr. Cameron's paper, to the effect that whisky should be kept in bonded warehouses for a period of not less than two years before being removed for consumption." The society is strongly of opinion that much injury is done to the health of the consumer by the use of immature whisky. The meeting then adjourned.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**Proposed Glasgow Hospital and Dispensary for Diseases of the Ear.**—A public meeting of gentlemen interested in the formation of a Glasgow Hospital and Dispensary for Diseases of the Ear was held on the 13th inst., in the Religious Institution Rooms, Dr. Andrew Buchanan, President of the Faculty of Physicians and Surgeons, presiding. After Mr. Mann, the Secretary, had read a number of letters of apology for absence from the meeting, the Chairman said that it now devolved upon him to move the adoption of the constitution, copies of which had been already circulated amongst them. He said that no doubt he was appointed Chairman because he represented the medical profession of Glasgow, occupying, as he did, the high position of the President of the Faculty of Physicians and Surgeons, a body instituted more than 300 years ago by the wise monarch James the Sixth, who, whatever stories were told of him, was essentially a wise man. It was instituted by him for the promotion of medical science in Glasgow, long before any medical corporation, either in London or in Edinburgh, had been established, and of this they had some cause to be proud. After referring to the good result the poor derived from such a Faculty, he stated that he was glad that a proposal for a dispensary and hospital for diseases of the ear had been started, and called their attention to three points. First, that they should express their high approbation of the mode in which the dispensary for diseases of the ear had for the last seven years been conducted by Dr. Cassells. Of this he need say nothing, as the report was in their hands, and it placed abundant evidence before them of what he had said. Their second object was to extend their institution, and to make it not merely a dispensary, but an hospital ; and the last was the necessity of teaching the rising generation of medical men to treat successfully the diseases of the ear. In moving the adoption of the constitution, he also moved that the following gentlemen be the honorary medical staff: Dr. Peter Stewart, Senior Consulting Physician ; Dr. James Morton, Senior Consulting Surgeon ; Dr. J. Cowan Woodburn, Consulting Dental Surgeon ; Dr. David Foulis, Consulting Surgeon for Diseases of the Throat ; Dr. A. K. Irvine, Dr. A. L. Kelly, and Dr. John Gardner. The concluding resolution, which was agreed to, was as follows: "That this institution is deserving of the support of the general public of Glasgow and the west of Scotland." A vote of thanks to the Chairman concluded the proceedings.

**Outbreak of Fever in Glasgow.**—The report of Dr. J. B. Russell, Medical Officer for Glasgow, for the fortnight ending 1st May, contained a reference to an outbreak of fever in the city, the number of cases last fortnight having been 141, as against 35 in the preceeding two weeks. Dr. Russell further stated that 28 farms in all parts of the west country had been visited and inspected ; some 15,000 house-to-house visitations had been made, and 163 persons had been accommodated at Belvidere, of whom the majority were victims of the outbreak. Dr. Russell intends by-and-bye to present an exhaustive report on the subject.

**Glasgow Death-rate.**—The deaths in Glasgow for the week ending with Saturday, the 8th inst., were at the rate of 27 per 1,000 per annum against 22 in the preceding week, and 24, 23, and 32 in the corrresponding periods of 1879, 1878, and 1877.

**The Outbreak of Fever and the Water Supply of Perth.**—At a special meeting of the Perth Water-Commissioners, held on the 11th inst., Mr. Bateman, C.E., the engineer for the new water scheme for the city, was subjected to a course of questioning on the effect of the late poisoning of the water supply on the health of the inhabitants. He said it was almost impossible to get all the joints of the new pipes absolutely perfect at first, but he believed the admixture of sewage with the water supply was so slight as to be positively harmless to the public health, and he had given instructions to have the weakest parts of the pipes embedded in concrete. On being further interrogated Mr. Bateman said he believed the water collected in the filters which were supposed to have been contaminated was as pure as any to be got anywhere in the country. There was no better water in existence than that with which Perth was supplied. As to the effect of impurities on the public health, that was a matter for a chemist, and not for an engineer, but speaking as an engineer, and not as a chemist, he did not believe that there were any grounds whatever to fear pollution.

Registrar-General's Returns.—According to the return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending with Saturday, the 8th inst., the death-rate was 25·4 per 1,000 of estimated population. This rate is 2·9 above that for the corresponding week of last year, and 2·0 above that for the previous week of the present year. The lowest mortality was recorded in Greenock—viz., 16·4 per 1,000, and the highest in Perth—viz., 40·9 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·8 per 1,000, being 0·8 above that for the last week. Whooping-cough continues to be the most prevalent of these diseases. An increase of deaths from fever occurred in Glasgow, and in Perth diarrhœa was again rather prevalent. Acute diseases of the chest caused 131 deaths, being 13 more than the number recorded for the previous week.

A Clergyman refusing to Vaccinate his Child.—Before Sheriff Cowan, Paisley, on the 11th inst., the Rev. John F. Potts was put in the dock to answer to a charge of failing to vaccinate his little daughter, or allow Dr. Ritchie to do so when sent by the Parochial Board. Mr. Potts has been previously convicted of refusing to allow another member of his family to be vaccinated. Defendant admitted the truth of the accusation, and contended that he was fully satisfied that vaccination is injurious to the health of his children. The court imposed a fine of 20s., failing payment, imprisonment of ten days, and expenses of £1 5s. Should Mr. Potts prove contumacious, the Parochial Board have under consideration his prosecution in six months.

Hillhead.—Medical Officer's Report.—According to the monthly report of Dr. James Christie, Medical Officer for Hillhead, during the month of April 17 births and 7 deaths were registered as occurring within the burgh of Hillhead, representing an annual birth-rate of 29·14, and a death-rate of 12·00 per 1,000 of estimated population. The certified causes of death were, premature birth, 2 cases; injury at birth, disease of brain, infirmities of age, pneumonia, and enteric fever, 1 case of each. The mortality is still very low, and the causes of death have no special sanitary significance, with the exception of the case of enteric fever. No clue has been obtained regarding the origin of this case of illness. No suspicion could be attached to the milk supply, and the sanitary conditions of the dwellings were found to be satisfactory. Sporadic cases of this nature occasionally occur which defy investigation.

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## THE ANNUAL GENERAL MEETING OF THE IRISH COLLEGE OF SURGEONS.

This meeting, which will be held on Monday next, has a special interest from the notice given by Dr. Brunker, that he will offer the following resolution to the Fellows:—

"That it be advisable that the necessary steps be taken to enable all Fellows of the College to vote by proxy or voting papers for the election of the President, Vice-President, and Council. In order to accomplish this, that the President and Council be requested to make application in the proper quarters to have words introduced in the Medical Bill (when it shall again be brought before Parliament) to the following effect:—'That, notwithstanding any existing Charter, all Fellows of the College of Surgeons in Ireland may have the privilege of voting by proxy or voting papers for the election of the President, Vice-President, and Council.'"

This proposal will probably attract to the meeting a larger number of provincial Fellows than usually attend, and—as there are great differences of opinion upon its merits—a lively discussion may be expected.

For seats on the Council for the ensuing year the new candidates who have as yet declared themselves are:—Mr. Baker, Dr. Nixon, of Mercer's Hospital, and Dr. H. M. Jones, of Cork. All the outgoing Members of Council will probably seek re-election.

## THE IRISH MEDICAL ASSOCIATION.

The arrangements for the Annual Meeting of the Association, which takes place on the 7th of June, are nearly completed. The resolutions which are to be submitted to the members have been approved by the Council, and amongst them, those which relate to Poor-law medical superannuation, the abuses of medical relief, and the illegal curtailment of sanitary salaries by the Local Government Board, have a prominent position. It is expected that the meeting will be a large one, and the arrangements for the annual breakfast and dinner are being made under this anticipation.

The Council has resolved to recommend to the members of the Association that Dr. John H. Chapman, its laborious and popular secretary, shall be placed in the presidential chair. This proposal, we anticipated, will be received with warm approval by the members, for all those who have knowledge of the working of the Association since its re-organisation some years since, know that its existence and its prosperity have been the result in great measure of Dr. Chapman's indefatigable zeal in the cause. He is admitted to be fully deserving of the highest honour which the Association has in its power to bestow; and we fully believe that his occupancy of the presidential chair will be looked upon as an assurance that sterling hard work and energy in the cause of the profession are felt by the Council as being a special qualification for the highest office of the Association. It is important to make it plain to the working leaders of the Association that its best honours are open to them if their zeal and intelligence deserve those distinctions.

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## Medical News.

**Royal College of Physicians of London.**—The following gentlemen were admitted Fellows of the College on May 13:

Barlow, Thomas, M.D. Lond., 10 Montague Street, W.C.
Coupland, Sidney, M.D. Lond., 7 Nottingham Place, W.
Dickinson, Edward Harriman, M.D. Edin., Liverpool.
Donkin, Horatio Bryan, M.B. Oxon., 60 Upp. Berkeley Street, W.
Goodhart, Jas. Frederick, M.D. Aberd., 27 Weymouth Street, W.
Kelly, Charles, M.D. Lond., Worthing.
King, Robert, M.B. Camb., 43 Harley Street, W.
Mahomed, F. H. H. A., M.D. Brussels, 12 St. Thomas's Street, S.E.
Shaw, Thomas Claye, M.D. Lond., Banstead Asylum, Surrey.
Topham, John, M.D. Lond., 19 Collingham Road, S.W.

**Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners, held on the 23rd April and following days, the undernamed gentlemen having passed their final examination for the Letters Testimonial, and having made and signed the Declaration, were admitted Licentiates of the College—viz. :—**

James Law Atkinson, John Edward Snow Barns, John Graham Blyth, James John Francis Cassidy, Daniel Bennett Clancy, Thomas Hobbs Crampton, Patrick Donnellan, Henry Lindo Ferguson, Richard Hy. Ffrench, Arthur Daniel O'Connell Finegan, Edward Thomas Geoghegan, William Frederick Gilbert, Edward Gloster, Henry Stoker Wilson Hall, William Percy Jones, Michael Colville Kennedy, Henry Greenwood Mahon, Anthony Mickman Morgan, Patrick O'Gara, William Joseph O'Keeffe, Richard Henry Stewart Sawyer, Michael Andrew Wade, Michael Wa'sh, John Warnock, Richard Benson Warren, and Edward Young Yates.

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## NOTICES TO CORRESPONDENTS.

Dr. Henry G.—The identity has been proved. It was not absolutely necessary, however, in this case to show animus, the mere details having been in themselves sufficient to prove the relevancy of the evidence. It is unfortunate that so many *good* people are to be found everywhere. It makes it so very hard for moderate sinners to justify their interest in existence. We do not aspire to supernatural excellence, but we do claim the just consideration of our enemies. *Bis dat qui cito dat.*

The Dreadnought Hospital.—At a recent annual meeting of this Hospital, the President, H.R.H. the Duke of Edinburgh, drew attention to the fact that on the previous Christmas Day the representatives of between forty and fifty nationalities sat down to dinner at the same table. This statement excited the interest of an artist of promise—Mr. John C. Dollman—who has represented the scene in a picture entitled "Friends in Adversity," No. 471 of the present Royal Academy Exhibition. The figures in this picture are all portraits from life, and the motley assemblage is likely to excite the attention of all who take an interest in anthropology.

Dr. Shirley Murphy is thanked for the Report.

Mr. A. H. Powis, Birmingham.—With much pleasure.

St. Mary's Hospital, Paddington.—The date of distribution of prizes at this School has been changed to Wednesday, June 2, instead of May 26, as originally fixed. The Right Honourable the Earl of Carnarvon has consented to preside.

Dr. J. W. Martin, Sheffield.—Cases received, and will appear in an early number.

Dr. Drysdale's communication unavoidably held over.

Dr. N. should have sent the newspaper to the Editor in Dublin, not to London, to avoid delay. All matters relating to Ireland are supervised in Dublin, English matters only in London.

Sea Water in London.—The Great Eastern Railway Company are about to adopt a service for supplying salt water at any house within the ordinary cartage delivery of the Company in London or the country. The water will be conveyed from Lowestoft and delivered in three-gallon cans at 6d. each, to include delivery and the collection of cans when emptied.

Royal Institution.—Tuesday, May 25, at 3 p.m., Mr. Fiske, "American Political Ideas."

Royal Medical Benevolent College.—An election of one pensioner and eight foundation scholars will take place at the end of this month. Balloting-papers, duly filled, must be sent to the Secretary of the College, 37 Soho Square, London, on or before the 24th inst.

Mustapha.—The authorship is as you opine.

A Junior Resident will find Mr. Halliday Croom's "Minor Gynæcological Operations and Appliances" of great service. For more elaborate work, he should consult such works as Leishmann's or Playfair's "Midwifery and Diseases of Women."

A Widow will find the official announcement of the next election at the Medical Benevolent College in our advertising columns, present number.

Royal Institution.—Thursday, May 27, at 3 p.m., Mr. T. W. R. Davids, "Buddhist Sacred Books."

Habitual Drunkards.—A Subscriber writes: "I have a friend a young man, 21, who has become an habitual drunkard, and at times irresponsible. I would request to know if I could get him restrained by placing him under the Habitual Drunkard's Act, and if so, what are the means to be adopted to do so? Is there any house established about Dublin under the Act?"

[We regret to say that no licence for a retreat has been applied for in Ireland, and only one in England, and as the negotiations for the latter are not completed, the Act is, as yet, practically inoperative. This arises, we believe, from the fact that proprietors of lunatic asylums are forbidden to hold a licence for confinement of inebriates, and the Act being permissory, no one will risk their money in establishing one as an experiment.—Ed.]

Medico.—See reply to Dr. N.

Royal Institution.—Friday, May 28, at 8 p.m., Mr. F. Hueffer, "Musical Criticism," 9 p.m.

Dispensary Residences— Inquirer.—Have the goodness to say in your Correspondence column what are the terms on which money can be borrowed for building residences for medical officers in districts where they are unable to find suitable houses? Over what number of years does the repayment extend, and what is the rate per cent?

[To build or re-build a dispensary residence under Bruen's Act (42 and 43 Vic., cap. 25)—1. Owner or Board of Guardians must send to the Local Government Board notice of intention to apply for loan, with plans and specified cost of work. 2. Local Government Board may, thereon, grant a certificate that a dispensary house is needed, and that the plans and cost are approved. 3. Owner or guardians send this certificate with application for loan to Board of Works, who may, 4. Grant loan at 3½ per cent. interest, repayable at 5 per cent. for 35 years. Interest and repayments payable on 5th of April and 10th of October each year. 5. Total expenditure to be charged by Guardians on the dispensary district.—See "Irish Med. Directory," 1880," p. [illegible]. —Ed.]

Registration Fees in Ireland.—Sir,—Am I justified in charging a guinea (or half a guinea) on "certificate of death" under the following circumstances—viz.: I am registrar of births, and I believe I am entitled to only 2s. for a *search* and *certificate* when *called on* at my office within business hours; but if parties *write* to my address, or get their solicitors to do so, am I not entitled to put a fair charge (such as the above) on a certificate which I hunt up at my office and forward by post? Am I violating "Rules" by demanding more than the 2s. specified?

[You are not entitled to any additional fee, and it would be contrary to regulation to ask it. You may, if you please, refer applicant to your office and to the fixed time, but you must give the certificate for 2s. —Ed.]

Royal Institution.—Saturday, May 29, Prof. H. Morley, "The Dramatists before Shakespeare."

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### VACANIES.

Alnwick Infirmary.—House Surgeon. Salary commencing at £120 Applications to the Hon. Sec. before May 20.

Cork Street Fever Hospital, Dublin.—Resident Medical Pupil. Election, May 19.

Dudley Dispensary.—Resident Medical Officer. Salary commencing at £120. Applications to the Hon. Sec. before May 22.

Dungarvan Union Workhouse.—Medical Officer. Salary, £120, and £1 fee as Superintendent Medical Officer of Health. Election, May 27.

Royal Albert Edward Infirmary, Wigan.—Junior House Surgeon. Salary, £80, with board. Applications to the Secretary before May 26.

Royal Free Hospital, London.—Junior Resident Medical Officer. Applications, with testimonials, to the Secretary before May 19. (See Advt.)

Royal Free Hospital.—Senior Resident Medical Officer. Salary, £10[illegible], with residence. Applications to the Secretary before May 26. (See Advt.)

Sheffield General Infirmary.—House Surgeon. Salary, £120, with board. Applications to care of Secretary before May 29.

Torbay Hospital.—Junior House Surgeon. Salary, £90, with board. Applications to the Hon. Sec. at the Hospital, Torquay, by May 22.

Wonford House Hospital for the Insane.—Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Philipps, Exeter, before June 1.

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### APPOINTMENTS.

Ford, A. V., L.K.Q.C.P.I., M.R.C.S.E., Surgeon to the Out-patient Department of the Royal Portsmouth Hospital.

Frew, W. S., M.B., C.M., Junior Assistant Medical Officer at the Warwick County Asylum.

Hale, E T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Fourth District of the Bedminster Union.

Harkness, T. D., M.B., House Surgeon to the Inverness Northern Infirmary.

Jacob, J. B., M.B., L.R.C.S.I., Medical Officer to the Fifth District of the Plympton St. Mary Union, Devon.

King, G. M., L.R.C.P.Ed, L.R.C.S.I., Junior House Surgeon to the Preston and County of Lancaster Royal Infirmary.

Nicholson, M. E. B., M.R.C.S.E., Medical Officer to the Stanland District of the Halifax Union, Yorks.

Ross, J. J., M.D., L.R.C.S.Ed., Consulting Physician to the Inverness Northern Infirmary.

Symons, C. G., M.R.C.S.E., Medical Officer for the Hendred District of the Wantage Union.

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## Births.

Colman.—May 9, at Brighton, the wife of W. T. Colman, M.R.C.S., of a daughter.

Stewart.—May 9, at Glaslough, co. Monaghan, the wife of Dr. R. Willson Stewart, of a daughter.

Simpson.—May 13, at Edinburgh, the wife of Prof. Simpson, M.D., of a son.

## Marriages.

Ashe—Haughton.—May 3, at Colombo, Ceylon, William Conyngham Ashe, Esq., District Surgeon of Rangalla, to Louisa Griselda, only daughter of the Rev. Samuel Haughton, M.D., Fellow of Trinity College, Dublin.

## Deaths.

Alder.—May 8, at East Dulwich, from the effects of Ashanti fever, Sydney Alder, Surgeon Major, A.M.D., and late of the 23rd (Royal Welsh) Fusiliers, in his 51st year.

Cahill.—At 18 Idrone Terrace, Blackrock, co. Dublin, W. B. Cahill, M.B.

Edwardes.—May 5, Conway Theodore Marrett Edwardes, M.D., eldest son of the late Conway Edwardes, Surgeon, of Batheaston, Somerset.

Jenkins.—May 1, at Gower Road, Glamorgn., Aneurin Jenkins, M.R.C.S., eldest son of the Rev. E. Jenkins, of Loughor, aged 29.

Jones.—May 11, at 179 Brixton Road, S.W., Robertina, the loved wife of J. T. Jones, M.R.C.S.E., L.K.Q.C.P.I., aged 31.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 26, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

On the Early Diagnosis of Rickets. By H. Cripps Lawrence, L.R.C.P. Lond. ....... 425
Details in the Treatment of Strangulated Hernia. By A. H. Corley, M.D., F.R.C.S.I., Surgeon to the Richmond Hospital, and Lecturer on Surgery in the Carmichael School, Dublin .......... 427
Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department .......................... 429

### CLINICAL RECORDS.

St. Mary's Hospital — Case of Acute Rheumatism with Hyperpyrexia and Cardiac Complication. Under the care of Dr. Handfield Jones. From Notes by C. G. Havell, Clinical Clerk .......... 430

### TRANSACTIONS OF SOCIETIES.

Harveian Society—

Rickets .................................. 431
Rectal Strictures—Colotomy and Rectotomy .................................. 431
Empyema .................................. 431
Five Hundred Cases of Perforation of the Membrana Tympani .............. 431

Surgical Society of Ireland—

Diseased Lumbar Vertebræ ............... 431
Disorganisation of Knee-joint ........... 432
Foreign Body in the Eyeball ............ 432
Multiple Fatty Tumours ................ 432
Strangulated Hernia—Discussion ....... 432

Odontological Society of Gt. Britain—

Nerve-Stretching in Neuralgia .......... 433

### LEADING ARTICLES.

Medical Ethics .......................... 434
Philanthropy and Hygiene at Portsmouth ................................ 435

### NOTES ON CURRENT TOPICS.

Dangers of the Streets .................... 436
The Hunterian Oration .................... 436
"Highly-trained Lady Nurses" ........... 436
Royal College of Surgeons of England .... 436
Middlesex Hospital ........................ 436
Progress of Public Health ................ 436
The Medical Services in India ............ 436
The Indian Medical Services .............. 437
The Honorary Viceregal Medical Appointments ................................ 437
The Medical Reform Movement .......... 437
The Management of Small-pox Hospitals 438
Medical Discussions in Lay Newspapers.. 438
Apothecaries' Weights and Measures Act 438
Cruelty to Shop Assistants ................ 438
St. John's Hospital v. "The Medical Press and Circular" ................................ 439
Rare Complications of Tracheotomy for Diphtheria ................................ 439
The Treatment of Progressive Myopia .... 439
Surgeon-Major Rowe, C.M.G. ............ 439

### SCOTLAND.

Another Death from Hydrophobia—Health of Edinburgh—Royal Society of Edinburgh, &c. ................................ 441

### LITERATURE.

The Ear and Teeth .......................... 441
The Mechanism of Vision ................. 442
Spectrum Analysis in Estimation of Bile 442
Literary Notes and Gossip ............... 442
Pharmaceutical Society of Great Britain .. 443
Correspondence ............................ 444
Notices to Correspondents ................ 446

## Original Communications.

### ON THE EARLY DIAGNOSIS OF RICKETS. (a)

By H. CRIPPS LAWRENCE, L.R.C.P. Lond. &c.,

The few remarks I have to offer this evening on some cases of rickets will be of a practical character, and based on personal observation, conducted upon the following data :—

For some three years I enjoyed the privilege through the kindness of my friends, Mr. Edmund Owen, Dr. Kirby, and Dr. J. W. Langmore, of acting as their colleague at the North-West London Dispensary for Sick Children.

I find I have in my possession the prescription papers of 2,018 of these dispensary cases, and, after looking carefully through them, I have been able to select 129 as illustrative of rickets. Before proceeding to a brief consideration of some of the lessons I have learned from that experience, let me premise that I am not unaware of the variable and mutable value inseparably connected with statistics based upon limited individual observations. Nevertheless, when such statistics cannot claim to give information of undoubted accuracy, yet an indirect importance attaches to the approximative information they suggest.

Without entering upon the details which have suggested the following remarks, let me proceed to the results of my inquiry. The first note has reference to the proportion between the sexes, as influenced by rickets. Of the 129 patients referred to above, 73 were males, 56 females. Secondly, the ages at which these patients first came under observation were as follows :—

| | | |
|---|---|---|
| From birth to 6 months | ... | 13 cases. |
| „ 6 to 9 „ | ... | 9 „ |
| „ 9 to 12 „ | ... | 17 „ |
| „ 12 to 18 „ | ... | 26 „ |
| „ 18 to 2 years | ... | 18 „ |
| „ 2 to 3 „ | ... | 24 „ |
| „ 3 to 4 „ | ... | 15 „ |
| „ 4 to 5 „ | ... | 5 „ |
| „ 6 „ | ... | 1 „ |
| „ Unaged | ... | 1 „ |

These relative proportions, though they differ somewhat from similar statistics by Dr. Guerin and Dr. Gee, yet have this feature in common with their observations, viz., that the largest number of cases of rickets observed at a definite age will be found to have been observed between the ages of one and three years.

This implies two practical facts worthy of notice. 1. That the public trouble themselves but little whether their children are ricketty or not, unless some observable osseous deformity, or alarming symptom, as pronounced laryngismus, compels them to resort to medical aid. 2. That in the practice of our profession it is possible not to be sufficiently alert in detecting the earlier manifestations of rickets. The obvious moral for us, as well as parents being, to become acquainted with these early symptoms of rickets, and with the relative value they possess in reference to the fuller development of the disease.

The acquirement and diffusion of accurate information on these points will enable us to put those in charge of infants and children in a position to assist us and them in warding off rickets ere it has reached proportions not only unsightly and inconvenient, but irremediable and dangerous. Some very interesting facts might easily be found if sought for in reference to the early manifestations of rickets, and the complications to which the disease gives rise or with which it is prone to be associated.

Time forbids my discussing this question, but it may be interesting to mention the relative frequency with which the following symptoms were met with, so far as I found any notes about them on the papers of the 129 dispensary cases of rickets upon which this communication has been based :—

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(a) Read before the Harveian Society of London, May 6th, 1880.

*A.* Essential characteristics :

(*a*) Enlargement of wrists.
(*b*) Sweating about the head.
(*c*) Enlargement of ankles.
(*d*) Convulsions *during* dentition.
(*e*) Laryngismus.
(*f*) Tenderness.
(*g*) Rolling of the head on the pillow.
(*h*) Enlargement of the ends of ribs—" beading."
(*i*) Restlessness.
(*j*) Spinal curvature.
(*k*) Unclosed fontanelle.
At 2½ years, 3 years, and 3 years and 4 months.
(*l*) Pigeon-breast.
Fractures.
(*m*) Convulsions *before* dentition.

*B.* Accidental complications :

(*a*) Catarrh and bronchitis.
(*b*) Diarrhœa.
(*c*) Broncho-pneumonia.
(*d*) Ascarides.
(*e*) Wasting.
(*f*) Exanthemata.
(*g*) Pertussis.
(*h*) Pleurisy.

Such a statement as aforesaid must of necessity be but an approximative one ; but even so, it is not without practical import.

Let me say a few words on one of these essential characteristics, viz., enlargement of the ends of the ribs, commonly called " beading." The statistical evidence of my notes of these cases is probably inaccurate ; for the notes were made at the time of the visit of each respective patient, without any special reference to an inquiry upon rickets. Statistical evidence has to be most carefully employed. General statistics, as I premised, are apt to mislead, probably owing to the fact that the data upon which they are based are not always investigated with sufficient care. Special statistics are apt to mislead unless the mind be jealously impartial in the consideration of the data at its disposal.

Now, I believe an exhaustive impartial examination of every one of the 129 cases above named would have placed " beading of the ribs " much higher on the list. One reason why this essential characteristic is overlooked is that the ribs are out of sight. As it involves trouble to investigate their condition, not of necessity, but owing to the ribs being out of sight, it often happens that " beading of the ribs " is not looked for until either notice has been taken of the sweating about the head, restlessness, laryngismus, or enlargement of the wrists and ankles, and then, " beading of the ribs " being sought for and found, this symptom is regarded as a crucial test confirmatory of the other symptoms rather than as premonitory of their occurrence.

If this order were more universally reversed in the diagnosis of rickets, and the child stripped at the first visit for examination, I believe " beading of the ribs " would be found more often than not to precede the other essential characteristics, serving when so found to explain many a case of ordinary mal-nutrition. Moreover, prompt treatment being directed to the impending rickets, many a little patient might be preserved from the fuller development of the disease.

According to the late Mr. Holmes Coote (*a*), " Of all parts of the body, the wrist, *i.e.*, the distal end of the radius, gives earliest and most constant indications of the disease ; after the wrist come the ribs. In acute rickets," he adds, " the epiphyses swell first in the ribs, hands, and feet."

Since writing the above I met with this interesting remark by Dr. Gee (*a*) in a paper on "Rickets" : "Unquestionable beading of the ribs may occasionally be found in infants of only three or four weeks old. Moreover, I believe that no characteristic alteration in the bones (an essential element in the diagnosis of rickets) can be discovered more early than ' beading of the ribs.' "

From this it may be affirmed that " beading of the ribs " is an important index not only to the early detection of rickets, but, inasmuch as this " beading " is a precursor in the changes induced by rickets in the osseous system, it is also a guide to the value and necessity of instituting the treatment appropriate to rickets at once, before the disease has time to attain to a fuller development.

The researches of Sir William Jenner proved to demonstration upon physiological and pathological evidence that rickets induces a profound impression in certain directions, notably the osseous and the nervous systems. Taking the glandular system as an illustration, Sir William Jenner notes (*b*), that as the bones in rickets are to be regarded as one organ, so the lymphatic glands, in regard to albuminoid infiltration, are to be regarded as one organ, and every organ is more or less its seat.

The implication of the superficial glands, as the thymus, and the cervical, never occurred without a corresponding implication of internal glands co-existing, and being demonstrable upon post-mortem examination. Hence the value which attaches to the existence of enlargement of the superficial glands in rickets, as an index sure and certain of a similar affection of the internal glands.

Upon similar evidence it may be affirmed that changes in the osseous structures, in rickets, indicate an implication of the ends of the ribs ; and this " beading of the ribs " is not only co-existent with other osseous changes, but if carefully looked for will be found to be antecedent to them. I here refer to the demonstrable bone lesions ; for Dr. Norman Moore has made the following interesting observation in his post-mortem examination of ricketty infants (*a*) :—" The vertebræ project internally above and below each intervertebral substance." As the ages of the infants thus examined are not specified, we are unable to determine if this change may not precede " beading of the ribs ;" but whether it does so or not has no practical bearing upon the early diagnosis of rickets during life. My desire in the present communication has been to refer to rickets as a disease well worthy of study and investigation —to suggest the value and importance which attaches to the development of the affection. I have endeavoured especially to point out that as enlargement of the superficial glands is a certain index, according to Sir William Jenner, of an impression made by rickets on the whole lymphatic system ; so, in reference to the osseous system, " beading of the ribs " is not only an index of commencing changes in other bones, due to rickets, but, being demonstrable, as I believe, earlier in the ribs than in other bones, as a forerunner it as an early symptom forearms, and thus acquires an especial relative value among the prodromata of rickets.

Other indices to the diagnosis, prognosis, and treatment of rickets I doubt not attach to laryngismus and general tenderness. It would be interesting to establish the relationship that laryngismus holds to the other rachitic neuroses, as well as to follow out the position general tenderness occupies in reference to rickets.

To say the least, " beading of the ribs," laryngismus,

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(*a*) St. B. H. Reports, vol. v., p. 127.

(*a*) St. B. H. Reports, vol. iv., p. 71.

(*a*) " Lectures on Rickets," by Sir William Jenner, *Med. Times and Gazette*, vol. i., 1860, p. 335.

(*a*) " The Cause and Treatment of Rickets." By Dr. Norman Moore, p. 19. London : Bradbury, Agnew, and Co. 1876.

general tenderness afford highly interesting material for study; they hold, I believe, a primary rank among the symptoms of rickets.

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## DETAILS IN THE TREATMENT OF STRANGULATED HERNIA. (a)

By A. H. CORLEY, M.D., F.R.C.S.I.,
Surgeon to the Richmond Hospital, and Lecturer on Surgery in the Carmichael School, Dublin.

I HAVE reason to know, Sir, that the operation for the relief of strangulated hernia is in many, if not in most cases, delayed too long to be compatible with the patient's best chance of recovery. I consider that the reputed gravity of the procedure is the chief cause why surgeons are unwilling to have recourse at once to operation; and, as I believe that the result of the operation may often depend on observance of details, I wish to dwell on some of those which have not, in my opinion, received the attention they deserve.

Before entering fully into the subject I would like to quote a couple of authorities in favour of early operation, as well as to enumerate the dangers of delay. Mr. Hey's language was very much to the point, he says, "But I can scarcely press in too strong terms the necessity of an early recourse to the operation as the most effectual means of preserving life in this dangerous disease. If Mr. Potts's opinion be true that the operation when performed in a proper manner, and in due time, does not prove the cause of death oftener than perhaps once in fifty times, it would undoubtedly preserve the lives of many to perform it almost as soon as the disease commenced, without increasing the danger by spending much time in the use of means which cannot be depended on for a cure." Again, further on he says, "When I first entered upon the profession of surgery we considered the operation as the last resource, and as improper until the danger appeared imminent.

"By this dilatory mode of practice I lost three patients in five upon whom the operation was performed. Having more experience of the urgency of the disease I made it my custom when called to a patient who had laboured two or three days under the disease to wait only about two hours, that I might try the effect of bleeding (if this evacuation was not forbidden by some peculiar circumstances of the case), and the tobacco clyster. In this mode of practice I lost about two cases in nine upon whom I operated. The patient who has been accustomed to reduce his own hernia will perform the operation of the taxis with the greatest safety; if he fails, the surgeon should be cautious of doing much. Suspension over the shoulders of an assistant or two has been taught to favour the reduction considerably. I have tried it often, but having found it inefficacious, have now for many years laid it aside."

It is probable that if Mr. Hey had had the assistance of chloroform or ether he would have been still more inclined to hasten operative interference.

Another opinion, one of our own times, also comes from Leeds. The present Mr. Teale says, "In the operation for hernia it is a common saying that it is not the operation that proves fatal but the delay in operating, in other words, the damage to the bowel by delay, not the damage to the peritoneum by the operation."

No doubt, all authorities advised that when we find the taxis unavailing, the sooner operation is attempted, the better, but each surgeon interprets that advice according to his individual predilections, or as he has been taught by his own experience. One man has seen the taxis succeed after many prolonged and violent efforts. Another has seen it successful in A's hands after resisting all the endeavours of B. Another has such a dread of the operation—peritonitis and hæmorrhage staring him in the face, that he is disposed to wait indefinitely, or try any alternative. I am aware that dangerous delay is not always the fault of the surgeon, inasmuch as many patients, especially females, and those in the lower ranks of life, do not make known their ailment until dangerous results have been induced by the constriction.

What are these dangers?

1. Gangrene of the protruded part.
2. Ulceration through the gut at the seat of constriction.
3. General peritonitis, extending from the neck of the sac.
4. Exhaustion—which I believe to be the most frequent cause of death—produced by the pain, vomiting, and starvation.
5. Septic pneumonia, the result of stercoraceous matter being inspired in some of the acts of repeated vomiting, a cause of death which Leichenstern has drawn attention to, and of which I certainly have seen one example.

Operation, if in time, obviates every one of these dangers. What then are the risks belonging to the procedure?

1. Peritonitis.
2. Hæmorrhage.
3. Reduction of the hernia *en masse.*
4. Accidental injury to the intestine, or other important structures during or as the result of the operation.

It must not be assumed that I am advocating an indiscriminate resort to operative interference without giving the taxis a proper trial. Nor am I in the slightest degree afflicted with what M. Verneuil so happily terms "the modern *pruritus secandi,*" a disease so frequently springing from surgical rivalry, and fostered of late by the impunity afforded by antisepticism. No man should dream of operating in the face of a reasonable hope of a successful taxis, but the sooner that this hope is proved delusive, if delusive it be, the greater the chance of success by operation. Accordingly the essential adjuncts to a thorough and satisfactory taxis should be always predetermined in the surgeon's mind, and his choice made for their immediate employment. A list of the principal means used from time to time includes:—

1. Bleeding.
2. Tartar emetic.
3. Tobacco enemata.
4. Local application of ice, or ether.
5. Inversion.
6. Acupuncture or aspiration
7. Opium.
8. Warm bath.
9. Purgative enemata.
10. General anæsthesia.

Of these the first three may be said to be obsolete. It is possible that in a remote district where chloroform or ether might not be obtainable, one or other might be found useful, but in practising surgery under favourable conditions anæsthesia has completely superseded them. The local application of ice or ether I consider of doubtful utility, although I have seen success apparently follow it, but I am disposed to think that a hernia that yields to the local influence of cold would possibly, with judicious handling, go up without it; and, if unsuccessful, its application must necessarily increase the probabilities of mortification. Of inversion which I have practised, and have seen practised frequently, I have no better opinion than that of Mr. Hey. Of acupuncture or aspiration I have no experience. Doubtless, there may be cases where the constriction is caused or aggravated by extreme flatulent distension, and in these acupuncture or aspiration judiciously performed may facilitate reduction, but in doing it we necessarily return a perforated bowel into the peritoneal cavity, and must be prepared for all the attendant risks. It is a kind of working in in the dark, of which I shall say more presently. Of the use of opium as an adjunct of taxis I wish to speak in terms of strongest condemnation. I know there are some

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(a Read before the Surgical Society of Ireland.

who have great faith in its utility, who believe that its employment in these cases, as in painter's colic, relieves spasm, affords rest, allays pain, sometimes checks vomiting, procures evacuations, and facilitates reduction. I grant, Sir, that it may do all of these except the last, and holding that view I must condemn it as likely to mislead, and consequently, postpone the necessary operation. Anything that diminishes the subjective symptoms without removing the cause, must be looked on as more injurious than beneficial. An American surgeon has used the ingenious designation of "ostrich surgery" to such procedures as these — a curious term, taken from the habit so usually attributed to the bird, of covering its head when in danger and fancying itself safe. There are two special dangers attaching to the use of opium in these cases. The first is the checking peristalsis and allaying pain. The patient may consider himself so much relieved as to refuse or defer operation. The second is, that sleep or stupor being produced without cessation of vomiting, the ejected matters are more likely than otherwise to find their way into the air passages, and the danger of septic pneumonia is proportionately increased. Of purgative enemata and the warm bath as accessories to the taxis I have personally a favourable experience. I have seen hernia reduced after their employment which had previously resisted every effort; but of all the means which are likely to facilitate reduction, general anæsthesia holds the highest place. If, with its assistance, failure results, operation should be at once proceeded with. In short, my advice is, that when unassisted taxis applied for a few minutes, fails, try the warm bath and administer large purgative enemata as long as evacuations are produced; then try taxis under ether or chloroform, and if unsuccessful operate before the anæsthesia passes off.

On the dangers of the operation I next wish to dwell with a view of suggesting means for diminishing them.

1st. Peritonitis is best obviated by early operation and use of antiseptics. Into the comparative merits of the extra- and intra-peritoneal operations I do not mean here to enter. I should merely remark that where the intestine has been down any considerable time, or, as in femoral hernia, where the constriction is sharp or where the symptoms have been very acute, I consider that the extra-peritoneal operation is to be classed with the "ostrich surgery" before alluded to. Besides it must be allowed that modern experience and the use of antiseptics have shorn intra-peritoneal operations of most of their traditional terrors.

The hæmorrhage in herniotomy is usually trivial except when it depends on section of a blood vessel anomalously placed. (*a*) The dangerous anomaly of origin and position of the obturator artery is but seldom met, but Mr. Barker's case and that which I reported myself show that it is not imaginary, or to be altogether disregarded. As high an authority as Hesselbach says, that if this vessel encircle the neck of the sac it *must* be cut in the operation. Again, in long standing inguinal hernia, either of the oblique or direct variety, the neck of the sac may so project against the deep epigastric artery as to make that vessel curve partially round it. In this case the ordinary operation may be attended with risk to the artery, more especially if the diagnosis between the oblique and direct variety had not been very clear. When the accident I have mentioned happened in my case, which was about seven years ago, it occurred to me that a knife might be devised capable of cutting the constriction without wounding the artery, and therefore, I planned such an instrument. Unfortunately, it was roughly made and I put it aside, intending to have it more carefully manufactured. Last year a similar idea struck my friend Mr. Hayes, and he had a knife made on the same principle by Messrs. Fannin, and described it in the *British Medical Journal*, (June 21, 1879). On seeing mine, however, he yielded the priority of the invention to me. I have since used it successfully, and I believe its general introduction will remove this cause of danger from the operation. It consists of a straight blade with a sloping edge on its extremity. This works in a sheath about the size of an ordinary hernia knife, which is furnished with a slot or nick close to the end. The operator's finger-nail or director having felt the constriction, the point of the instrument is passed under it, and the edge pressed close against the constriction. The point is pushed on until the constricting band is felt slipping into the nick. The cutting blade is now forced in, and crossing the nick cuts the constriction. Nothing but the tightened band can fit into the notch, and consequently nothing else can be divided. No doubt some cases may arise in which this instrument cannot be used, as for example, in one which my colleague, Mr. Stokes, lately operated on, where in an old hernia with much omentum, the strangulation was produced by a broad, thick band which had to be divided with the ordinary knife. I should be glad if some of the members of this Society would give the instrument a trial and report the result. If successful, its use will tend, by removing the fear of hæmorrhage from the surgeon's mind, to secure what this paper is mainly intended to advocate, an early operation. The next danger belonging to the operation is returning the hernia *en masse*, that is, either pushing up the mass with the constriction undivided, or else, the band having been cut, slipping the gut up between the layers of the abdominal wall. This is not an accident belonging to the *operation alone*, for I have seen the first variety occur, as the result of too vigorous taxis, a taxis which necessitated immediate operation. If in herniotomy the extra-peritoneal operation be done the surgeon must take his chance as regards this accident, but if the sac be opened attention to the management of that structure in the way I shall lay down, will certainly prevent this mishap. The ordinary class-books are not very particular as to this, andas a rule give few directions.

When the surgeon is cutting through the various layers to reach the sac, he should be careful to separate each as little as possible from the next in order; in fact, only enough to let him recognise the structure, and each layer is to be divided in the same direction. When he comes to the sac which is often, perhaps usually, difficult to recognise, he is to cut it in the same line, and at once to grasp the two halves of the sac with its super-imposed layers in strong catch forceps. By not separating the layers he has a compound membrane of sufficient thickness and strength to bear traction on, and by pulling it downwards the edge of the constriction can be more readily brought within reach of the knife. When the band is divided and the intestine examined it is to be returned, taking care to keep a strong pull on the upper division of the sac which is directly continuous with the peritoneum lining the anterior abdominal wall, holding the lower part firmly at the same time. If this be done the hernia cannot go anywhere except into the peritoneal cavity, and reduction *en masse* is consequently prevented. There is a question of after treatment concerning which a tolerably general *consensus* of opinion prevails in this country, although amongst English practitioners there exists a considerable divergence of views. I allude to the administration of purgatives immediately after the operation. It seems to me clear that if the returned bowel be in a delicate condition, the immediate use of cathartics must be fraught with danger. If the gut be in a normal state there can be no harm in waiting for a natural evacuation. The last case I operated on was allowed to remain quiet for a period of eight days. In one of the most serious cases in my list of operations I allowed eleven days to pass without attempting to procure a motion. In both these the throwing up of about a quart of warm olive oil was followed by the best results.

It will be seen, Sir, that in this paper I advocate early

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(*a*) The numbers of the *British Medical Journal* for May 8th, 1880, contains a report of two cases in the Sussex Hospital occurring within the last few months, in which the anomaly existed, the artery was divided and death supervened.

operative interference; without undervaluing the taxis, with its most important adjuncts; that I recommend a short period for the use of the taxis, in order that the subsequent operation may have a fairer trial; that I have not dwelt at any length on the dangers of the taxis, although I have seen more than negative evil results; that my principal reason in recommending early operation is founded on my belief that exhaustion is the most frequent cause of death; that I have condemned the use of opium as calculated to postpone the operation and endanger life without offering any counter-balancing advantages; that I have endeavoured, by minute directions concerning the management of the sac, to remove one of the dangers of the operation, and by recommending a special hernia knife to obviate another.

In conclusion, Sir, lest it might be said that were my advice followed cases might be unnecessarily operated on, I shall quote the well-known reflection of Mr. Hey, the truth of which I, and I dare say every practical surgeon present, can endorse. He says: "I have often had occasion to lament that I had performed the operation too late, but never that I had performed it too soon."

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# SUNSTROKE AS I HAVE SEEN IT IN INDIA.

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

(*Continued from page* 410.)

Heat is not of itself alone, as daily experience proves, necessarily injurious to health in the tropics or out of them. On the contrary, its first perceptible effect is a slight increase of temperature, some exhilaration of spirits, and simultaneously an increased activity of all the vital functions; (1) and those Europeans who take the necessary precautions, may often encounter an amount or degree of it with impunity, which would prove certainly fatal to their less favoured or more incautious comrades. (2) The Greeks (3) walked bare-headed of old, as do the Russians (4) of the present day, without injury, under a temperature that would at once strike down a more plethoric or less-seasoned Britisher, and the rays of the sun are occasionally as hot at Halifax (5) as they are at Hansi or Hissar. A certain amount of heat is notoriously preservative of life in many chronic diseases, and fair health has even been enjoyed under such an accumulation of it as dissolved iron screws, and the horn handles of scientific instruments, as reduced flour and other provisions tenfold, arrested the growth of hair and made the finger nails as brittle as glass. (6) Solar heat has lately been made to take the place of fuel, and Lithgow, (7) the traveller, "saw smiths work out of cold iron, horse-shoes and nails, which is only mollified by the vigorous heat and rays of the sun and the hard hammering of hands upon the anvil." But we need not dwell upon this phase of the question, and tales were formerly told, aye and believed too, about heat in the East, which would now be scouted out of court, without even the courtesy of hearing. (8) The strange thing, however, is that though there are many countries on our globe in which the heat is often as great or greater than it is in India, yet is sunstroke nowhere else so fatal or common as it is in Hindostan; and for this no adequate explanation has yet, so far as I know, been offered. This remark applies, with equal force, to such remote or dissimilar countries as Thibet and Senegal, Guadaloupe and Persia, California (9) and Ceylon, (10) Central America and the jungles of Afghanistan. (11) Algeria, though in the same latitude as Upper India, may be said to be protected by its proximity to the sea, as is also the hotter coast of Guinea; but New York (12) is equally favoured in that respect, and yet do we occasionally hear of outbreaks of this disease in it that are unknown in Naples.

Again, "sunstroke is confessedly rare in Ladak," where, according to Cunningham, (13) "the solar rays are more powerful at a height of 15,000 feet than in the low-lying plains of India. At Gwalior," he continues, "the greatest heat of the sun's rays in the hot winds of 1850 was 133°; at Simla, 7,500 feet, it was 134°; but in Rukchu, 15,500 feet, Trebeck observed a solar heat of 144°, and in the same district measured the incredible rise of 158°, which is 27° below the boiling point of water in that district." How to account for these discrepancies is not easy, and the experiments of Tyndal (14), or those mentioned by Watson, are too limited to admit of any large deduction being based on them. More to the point is Brodie's destruction, by mere heat, of a rabbit; but even this will scarcely avail towards a solution of our difficulty, so different is the constitution or so great is the physical disparity between a human being and a small herbivorous animal, and engineers and others have, it is well known, to stand for hours together before the engine fires of their steamers not only with impunity, but without much distress, at sea, when the glass stands at 164° or more. From this it will appear that heat will, *per se*, scarcely cause sunstroke; there must be something else in the background, and what this is we must try to find out as we advance.

Before entering, however, into particulars, some speculation may be indulged in respecting those great situations or conditions that largely modify the force of solar heat, and we may specially inquire, in this connection, into the effects which mountains, seas, and deserts exercise upon it. To one who, like myself, has so often and so beneficially enjoyed a change from the sweltering plains of India to the cooler shade or more bracing breezes of the Himalayas, there can be no doubt as to the salutary influence of elevation on temperature, and this is so sensible as to admit of being calculated like any other object.(15) The sensation experienced by the weary traveller on ascending one of these splendid ranges is one of buoyancy, exhilaration, and enjoyment, and this feeling is soon enhanced by the variety of the scenery, the gladdening sight of a clear, unclouded sky, and the tempting novelty of the vegetation and foliage. The result is, as we might naturally expect, some increase of nervous sensibility, with, probably, a diminishing circulatory force, and a general impression of lightness, elasticity, and self-satisfaction. Mentally contrasting my feelings in the hills with the like sensations in the plains, I have often cried aloud, with Jacopo Foscari—

> Thy very winds feel native to my veins,
> And cool them into calmness! How unlike
> The hot gales of the horrid Cyclades,
> Which howled about my Candiote dungeon, and
> Made my heart sick!

And the eagerness with which the change is sought or hailed by others is the best test of its attractiveness and value.

But, considering the tremendous force with which the "orb of day" sheds her rays, as well as the uniformity with which she diffuses her heat over the earth's surface, (16) it seems hard to conceive how a few thousand feet one way or the other can so modify the situation as to divest her of much of her virulence without at the same time depriving her of any of her original power. And yet this is exactly what takes place, while the immunity from sunstroke enjoyed by large mountain ranges is proverbial. We have already seen that the sun's rays are more powerful in Ladak and Rukchu, at a height of 15,000 to 15,500 feet, than they are at Agra or Gwalior. The air on high mountains may, according to a high authority on the subject of heat, be intensely cold, while a burning sun is overhead, and even new-fallen snow is frequently incapable of diminishing this intensity. (*a*) Yet are there probably as

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(*a*) "It has often been observed," says Mr. Wilson, "Abode of Snow," p. 234, "in polar and mountainous regions, how great is the power of solar rays passing through rarefied air . . . . When they are reflected through new fallen snow, the power is so intense that I have seen them raise my thermometer . . . . from a little above freezing point . . . to 192° F. . . . . It is remarkable that in spite of this, and though snow, blindness is often the result, yet no cases of sunstroke appear to occur in the Himalayas, and supports the theory that sunstroke partakes more of the character of heat-apoplexy than of mere injury to the head in the first instance." Without committing myself to many, or more cases of sunstroke, any one season, at either of the latter, as there are in a decade in both the former, and it is as rare at Simla or Murree in the Himalayas as it is at Quito or Cotopaxi on the Andes. The reasons are probably the same in both cases, viz., the greater diffusion and purity of the mountain article, as compared with the plain one, and the radiation from the earth exceeds that from the air on mountains, through the condensing power they possess in virtue of their own masses. Mountains "act also," as Tyndal (17) adds, "as condensers, by the deflection upwards of moist winds, and the consequent expansion of the air that is on them, and the chilling thus produced, is the same as that which accompanies the direct ascent of a column of warm air into the atmosphere. Moreover, the air thus elevated parts with its heat; this heat imparts moisture to the surrounding air, and the latter rendered thereby more radiant, passes through the low-lying aqueous basins, and pours finally its heat into space, where it becomes condensed." However this may be—and our concern is clearly more with the reality than with its explanation or *rationale*—there is no doubt as to the greater permanency or purity of hill as compared with plain air, and it is also, or proportionately, less susceptible of solar or telluric emanations. Thus rarely becoming heated to excess itself, it does not reduce the strength of the system or render it incapable of resisting the depressing influences with which the more stationary atmosphere below is so largely charged, and this is perhaps as much as we need say on the point in this place.

(*To be continued.*)

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(1) "Ceylon." By Sir J. E. Tennant. Vol. i., pp. 221-2.

(2) Consult for some good remarks in point, "Wild Sports in India." By Captain H. Sheakespear. P. 4.

(3) "The Life of the Greeks and Romans." By E. Guhl and W. Honer. English translation. P. 170.

(4) "Travels in the Eastern Caucasus." By Sir A. T. Cunynghame. P. 125.

(5) See "The Englishwoman in Canada," p. 18; Reade's "Sketches in North America," p. 283; and for the other side of the house look at Thompson's "Story of New Zealand," vol. i., pp. 39-40.

(6) Consult for particulars, which are too long for transcription here, "A Journey across the Western Interior of Australia." By Col. P. E. Warburton, pp. 60-61; and also as a corrective of this, glance at William Westgarth's "Tracks of McKinlay across Australia," pp. 45-6.

(7) "Travels and Voyages," &c. (published in 1814), p. 302. The editor of M. Ferrier's "Caravan Journeys and Wanderings in Persia" says, pp. 269, that, "Major Saunders' thermometer rose, on the Furrah Road, near Herat, in 1840, to 175° in the sun, a heat which enabled him to poach eggs in the burning sand;" and describing a place which he called Coilum, old Mark the Venetian adds about it—"The Book of Ser Marco Polo," edited by Col. Yule, C.B., 1st edit., vol. ii., p. 312—that "if you put an egg into one of the rivers (of this place) it will be boiled before you have had time to go any distance by the mere heat of the sun."

(8) See *inter multo salios* "The Table Talk of Samuel Rogers," p. 135; Burton's "Anatomy of Melancholy," Tegg's edit., p. 156; his namesake's "Narrative of a Pilgrimage," &c. (1st. ed.), vol. i., pp. 306 and 364; Sir John Chardin's "Travels in Mingrelia and Persia," as these are reproduced in the "World Displayed, or a Curious Collection of Voyages and Travels" (London, 1460, vol. xvi., pp. 110—112, &c.); or, worst of all, "Tom Bulkelly," a novel by one K. Mountenay Jephson, chap. xi., p. 115—118, etc. But this is probably meant as a caricature, or the writer is parodying Baron Munchausen, or, mayhap, re-ridiculing that part of the veracious "Voiage and Travaile" of Sir John Maundeville, Kt., whereat, speaking of the "yles abouten ynde" he says that "Men fynden there an Ile that is clept Crues," wherein "for the grete distresse of the hete, menne's b——kes hangen down to their knees, for the grete dissolucion of the body." One description is just as accurate or applicable as the other; but the modern writer is the less excusable of the two, and it seems extraordinary how any writer could indite such stuff in these days, even in a "sensation" novel.

(9) See for a very amusing account of the heat of California, Bayard Taylor's "At Home and Abroad," p. 122.

(10) Based on the statistics of the 73rd Regiment, from which it appears that that corps only lost one man from this disease during its service of six years in that island.

(11) I am indebted for information respecting these places to an article on "Summer Temperatures" that appeared some years ago in the *Scientific American*, and in part also to Col. Yule's article "Afghanistan," in the Encyclopædia Britannica.

(12) "Ten Thousand Miles of Travel." By Capt. Trench Townsend, p. 7, and "The Annals of the Wars," by Sir E. Cust, vol. iii., p. 210.

(13) "Ladak," by Alexander Cunningham, p. 175.

(14) After describing the experiments of Blagden and Chantrey, who exposed themselves in ovens to temperatures considerably higher than that of boiling water, Tyndall says ("Heat Considered as a Mode of Motion," p. 220) that "the heat of the blood is scarcely affected by an (any ?) augmentation of the external heat, as this heat, instead of being applied to increase the temperature of the body, is applied to change the aggregation of it, it prepares the perspiration, forces it through the pores, and in part vaporises it. This is the waste-pipe . . . and hence it is that under the most varying conditions of climate, the temperature of the human blood is practically constant. The blood of the Laplander is sensibly as warm as that of the Hindoo, while an Englishman, in sailing from the North Pole to the South, finds his blood temperature hardly heightened by his approach to the Equator, and hardly diminished by his approach to the Antarctic Pole."

(15) Enumerating the great chains or divisions of the Himalayas, Markham says ("Narratives of the Mission of George Bogle to Thibet," etc., 1st edit., p. 34) that "the amount of heat and cold in these several zones depends almost entirely on the elevation, there being a diminution of temperature equal to 3° or 3½° Fahr. for every thousand feet of height;" and a writer on Climatology in the Encyclopædia Britannica shows, vol. iii., p. 35, that "the pressure of the atmosphere constantly diminishes with the height."

(16) *Apropos* of this point, Mr. Proctor says ("The Sun Ruler, etc., of the Planetary World," pp. 443-4) that "the direct heat of the sun, if received on a surface capable of absorbing and retaining it, would suffice to melt an inch of ice in thickness in 2 hours and 13 minutes, and he then calculates that no less than 26,000 tons of ice would be melted per hour by the heat actually thrown on a square mile exposed at noon under the Equator. This amount must be multiplied fifty million times to correspond to the heat actually received by the earth's globe during a single hour. . . . Pouillet calculates that if the sun's heat were distributed uniformly over the earth's surface, it would, in one year, suffice to liquefy a layer of ice 100 feet thick, or to heat an ocean of fresh water sixty miles deep from the temperature of melting ice to the boiling point;" and see also, in the same direction, Cunningham's "Ladak," as above, p. 171, and an excellent article on "Meteorology" that appeared in the *Standard* of May 4th, 1880.

(17) *Op. cit.*, pp. 310 and 396.

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to this view of its causation or pathology, I will only add that sunstroke is not altogether unknown in the Himalayas. I have heard of instances, though they are very rare, of its occurrence at Simla and other hill-sanitaria or stations in these mountains.

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# Clinical Records.

## ST. MARY'S HOSPITAL.

### *Case of Acute Rheumatism with Hyperpyrexia and Cardiac Complication.*

Under the Care of Dr. HANDFIELD JONES.

From Notes by C. G. HAVELL, Clinical Clerk.

A. D., æt. 19, admitted September 30, 1878, porter. Had an attack of acute rheumatism eight years ago, being laid up many months. Three weeks ago he had shiverings and much perspiration, and kept indoors, fearing another attack. On Sunday, Sept. 29, he was seized with pains in limbs and stiffness, and next morning got so much worse that he was brought to the hospital.

A fair, robust looking youth. Has great pain in knees and wrists, which are swollen, red and very tender. Temperature 102·5. Skin very hot and moist, has sweated profusely all night. Movement of chest walls fair and equal. Heart's dulness trangresses nipple line about an inch to left, and reaches right edge of sternum. Apex beats in 5th space in vertical nipple line. A systolic bruit heard at apex, also a peculiar whistling pericardial friction sound resembling the rubbing of two pieces of silk together. There is considerable impulse in root of neck and great vessels, with loud systolic murmur. Pulse sudden and forcible, empty between beats, 120. Urine clear, no sediment, sp. gr. 1018, no albumen. Ordered 40 grs. of salicylate of soda every hour for six doses. As no reduction in temperature followed, the medicine was repeated for six more doses, but the temperature kept rising in spite of it.

Oct. 2nd.—Temperature last evening 103·6, this morning 103. Great pain in joints. The salicylic mixture was ordered to be repeated for six more hourly doses. After two doses his temperature was 103·7. Had a very restless night, but there was no delirium.

3rd.—Looks pale and heavy. Temp., 101·5. Loud blowing systolic murmurs still heard at apex. At base a systolic murmur is heard, followed by a sharp pulmonary second sound.

4th.—Past a restless night, kept waking up in fright, and feeling giddy. Extensive morbilloid eruption on trunk (sudaminal). Ordered a mixture of bicarbonate and acetate of potash.

5th.—Says he feels much worse. Had epistaxis to some ounces this morning. Rash more developed on trunk, consists of dull red patches. Sulphate of quinine, gr. v., dilute sulphuric acid, q. s., t. cardamoms co., ʒi., water, ℥j. every four hours.

7th.—Yesterday morning his temperature was 103·6; at noon it rose to 105·2, at 3 p.m. 106·. In the evening it sank to 105·2, and is at that point this morning. Pain is quite gone, except a little between shoulders. Back resonant down to angle of scapula; some dry crepitation at bases. In the evening the quinine was discontinued, his temperature being 105·4. He was put in a cold pack at 6 p.m. for an hour—at 7 p.m., temperature was 103, falling to 101·4 at 7.20. Temperature rapidly rose, at 12 p.m. being 105·2.

8th.—At 10.30 a.m. pack was repeated, patient was kept in it two hours, temperature being reduced from 105 to 101·0. In the evening, temperature 104·8. He was put in a bath at 80°, and kept in for three-quarters of an hour, temperature when taken out 98·6. Brandy ℥iv. and port ℥vj. ordered.

9th, 4 p.m.—Temperature 104·2. Ordered another cold bath—temperature fell in twenty minutes to 97·4. Had 20 grains of Dover's powder, and an ounce of mist. ammon. acet. after the bath. During the night was very delirious and restless. Quinine mixture resumed. Temperature at 11 p.m. 104·6. Pulse very soft, 132 per minute.

10th.—Temperature this morning 105·2. Extremities cold and bluish, lips and face of leaden hue. Respiration 46 per minute. Temperature at 12 noon, 103. Died in the afternoon.

*Post-mortem Examination.*—A small abscess over sternal end of right clavicle. No adhesions of pleura, about 3 ozs. of blood-stained serum in each. Right lung, 1 lb. 10 oz., areas of collapse scattered through posterior portions. Left lung in same condition, but in more marked degree, bronchia filled with frothy mucus—weight, 1 lb. 5 oz. Pericardium—no adhesions, flakes of lymph over auricles and roots of vessels. Heart weight, 1 lb. 6 oz.; cardiac veins distended, arteries normal. Left ventricle, ¾ in. thick, pale and soft; right side 3-5th in. thick. Mitral valve showed old thickening and sub-endocardial hæmorrhages at attached borders, orifice 5¾ in., marked insufficiency. Aortic valves thickened at line of contact and attached border. Tricuspid valve 5 in.; auricles filled with mixed coagulum. Liver, 4 lbs. 1 oz., soft and fatty, central zone of lobules congested. Kidneys, 7½ ozs. each; pyramids pale and firm.

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# Transactions of Societies.

## HARVEIAN SOCIETY.—May 6th, 1880.

The President, Henry Power, Esq., F.R.C.S., in the Chair.

Mr. Cripps Lawrence read a communication on

### RICKETS,

which will be found on page 425.

The President, Mr. Noble Smith, Dr. Langmore, jun., Dr. Morton, Messrs. Edmund Owen, Cripps, Osman Vincent, H. A. Reeves, and Dr. Broadbent spoke, after which Mr. Lawrence replied.

Mr. H. A. Reeves then read the paper of the evening, on

### RECTAL STRICTURES, COLOTOMY AND RECTOTOMY.

He said the buttocks should be held well apart, which added an inch to the surgeon's finger in digital dilatation. He recorded six illustrative cases. In one no less than 4¾ inches of the bowel were removed; it was in a case of malignant disease. Of twenty-five colotomies, three were Littré's operation. Four cases occurred in infants, all of whom died, being brought late with extensive ulceration. Two were in men, and nineteen in women. In one case death took place after a lapse of four weeks, and where there seemed perfect recovery. The cancer cases were all relieved for some time. He had performed rectotomy in sixteen cases, all of which recovered. In some of the cases the hæmorrhage was troublesome. Bolder measures may be taken in rectal cases than had hitherto been regarded as justifiable, he thought. Plugs were not required after the operation.

The President, Messrs. Edmund Owen and Cripps spoke, after which Mr. Reeves replied, and the meeting then adjourned.

## May 20th.

Dr. Broadbent read notes of two cases of

### EMPYEMA.

The first case was that of a young labourer, previously healthy, who had cough, pain in the side, and pyrexia, followed by bulging of the right side, and impaired movement in deep inspiration. The dulness extended to the nipple in front, and to the angle of the scapula at the back. An exploratory puncture furnished negative results; the temperature then went up and down for a fortnight, when he was seized with violent cough, and got up half-a-pint of most offensive pus. Resonance then returned over the affected area. After this he rapidly improved in every way. In the second case, in a man of 38, there was little pain, and not much pyrexia, but he could only lie on the affected side. The dulness extended up to the third interspace. Then came on gradually cough, with expectoration of pus mixed with mucus, until the affected area became resonant once more. In such cases it was a most fortunate accident when the pus perforated a bronchus.

The President and Mr. Alderson spoke, after which Dr. Broadbent replied.

Mr. Geo. Field then read the paper of the evening, on

### FIVE HUNDRED CASES OF PERFORATION OF THE MEMBRANA TYMPANI.

He said this was a common accident, not always followed by deafness. In no less than 118 cases the affection was double. Of the whole no less than 408 were from disease, and 92 from injury. It often resulted from the exanthemata, especially scarlatina, as well as from cold or teething, this often masking the ear mischief. The child, however, will not lie on the affected side. Warm water injections and a leech give relief; while the use of Politzer's bag often is followed by an escape of pus from the Eustachian tube. Paracentesis might be performed. The bones are sometimes removed by suppuration, which in four cases led to cerebral abscess. Sixteen of the cases were followed by mastoid suppuration; and in 58 incurable deafness resulted. Rupture of traumatic origin is occasioned by "taking a header" in bathing, by boxing the ears, and by the practice of "knuckling," recently introduced from Germany. Violent sneezing, careless syringing, and explosions of cannon also rupture the drum. This class of case usually does well.

The President, Messrs. Mason, Edwards, Alderson, and Dr. Broadbent spoke in the discussion which followed, after which Mr. Field replied, and the meeting then adjourned till the autumn.

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## SURGICAL SOCIETY OF IRELAND.

The Society met in the Albert Hall, Royal College of Surgeons, on Friday evening, April 16, 1880, Dr. Mapother, President of the College, in the chair.

Dr. Tufnell read the minutes of the previous meeting, which were confirmed.

### DISEASED LUMBAR VERTEBRÆ.

Mr. H. Gray Croly exhibited diseased lumbar vertebræ of a young man named Daniel Moran, æt. 18, admitted into the City of Dublin Hospital on the 22nd March, 1878, suffering from a lumbar abscess, for which he was treated, so that he was enabled to leave the hospital much improved in the following May. As the genesis of his history he had a small abscess at each side of the lower dorsal, just at the commencement of the lumbar vertebræ. The abscesses were symmetrical and corresponded very nearly to the heads of the ribs. There was no evidence whatever of disease in the spine as far as irregularity went. He treated the abscess by boring the part with potassa - cum - calce making a drain, and the abscess dried up by the 18th May, when the patient left apparently well. From time to time the young man consulted him, and on the 14th Feb. last he returned, suffering from exactly the same symptoms over again, indicating a large abscess on each side of the spine. The poor boy was considerably emaciated, consequent on the sloughing discharge from the abscess, and was quite unable to work. He was put on a water-bed, and every precaution taken as regards antiseptics and attention to his general health. In a few days a most extraordinary circumstance, which he could not have at all anticipated, occurred—the boy become paraplegic; he lost the power of the lower extremities, and then showed all the symptoms observable in spinal fracture—œdematous legs and thighs, retention of urine, huge bed-sores, and difficulty of breathing, and emaciation—and he died on the previous Monday. On Tuesday he was present at the post-mortem examination made by the resident surgeon. The bursting of the abscess, he believed, had caused the pressure. There was great vascularity in the membranes, great thickening of the cord, and a quantity of matter escaped. The paralysis was due to the abscess bursting on the thickened membrane, and causing sudden pressure. The specimen, he considered, was of great interest and rarity.

### DISORGANISATION OF KNEE-JOINT.

Mr. R. L. Swan exhibited the specimen as a good, but not a usual, example of disorganisation of the knee-joint, the result of pyæmic inflammation. The patient, a woman of strumous history, but very nervous temperament, noticed about 18 months previously a dull pain in the knee, increased at night. This did not at first prevent locomotion. After a time the pain increased, and the joint became swollen, and walking was attended with great suffering. Eventually a sinus formed below the joint, and extensive disease of the articulation and contiguous parts plainly showed itself. The limb rotated at the knee with the greatest facility. He saw her at that time in consultation with Dr. Edward Stoker, and they came to the conclusion that removal of the limb was necessary, which was performed on Saturday last at the Orthopædic Hospital. On examining the specimen it would be seen that the lateral ligaments are loosened and destroyed; portions of the crucial remain; the cartilage is separated and destroyed in part. An abscess formed, from which numerous sinuses led in every direction. It might, he thought, be inferred from the history and symptoms in this case that the disease began in the head of the tibia, and subsequently, through destruction of the cartilage, implicated the joint.

### FOREIGN BODY IN THE EYEBALL.

Mr. H. R. Swanzy said a good deal of interest had been taken by ophthalmic surgeons of late years in the method of removing foreign metallic bodies from the interior of the eyeball by means of the magnet. Within the last day or two he had had an opportunity of trying that method, but with marked failure. On the afternoon of the day before yesterday a boy came to him saying he had received an injury in the locomotive department of Messrs. Guinness, Son, and Co.'s establishment, where he was employed repairing a locomotive, and a chip of metal flew against his eye. He said he did not think any of it was in the eye. However, on examination, he found a wound about two lines in length in the upper and inner portion of the sclerotic, about three or four lines from the margin of the cornea. Having examined it with the ophthalmoscope, he could see a metallic body in the vicinity of the vitreous humour. He admitted him into the hospital. Spencer & Son prepared for him (Mr. Swanzy) an electro-magnet, which they had ready next morning. The shape of the magnet was conical—not a very good shape, the cone being too abrupt. He would have preferred a flat one. He had a large bichromate of potash battery. The patient having been placed under ether, he inserted the magnet into the eye, hoping it would come in contact with the bit of metal. It did not occur, although he moved the magnet about in the interior as much as he dared without producing too great injury; the bit of metal did not follow. It was impossible to proceed further. The position of the bit of metal in the eyeball would account for the failure. Any magnet would not, he thought, have stirred it, being fixed so firmly in the tissues. There were remarkable cases on record. That was his first trial, and the magnet was not a suitable one. Perhaps, with a better magnet, he would have better results. Cases such as he had described were not so frequent in Dublin as in Glasgow and elsewhere. Next day he enucleated the eyeball. The foreign body with which he had to deal was four millimetres long, and about two broad.

### MULTIPLE FATTY TUMOURS.

Mr. W. Thornley Stoker exhibited a fatty tumour of small size. In itself the specimen possessed no particular feature of interest, and were it not for one or two circumstances of rarity in the case he should not have exhibited it. The man from whom he removed it was a healthy-looking policeman, æt. 40, on whose person he found a number of those growths. The one in question gave him pain by causing pressure over one of the cutaneous nerves in the forearm. It was removed by a simple incision. The growths were multiple, synchronous, and almost exactly symmetrical, on the two sides of his body—one on the inside of each thigh, one on the inside of each arm, and on numerous other situations. There were on record cases where multiple examples of fatty tumour occurred in the same body. Brodie had mentioned a case of fifty in one subject, but in no case that he was aware of were they symmetrical upon the two sides of the body. It was a remarkable fact, and one for which he could offer no explanation.

Mr. A. H. Corley read a communication on

### STRANGULATED HERNIA,

which will be found on page 427.

Mr. H. Gray Croly said, important as their communications had been during the session, none was of greater importance than that just read. It was fifteen years since he brought under the notice of the Society the subject of strangulated hernia. In recommending early herniotomy he illustrated that view by showing that the constriction must be looked upon in the same way as a tight rope round a man's neck. Were they to try artificial respiration, or cut the rope? Regarding the use and abuse of the taxis, there were certain cases where it could be employed longer than in others, but those which bore it worst were those of femoral hernia. Whatever chance there was of not doing mischief in the inguinal hernia, there was very little in the femoral. As to anæsthetics, he could never understand their effect in femoral hernia; what it was expected would be relaxed by putting the patient under ether he could not say. Of course it prevented pain. But his habit had been to put the patient into a warm bath, and administer an injection, and if the hernia did not go up by gentle manipulation he operated at once. Operations for strangulated hernia in private cases were attended with more favourable results than hospital cases, because they got less manipulation. Indeed, he thought the residents ought to be instructed not to handle hernia cases at all. With regard to suspension, he had a case in which he was about to operate, and the resident, having got into the bed, held the patient up by the legs, shook him well, and the hernia went up. However, that course was attended with danger. He remembered a case where, the patient being suspended, the tumour left the femoral ring, but it went so deeply up none could get at it, and the patient died. Tartar emetic was a dangerous remedy, and the sooner discarded the better. In hernia death frequently occurred through shock.

Mr. W. Thornley Stoker endorsed so fully the views Mr. Corley had submitted that he felt some difficulty in saying anything on the subject more than to express mere assent. The knife which he had exhibited he considered an admirable invention, and one that would entirely obviate the risk of wounding the obturator artery, whatever position that vessel might assume with regard to the neck of the sac of the strangulated hernia. He was surprised at Mr. Croly's observations in reference to the uselessness of anæsthetics in strangulated femoral hernia. He did not expect a person of his information would have expressed so bold an opinion in the face of the mass of evidence against him. There was not one of the fibrous structures forming the stricture that was not to some extent influenced by the various muscles, either of the upper part of the thigh or the lower part of the abdomen. He should express the strongest and most absolute dissent from Mr. Croly's opinion. There was a point on which he should have liked to hear Mr. Corley say something, as one to which he knew he had given a good deal of thought, namely, the state of the bowel itself when it came to be exposed. Once it was decided to operate for strangulated hernia, there were two difficulties to be encountered—one to determine the sac, and the sac having been found and opened, the next, whether or not that bowel was in a fit state to be returned to the abdominal cavity. Of all others, the most valuable guide as to whether it should be returned or not was not its colour, but the presence or absence of lustre of the peritoneal covering.

Mr. Frederick Nixon described his mode of doing the operation by directing the edge of the knife along the bone to avoid injuring the arteries.

Dr. Joseph Doyle thought, having regard to the slit in Mr. Corley's knife, it mattered not what artery was in the way. He had operated in a case of strangulated femoral hernia in an old woman approaching eighty years of age. He thought the case was one of omental hernia, but had not made up his mind that it was. Having put a ligature round the omentum and cut it the symptoms were completely relieved. He had nothing to shove into the abdominal cavity.

Dr. J. K, Barton concurred in Mr. Corley's conclusions. He believed that the anæsthetic did good in many cases. In fact, he had often seen marked good arise, and reduction effected in femoral hernia. Mr. Corley's knife met a want in femoral hernia.

Dr. Henry Kennedy mentioned two instances in which the late Mr. Peile and the late Sir Philip Crampton used extraordinary force to reduce the hernia and with success.

Mr. Edward Bennett thought the danger of hæmorrhage in femoral hernia was over-rated. The only fatal case of internal hæmorrhage he had seen had not been in femoral, but in inguinal hernia. Death from hæmorrhage only was comparatively rare, and security was not in the form of knife used, but in the mode of using the knife. It seemed that all herniæ were to be grouped together in reference to the applicability of the taxis. Herniæ of old standing and of large size were those to which a large amount of force might safely be applied. In a case of the kind he would be slow to operate without careful taxis. Where there was a large hernia present there was a sufficient opening for it to go through, whereas under the opposite condition the opening was not likely to admit of ready return. There was one cause of death after cases of hernia which might be included under the head of shock. In a vast number of cases diarrhœa supervened upon the reduction, and the establishment of profuse diarrhœa he had seen prove fatal in two or three cases at all events.

Mr. Stokes was sorry Mr. Corley had wound up his excellent paper by the quotation from Mr. Hey, as one which, though he was himself an advocate for early operation, he believed had led to a great deal of mischief, many surgeons having performed operations for strangulated hernia that were wholly unnecessary. In considering that the circumstances should be weighed that induced surgeons to defer operating. He believed those circumstances were the absence, in many cases, of what were laid down and stated in lectures as the signs and symptoms that characterise the existence of strangulated hernia. He had seen cases where both pulse and temperature were normal under distension of the abdomen, and no pain whatever, either in the abdomen or about the tumour, where there was a complete absence of that expression of anxiety and distress that so often characterised strangulated hernia. It was those cases that led surgeons to put off the operation. There was, however, in his experience, one symptom which, in every case of strangulated hernia, he had never seen absent, and that was vomiting. He had seen a case where there was that symptom alone with an almost entire absence of all the constitutional or general symptoms. In a case of tumour of the groin that occurred ten years ago the two main symptoms were absence of action of the bowels and vomiting, and the question was whether it was an abscess forming or a hernia. The country practitioner who had seen the case first treated it by purgation. The man having come into hospital, poultices and stupes were applied, and further purgatives administered. At last an operation was performed, when strangulated hernia was discovered, and the gut was found to be in a state of gangrene. The man died a very few hours after the operation. He could not agree with Mr. Croly as to the uselessness of anæsthetics in cases of femoral hernia. He had himself seen a great number of cases in which taxis had wholly failed until an anæsthetic was employed, and then the tumour was at once returned. In strangulated hernia the two great enemies of success were purgation and procrastination. These two should be avoided. Where the hernia had recently appeared, accompanied by vomiting, and was irreducible—did not yield to taxis—the sooner that was cut down upon, the better for the patient. The absence of the usual symptoms was a most important thing in considering the propriety or otherwise of operating for strangulated hernia. In reference to Dr. Corley's knife, having had within the last few days in the Richmond Hospital a case of strangulated femoral hernia, he was anxious to use it. When the patient came into hospital there was a moveable, painless tumour, and vomiting was present. In the first instance he tried taxis, but failed to reduce. On cutting down upon the tumour after opening the sac he got into a mass of omentum. After separating the omentum from the tumour he found a small knuckle of intestine not much larger than the top of a thimble, in the middle of the mass. It was quite strangulated. He endeavoured to get the point of his nail underneath the constriction, but could not on account of the adhesion of portion of the omentum to the ring above the hernia. That was a case in which Dr. Corley's knife could not have been applicable, owing to the great thickness of tissues between the gut and the ring. He therefore contented himself by passing in a director, forced it through the constriction, and then divided it on that. The case had done remarkably well. He mentioned this to show that the ingenious instrument Dr. Corley had devised was not applicable to all cases of hernia.

Mr. Croly reiterated his statement that he never saw a strangulated femoral hernia influenced in the slightest degree by an anæsthetic; nor could he yield to the opinion expressed that the muscles could have the slightest effect in reference to the femoral ring.

Mr. W. Thornley Stoker had seen a great number of cases of femoral hernia operated on, and he had seldom seen one in which anæsthetics were not of decided use.

Mr. Corley in reply, said that he would not detain the meeting long, as most of the speakers agreed with him in the main points, and many of the objections urged by some had been answered by others. Thus he thought that Mr. Stoker's remarks were a sufficient reply to Mr. Croly's objection to anæsthetics as helping the taxis in femoral hernia. As regards Mr. Stoker's question about the appearance of the gut indicating a danger in the return, he thought that, short of absolute gangrene, the loss of glistening the most important, not that loss depending on exudation of lymph, but absence of glistening in circumscribed patches. Dr. Bennett had disposed of Mr. Nixon's remarks. In a paper like the present every point could not be touched on, and what Dr. Bennett alluded to as having been described as the diarrhœa of reduction, was accidentally omitted. The variety of cases, and the question of which would allow a prolonged taxis, and which would be injured by this, was not dwelt on for the same reason. But every surgeon of experience must know that when he places his hand on a hernia he can almost instinctively tell whether it is one that will go up readily, or even by prolonged taxis, or whether it is one that must be operated on at once. Of course, he wished to be distinctly understood that in condemning the use of opium he was speaking of its use before operation, or as an adjunct to taxis. After the operation he considered its aid almost invaluable. As regarded Mr. Stokes' condemnation of Hey's aphorism, he did not think it was justified by fact or supported by the arguments brought forward.

The Society then adjourned, and this was the last meeting of the Session of 1879-80.

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## ODONTOLOGICAL SOCIETY OF GREAT BRITAIN

### Monday, May 3rd.

Mr. A. S. Underwood read a paper on

### NERVE-STRETCHING IN NEURALGIA.

Neuralgia was, of course, only a symptom of nerve-irritation; it might be set up by many different causes, and varied greatly in degree, from a simple case, which might be cured by the extraction of a tooth, or by some ordinary remedy, up to the terrible form which Trousseau had distinguished as "epileptiform," and of which he said that, after thirty-six years of practice, he had never known a case to be radically cured. Until the treatment by stretching was accidentally discovered in 1869 by Nussbaum, the only remedy for these severe cases consisted in division of the affected nerve, an operation which afforded too often only temporary relief, as the morbid condition remained, ready to re-assert its power as soon as the nerve had re-united. Mr. Underwood then related three typical cases of "epileptiform neuralgia." In the first, drugs only had been tried, ineffectually; in the second, division of nerves gave temporary relief; but after thirty years of intermitting suffering the patient's face was scarred all over by the surgical operations he had undergone. In the third case nerve-stretching at once effected a permanent cure. He had found thirty-nine cases of nerve-stretching recorded during the last three years in various papers and pamphlets. In thirty-two of these the operation effected complete and permanent cures, two other patients were relieved of pain, but died from accidental causes; whilst in the remaining five cases the operation was performed for tetanus. In no case, as far as Mr. Underwood could ascertain, had any harm resulted from the operation. These were all cases of severe neuralgia, in which various plans of treatment had been previously tried without benefit. From these results there could be no doubt that nerve-stretching was entitled to rank very high as a last resource in those cases of obstinate neuralgia in which all reputed drugs had failed, and life had become a burden to the sufferer.

A discussion followed.

In reply, Mr. Underwood pointed out that the stretching must be performed boldly, and that even such nerves as the small branches of the facial would bear a very considerable amount of pulling without fear of rupture. The operation would sometimes do good even though the apparent seat of the pain was situated higher up the nerve than the point at which it could be stretched. The loss of sensation, and sometimes also of motion, which followed the section of nerves, was always a source of inconvenience to the patient. He thought, therefore, that neurotomy should only be performed in the small residue of cases in which the stretching operation failed to give relief.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MAY 26, 1880.

## MEDICAL ETHICS.

THERE is an unwritten code which regulates the conduct of medical men in this country towards members of their own profession, towards patients, and towards the general public. Although there do occur from time to time instances in which the rules universally recognised for the guidance of medical men are flagrantly violated, yet the necessity for any formal promulgation of an ethical code has not been considered to arise. It may be that the desirability of some such set rules has presented itself to individuals smarting under a sense of wrong treatment, or even to dispassionate observers of serious breaches of medical etiquette, but the strong feeling of *esprit de corps*, the rigid maintenance of professional dignity, and the strict adherence to definite lines of duty that characterise our class throughout the kingdom have rendered any step to formulate rules of conduct purposeless. In America, however, the case would seem to be different, and the Canada Medical Association have regularly adopted a series of recommendations embodied in a "Code of Medical Ethics," drawn up and sanctioned by the American Medical Association. How far this document will avail to check malpractice, and restore the profession in America to a position it has receded from, chiefly through the evil-doing of a few irresponsible agents, it will be interesting to note; and if experience should prove the efficacy of the "Code" in this direction, it might even be advisable to consider whether some modification of it might be of service in this country in repressing those occasional irregularities that do occur to vex the spirit of the orthodox.

The American formulary contains articles bearing on "The Duties of Physicians to their Patients," "The Obligations of Patients to their Physicians," "The Duties of Physicians to each other and to the Profession at large," and on "The Duties of the Profession to the Public, and the Obligations of the Public to the Profession." It may be thought, perhaps, that certain of the rules laid down had been better left to the natural good feeling of individuals, and that the evils possibly resulting from the existence of such anomalies as these laws will tend to repress had better have been left to their natural remedy. The discipline of the school training should of itself suffice to impress on the practitioner the common duties, which in this "Code" are detailed in full. It would, for instance, be needless to impress on a newly-qualified British student that "a physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge." This admonition, we can safely assert, is requisite in not one case of a thousand among those who proceed to discharge the duties of a physician's or surgeon's calling on this side of the Atlantic. It has been urged more than once that lessons of the kind should be impressed on students during their hospital career. On this point, however, we may safely agree with Dr. Pye-Smith, who, in his Hunterian Oration this year, insisted that all matters of personal deportment are best left to the good sense and good feeling of the man himself. Courtesy of demeanour and a habit of consideration cannot be taught; they must be the natural outcome of the individual nature, or they will always be conspicuous by absence alone, and the same with such directions as "a physician ought not to abandon a patient because the case is deemed incurable," or "consultations should be promoted in difficult or protracted cases." To insist on these observances by set rules is, we cannot but think, an unwise mode of attaining the end.

The obligations of patients to their physicians are many and great, but they can never be enforced by means of written commands. The only incitement is that which follows from the attitude assumed by the attendant. Though every person in the whole of America should be informed of the decisions arrived at by the Medical Association, unless they are led by the bearing of their advisers to pay heed to the Code drawn up for their direction, they will in nowise be influenced thereby. It is not unfair criticism to remark that it is unwise to put such an admonition before the public as that "Patients should prefer a physician whose habits of life are regular." The assumption is that anyone entering on the practice of medicine is thoroughly conscious of the grave responsibilities he incurs, and is determined to rule his life accordingly. Any hint that other than this is possible, derogates from the elevated character of the profession.

That it is an impropriety for any "physician to hold a patent for any surgical instrument or medicine" is a generally-recognised principle. It is in this country but very rarely that any contrary opinion is entertained on the part of a regularly-qualified practitioner, and there is also a very common recognition of the fact that concealment regarding the constitution of valuable remedies is "inconsistent with beneficence and professional liberality."

Throughout, the American "Code" is marked by insistance on points of conduct which we in this country regard as admitting of no discussion. We have drawn attention to the publication of the document because it may very possibly be quoted in time to come as an admirable improvement on home practice. We contend, however, that in a country where the position of the medical profession is assured in the estimation of the people, there can be no reason for the existence of a so-called "Code." On the bearing and actions of the members of the profession must its relations to the laity depend. In the integrity and conscientiousness and earnestness of medical men is the surest code, and the best guarantee for continual agreement between them and the public they serve.

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## PHILANTHROPY AND HYGIENE AT PORTSMOUTH.

In the face of much opposition, a soldiers' institute was, in 1874, opened at Portsmouth. A well known hotel having been bought up and converted to the purpose, several adjoining houses were transformed from their previous uses to purposes of good, and altogether a locality by no means noted for propriety, was turned to the benefit of soldiers and their families whether stationed in that garrison, or temporarily remaining in it, preparatory to embarkation, or on arrival from abroad. To all such, ever since it was started, the Institute has served the purposes of a club and hotel; shelter, food, comfort, and mental entertainment, all at a cheap rate being obtainable, and, as they deserve to be, much sought after by those of the non-commissioned ranks, who prefer to pass the hours of the winter evenings under such favourable circumstances, instead of in pot-houses, music-halls, and other low resorts, as their predecessors had to do, running their risk of crime, vice, disease, and punishment, thereby entailed.

It is not only, therefore, in its relation to the comfort and moral elevation of the soldier that this house is deserving of record, but also as a means, and a very powerful means, of protecting the physical health of our soldiers and their families, that the "Institute" comes to be mentioned in these pages. Not only are there about sixty beds in the establishment itself, but private apartments are secured in respectable houses in the neighbourhood sufficient to accommodate about forty families in addition. In all cases every requirement in the way of food, bedding, and clothing, are supplied gratis to those who most stand in need of such assistance; the expenses thus incurred being in some instances paid from a fund for the purpose lately got up by a officer of the Quarter-Master General's Department, in others from the ordinary funds of the Institute. That numerous recipients of such assistance have by such means been saved from illness, and even death, is a fact well known to persons on the spot; that orphans have been taken entire charge of, and kept until suitably disposed of, is also well known, while there is every reason to believe that in not a few instances destitute women have been sheltered from forced descent to an unfortunate career.

But in addition to the "Institute," another means of meeting the necessities of soldiers' wives and children arriving in troop ships has lately been provided, and so far worked with the very greatest benefit. This consists in the establishment of "The Military Charitable Fund," dating only from 2nd December, 1879; yet from that date till March 31, 1880, fifty-four persons, most of them women with families, received relief from this fund, twenty-four of them being the wives of soldiers on active service in South Africa, and twelve soldiers' widows, or wives deserted by their husbands. The committee of this fund obtained *soup tickets* at a reduced rate from the Southsea soup kitchen, and during the period continued to issue coals and other comforts as necessary. Other requirements of various kinds were supplied to families arriving from India, and delayed in consequence of illness among them. During winter it happened that soldiers' families were, on occasions, kept for months at Portsmouth, expecting daily to receive orders to embark for the Cape; for these, the Government allowance of sixpence per day for a woman, and twopence for each child was altogether insufficient; hence, had it not been for the "Institute" on the one hand, and the "Military Charitable Fund" on the other, the lot of these poor creatures would have been extremely miserable. It is well to know that at our principal port of embarkation and disembarkation of troops such excellent establishments as these exist, alike to help the needy, and by so doing avert an amount of sickness and mortality among women and children that under less happy circumstances would be very sad indeed.

It is announced that, for sanitary reasons adduced in the report of the United Synagogue of British Jews, the Council have resolved that the use of mourners' cloaks at funerals be discontinued.

# Notes on Current Topics.

## Dangers of the Streets.

DURING the past few weeks certain of the streets of London have been pervaded by the most foul and abominable stinks, so much so that it has occasionally happened that individuals of over-sensitive organisation have been overpowered by the effluvium, and made actually sick. Regent Street, from the Circus to Waterloo Place, has been particularly bad; but many other of the roadways have been equally unpleasant to walk in. In the daytime, as well as at night, too, the sickening odour has been perceptible; and it is really necessary that something shall be done to check the nuisance. It presumably arises from the imperfect trapping of the drains, or from their being inadequately "flushed." In the past winter we drew attention to the copious outflow of poisoned air from the street "grids;" and it would almost seem that a repetition of this form of atmospheric pollution is now going on. The serious dangers that may arise from its continuance demand that measures shall be speedily taken to abate the evil. There is terror enough in the many abominations arising out of neglect of hygienic rules by the general public, without a fresh source of infection being added through a want of attention towards maintaining an efficient drainage.

## The Hunterian Oration.

THE Hunterian Oration for 1880 has been printed at the request of the Council. Dr. P. H. Pye-Smith, the orator, deals in it with the question of medical education; and it will be noticed with considerable satisfaction that he advocates the union, for examination purposes, of the Colleges of Physicians and Surgeons of London, and thus anticipates the Conjoint Scheme in some respects. There seems a certain willingness on the part of the two chief corporations to consider the advantages of such an amalgamation; and it may not, possibly, be too much to hope that at no very distant date this will become a *fait accompli*. In other respects the Hunterian Oration is valuably suggestive, especially in its expressions regarding the necessity for a more liberal preliminary education of students intended for the medical profession. Dr. Pye-Smith emphatically declares his belief that culture cannot be too wide. The tendency of modern opinion on this point is clearly in agreement with him.

## "Highly-trained Lady Nurses."

THE unfortunate occurrences at Guy's Hospital are not without illustration in other institutions. The maudlin sentiment that gives to a woman's vagaries influence paramount over the right control of medical officers in hospitals has been successful now in transforming at least three important public charities into centres of misrule. First Guy's, then, as we weeks ago informed our readers, the Torbay Hospital, and now the General Lying-in Hospital, have by female mismanagement and ecstatics been transformed from orderly and benefit-conferring institutions into arenas for the exhibition of the *dilettante* acquirements of the "genteel" school of nursing amateurs. At the General Lying-in Hospital wholesale resignations of the staff have taken place in consequence of the determination of the matron to transgress the necessary rules for preserving the immunity of patients from infectious diseases. It is difficult to credit the assertion, which, however, is quite well-founded, that measles was contracted by a patient in the house, through one of the matron's children] being attacked with the complaint. A widow "with encumbrances" has, in opposition to the expressed dissent of the medical staff, been appointed to the chief superintendence of the nursing department. We learn that a most ill-judged attempt has been made to replace the officers who have felt it necessary, consistently with their duty, to resign their position on the staff of the hospital, with young men who have been offered pecuniary inducements to accept duty. We are glad to know that, on the circumstances being understood, these overtures have been very generally met in a proper spirit, and that the efforts of the matron and her party of mismanagement will be unsuccessful.

## Royal College of Surgeons of England.

FOUR vacancies will be filled at the approaching election for members of Council of the Royal College of Surgeons of England. By the death of Mr. Hancock and the resignation of Mr. John Simon, C.B., F.R.S., two seats are left open. The remaining two are those filled by Mr. Busk, F.R.S., and Mr. Curling, F.R.S., who do not intend to seek re-election on retirement by rotation. Mr. Bryant, Prof. Lister, Mr. Berkeley Hill, Mr. William Adams, Mr. Sydney Jones, Mr. Thomas Smith, Mr. J. W. Hulke, and Mr. Cadge, of Norwich, are likely to be nominated for the empty seats.

## Middlesex Hospital.

THE increasing popularity of this hospital has made it necessarythat steps should be taken to increase the accommodation of its school premises. During the past winter the existing dissecting-room has been found quite inadequate to the needs of the students, and an adjacent class-room has been utilised for dissecting purposes. It is now decided to build a large room, and to this end the space covered by the lecture theatre will be thrown into it, while a new theatre, to seat 250, will be erected.

## Progress of Public Health.

THE Annual Conference of the Society of Arts on the Progress of Public Health will be held on Thursday and Friday, the 10th and 11th of June 1880, the Right Hon. James Stansfeld, M.P., in the chair. A programme of subjects for discussion has been prepared by the executive committee, and can be obtained by any person interested on application to the Secretary of the Society of Arts.

## The Medical Services in India.

ACCORDING to the *Pioneer*, the administrative changes recently made in the Indian Medical Service have not been so disadvantageous to that service as first impressions had led its members to anticipate that they would be. Taking Bengal, it is stated that the stations allotted to the Army Medical Department are Allahabad, Meerut, Lucknow, Rawul Pindee, Umballah, and Peshawur. The stations to the Indian Medical Department, Calcutta, Shillong, Lahore, Morar, and Abbotabad. But to these are added the hill residencies of the local governments, where the civil deputies spend the summer, namely, Darjeeling, Nainee Tal, Pachmaree, and Simla. It is added that "whereas the pecuniary value of the administrative appointments held by officers of the local service has been *increased* by rs. 2.700 a month, the value of such appointments in the Army Medical Department in Bengal has been *reduced* by rs. 2.800 a month. For our own part we fail to see wherein lies the great advantages thus assigned to the local service. Rather, we would say, both services have lost considerably by the changes made, and the question is, Have the public interests gained? We much fear they have not.

### The Indian Medical Services.

No wonder that the members of the Indian Medical Service have a dread of what are called schemes of reorganisation, as applied to that department, seeing that o1 nearly twenty years each successive measure of the kind that has had reference to them has had the result of curtailing their advantages, and rendering their position less and less satisfactory. "A Surgeon-General" in a letter now before us records a few of these measures of reorganisation that have been applied, and their bare enumeration is enough to account for the state of unrest in which what remains of that once popular service now is. Let us particularise a few. In 1864 *staff* salaries were abolished, consolidated rates of "employed" and "unemployed" pay being granted instead. The amounts of actual pay drawn by medical officers were thus reduced by £20 to £40 per month according to circumstances; but the rates of subscriptions to funds increased in accordance with advanced relative rank which they then received. In 1864 Sir John Lawrence endeavoured to remove some of the disadvantages that arose from the above regulations. In 1866 Government found that the pay he had intended to give was according to the unemployed scale instead of the employed which they had drawn. The result was that the surplus drawn during nearly two years by Indian colonels had to be *refunded*, and with such hardships to some, at least, as can readily be understood by whoever has had in India to undergo the process called "retrenchment," at the very time domestic claims were urgent, and his credit by no means large. In 1867 a *revised* scheme for the revision of civil salaries was published, one result of which was that medical officers permanently lost the considerable sums which, as increased rates, they had during the previous three years paid to the military and orphan funds. In 1868 furlough pay at the rate of two shillings per rupee was granted, a decided boon, and too good to last. In 1871 it was accordingly abrogated, and since then the salary of medical officers on leave in England has suffered a decrease on it equal to 20 to 25 per cent. In 1876 Government ordered all civil surgeons to resign their appointments or to submit to reduction of pay, in many cases exceeding £10 per month. In 1880 the service made subordinate to that of the regular army, the appointments of surgeons-general abolished, six deputy surgeons-general reduced, and the individuality of the service destroyed. 1881? 1882?? &c.

### The Honorary Viceregal Medical Appointments.

The appointments of honorary medical officers to Earl Cowper, K.G., Lord-Lieutenant of Ireland, were gazetted last week. The President of the Royal College of Surgeons, Dr. Mapother, and Dr. Robert MacDonnell, F.R.S., have been selected as his Excellency's Surgeons. Dr. Nixon, of the Mater Misericordiæ Hospital, Dr. Nedley, and Dr. Hatchell are the Honorary Physicians; the two latter gentlemen having already held honorary physiciancies in the viceregal household. Dr. Jacob has been appointed Oculist in Ordinary to his Excellency, and Mr. Corbet has been selected, in succession to Mr. Robert Moore, as Dental Surgeon to the Lord-Lieutenant.

### The Medical Reform Movement.

The party in the London College of Surgeons who desire to avoid medical reform, at least, in the form of a uniform conjoint examination throughout the kingdom, has seized upon the condition of uncertainty in which the Medical Acts Amendment Bills now lie as a reason why the College should set to work afresh to settle its own examinational affairs.

We should be sorry to see the College adopt this suggestion for three reasons, firstly, because we have reason for the hope that the Select Committee will at once resume its hearing of evidence, so that it may report to the House in July, in which case the Bills may be taken up next February; secondly, because it is quite clear that any settlement of a family-party conjoint examination can only stand at most for a year or two in view of the determination of the profession to have a Bill of Reform passed as soon as agitation can carry it through; thirdly, because the completion of an English system of conjoint examination would be an abandonment of the principle of uniformity of British medical education and qualification which is the nucleus of the whole programme of medical reform.

Anent this movement for a London conjoint examination we ask, with anxiety for the reply, what efforts are the Reform Committee of the British Medical Association and the Alliance Association making to stimulate the Government to reappoint the Select Committee, and to get on with the hearing of evidence? We trust it is not forgotten that there is compact and determined Scotch opposition to reform, constant effort on the part of the General Medical Council to pooh-pooh any suggested improvement, and a disinclination on the part of Government to encumber itself with what it calls "doctors' squabbles." These three influences will certainly kill out the medical reform movement if the reforming organisations do not keep their agitation in vigorous work, and we would be pleased to see that the necessary pressure upon Government is being exercised, in order that the present interest in the subject may not be allowed to die out.

It has been announced that an examination of candidates for commissions in the Medical Department of the Army will be held at the London University on the 9th August next.

## The Management of Small-pox Hospitals.

At the meeting of the Society of Medical Officers of Health, held on Friday last at the Society of Arts, an instructive paper was read by Dr. A. Collie, Physician to the Small-pox Hospital, Homerton, "On Some Public Health Points in the Management of a Small-pox Hospital." Dr. Collie, in the course of his remarks, said that small-pox was one of the most contagious of diseases when it struck at once. The best vaccination was not always a protection from attack. He ventured to lay it down as a principle that a small-pox hospital ought to be placed where the patients were likely to be found, and it should be retained for the sole use of such patients. The real danger arose to the public health not from the bad cases, but from the mild ones. A dress might be contaminated by small-pox poison, which might communicate itself. If a small-pox hospital were situated at a distance it might lead to increased communication by letters, so that letters written by the hands of those affected by small-pox might pass through the Post-office, and while they had no evidence that small-pox spread in that way, yet it was a question whether such letters should be allowed. A small-pox hospital should be constructed so as to be as little as possible a source of danger, and should be surrounded by a high wall. As to the question when a small-pox patient was fit to be discharged, no general rule could be laid down, and each case must be considered by itself. In conclusion, he observed that each individual might render himself and his family independent of any precaution whatever. It was only necessary that he and they be properly vaccinated, and then they might not only live safely near a small-pox hospital, but safely in one. If the vaccinated child might safely be suckled by its small-pox mother, and the vaccinated nurse safely nurse the small-pox patient, a small-pox hospital would be no danger in a properly-vaccinated neighbourhood.

## Medical Discussions in Lay Newspapers.

It is to be regretted for the sake of the public, of the profession, and of the leading journal itself, that letters such as have gained admission to the *Times* during the past week on, "Insensibility to Anæsthetics," are not submitted for approval before publication to a responsible medical editor. Such an editor would certainly recognise the futility of permitting discussions of that kind to occupy a place in the columns of a newspaper, for he would know that they could not enlighten the public, or prove useful to the profession. In the present instance a gentleman writes—of course in perfect good faith, and with the best intention—to describe his wonderful experience during an attempt to render him unconscious by nitrous oxide for the purpose of extracting a tooth, and he relates how, in spite of inhaling a prodigious quantity of the gas, he still felt the operation, and never lost consciousness, although, as he innocently adds, his "lungs must have been quite filled with the anæsthetic." The admission of this letter to the *Times* is, of course, the signal for a flood of correspondence on the subject. It is at once pointed out by some writers that the patient could not have inhaled the quantity of gas he mentions without result, and that the apparatus by which it was administered was probably defective, allowing the admission of such a quantity of air with the gas as effectually to neutralise its effect. The opportunity is, of course, eagerly seized upon by numerous "surgeons practising dentistry" to air their views (and to publish their names and addresses) in the *Times*, while pointing out that such failures as the patient relates never by any chance occur in their hands in the use of nitrous oxide. It often happens, of course, in these loosely-worded letters that phrases are let fall calculated to needlessly alarm nervous readers. For instance, one writer in the present case alludes to the necessarily fatal effects of nitrous oxide gas if inhaled for a prolonged period without admixture of air. This fact needed not to be stated for the benefit of the professional reader, whilst the passage in the letter is obscure enough in its meaning to puzzle the uninitiated, and to lead them to fancy the inhalation of the gas attended with dangers which certainly do not accompany it. We repeat that this correspondence furnishes one more example of the mischief, happily small in this case, which must arise, on any but exceptional occasions, from the discussion of medical subjects in the lay press.

## Apothecaries' Weights and Measures Act.

Some cases have during last week come before the Southwark Police Court which are calculated to attract the attention of pharmaceutists. Five chemists and druggists, carrying on business in the south of London, have been summoned for having in their possession apothecaries' weights that were not correct and in conformity with the legal standards. The presiding magistrate, taking into account that the Act had only recently come into operation, and that these were the first cases of prosecution, imposed only a nominal fine of one shilling for each incorrect weight. One of the defendants, in fact, pleaded that he did not know the Act was in operation, and that he had been unable to get any information on the subject; while another stated that some of the weights complained of were quite new, and had been supplied by a first-class firm.

## Cruelty to Shop Assistants.

Attention has been drawn at various times to the hardship inflicted upon female assistants in shops, principally drapery establishments, by being compelled to stand at all hours of the day. Renewed interest has been excited in the subject by the suicide last week of a young girl in Marylebone, whose life had become unbearable in consequence of this perpetual strain upon a sensitive nature and weakly constitution. The matter was ably argued in a leader in the *Standard* newspaper on Saturday last, and much correspondence, both medical and lay, has ensued therefrom. It is not necessary for us to point out in a medical journal the absolute cruelty inflicted upon young women, especially upon those of delicate constitutions, by the arbitrary conduct of proprietors and shopwalkers forbidding the use of seats to assistants when not engaged in serving customers; the sad results are but too frequently brought before us in hospital and private practice, and we join with Dr. Edis in the hope that ladies will not patronise shops in which they do not see chairs on both sides of the counter.

## St. John's Hospital v. "The Medical Press."

Our readers will probably remember that a representative of this Journal was summoned about a month since at the Bow Street Police Court for publishing certain defamatory libels concerning the management of St. John's Hospital for Diseases of the Skin. The case has excited considerable attention in medical circles, and the charges have attracted the attention of no less a personage than Her Royal Highness the Princess of Wales, patroness of the institution. After a formal remand by the magistrate at Bow Street, who expressly stated that our article was but a fair comment upon an important public matter, the matter comes on for trial this week at the Old Bailey, and may be decided while we are at press. As we never take up a question for any other motive than the honour and dignity of the profession, and the public weal, we have every confidence in the result, and as the verdict will probably be given this week, we propose furnishing our readers with a full account of the proceedings in our next.

## Reduction of an Inversion of the Uterus of Fifteen Months' Standing.

Dr. Lewis, of New Orleans, recently reported the successful reduction by Emmet's method of a chronic inversion of the uterus of five months' standing. He now reports a case of successful reduction where complete inversion had existed for fifteen months. The treatment consisted mainly in steady pressure by means of the rubber bag distended with water. The bag was removed every second day to cleanse the vagina, and on two occasions manipulation under chloroform was tried without much effect. On the thirteenth day, when the bag was removed, the uterus was found more than half reduced, the body and fundus being within the cervix, and on the sixteenth day the reduction was found to be complete. The cavity of the wound was then examined and found to be normal. In introducing the bag, Dr. Lewis points out that the uterus should be well pushed up first, as otherwise the pressure is but slight upon the fundus, and the bag at the moment of distention may arise between the vaginal walls and the uterus, compressing it laterally.

## Rare Complications of Tracheotomy for Diphtheria.

Dr. W. Korte (*Le Praticien*) reports the following cases from a communication of Wilm :—1. Vegetations in the trachea causing asphyxia ; in all four observations, in which asphyxia was three times produced by vegetations implanted on the upper border of the wound in the trachea, once by abscess of the anterior wall of the trachea. The treatment consisted three times in abrading the granulations by a sharp spatula ; once (in this case there was found a diffuse and granular swelling of the whole mucous membrane) a solution of nitrate of silver was applied and a strong canula introduced. The author disapproves of the expectant method as being too little certain, and also as too dangerous (for it is necessary often to change the canula). 2. Asphyxia from cicatricial contraction after tracheotomy for diphtheria, three cases. The treatment in two cases consisted in incision of the cicatricial band, and the gradual introduction of leaden pegs, followed by Dupuy's canula. Cure took place in one and six weeks respectively, from the time of the threatened asphyxia. In the third case, a very obstinate one, the trachea was laid bare and incised. Cure was not obtained for a year. The seat of stricture was in each case about the middle of the tracheal wound. For cause the author looks to the feeble constitution of the patients, most of them rachitic, and besides to a peculiar malignancy of the morbid process, which, infecting the wound, may produce cicatricial retraction of the external circumference. The author remarks that after too long an application of Dupuy's canula, one must always be prepared for the possibility of sudden asphyxia, and have the instrument in only during the day and under the the continued surveillance of the surgeon. 3. Abscess of the anterior wall of the trachea. Three cases, all fatal, one by ulceration of the innominata. The abscesses became diphtheritic, and after death were found much larger than the primary lesion would have led to expect. As prophylactic, the author recommends the employment, after tracheotomy, of Hasse's canulæ, having a curve more parabolic than circular. There is also given a case of tracheal asphyxia cured, the etiology of which was uncertain, drawn from the practice of Dr. E. Hahne.

## The Treatment of Progressive Myopia.

At a recent meeting of the Surgical Society of Paris (*Le Praticien*), Dr. Abadie read a memoir on partial tenotomy of the ocular muscles as a preventive of development of progressive myopia. Resting on the works of Emmert, of Zurich, and the attempts of Græfe, he attributes posterior staphyloma to the pressure exercised by the external rectus on the optic nerve, during converging movement. When the internal recti are insufficient to maintain the convergence, and there supervene the symptoms of vascular asthenopia, Dr. Abadie weakens the external recti by partially dividing their tendon. The operation, which is very easy, is the same as for ordinary strabismus, except that some median tendinous fibres are spared, which oppose the retraction of the muscle. This is, therefore, weakened without being displaced, precisely the end desired to be attained. This method of treatment has given good results when the use of prismatic glasses had completely failed. It may also be employed in cases where, as the result of incomplete paralysis of one of the muscles of the eye, there exists a troublesome diplopia without true strabismus.

## Surgeon-Major Rowe, C.M.G.

We learn that the Order of St. Michael and St. George has recently been conferred upon Dr. Samuel Rowe. The recipient graduated as a Bachelor of Medicine at Aberdeen University in 1865. He is a member of the Royal College of Surgeons of England. In 1874 he was appointed medical officer and chief of the staff on board the *Volta*. He was medical officer of the Gold Coast from 1862 to 1875, a member of the Legislative Council of the Gold Coast in 1874-75, Administrator of Gambia in 1875-76, and has been Governor-in-Chief of the West African Settlements since 1876.

Samuel Francis Hawthorne, M.D., of Dromore, has been admitted a Justice of the Peace for the county of Down.

Dr. Constantine Phipps, of Manchester, was elected a Fellow of the Royal College of Surgeons, Edinburgh, last week.

The large proportion of one-third of the candidates for the Membership of the College of Surgeons, England, were rejected at the examinations for the week ending May 15.

The venerable professor, Sir Robert Christison, M.D., F.R.S., has, at the request of the Edinburgh University Conservative Association, consented to be nominated for the Lord Rectorship of the Edinburgh University, vacant in November next.

In the House of Commons the following notice of motion has been given by Mr. R. Paget: to draw attention to the inconvenience of sending criminal lunatics to county asylums; to the necessity for making separate accommodation for idiots and for chronic lunatics now in county asylums; and to move a resolution.

The National Health Society is giving a series of drawing-room lectures to select audiences in Mayfair. Dr. W. B. Carpenter opened the series by a lecture on "Predisposing Causes of Disease." The subjects of other lectures will be "Overwork and Underwork," "Germs: our Unseen Enemies," and the "Doctor in the Kitchen."

A legal trial between two professors of the Royal College of Science in Dublin has just been concluded in the law courts. The professor of chemistry charged the professor of physics with having libelled him, estimating his damages at £10,000., but the jury did not take the same view of the matter, and found a general verdict for the defendant.

Hastings, though usually one of the healthiest of health resorts, was not exempt from the epidemic of deaths from diseases of the respiratory organs, in the winter quarter ending March 31st. The medical officer of health in his report just to hand deplores this, together with several deaths from diseases of the zymotic class, which rarely occur in this town.

Dr. Weimer, a Russian army surgeon of eminence, is one of the accused in the Nihilist trials now going on at St. Peterburgh. The strongest charges against him seem to us to have failed, as the poison he purchased is proved to have been for dogs, and the pistol for a patient who wanted it for bear hunting. But law in Russia is a terribly serious matter even for perfectly innocent people.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Norwich 16, Oldham 18, Leicester 18, Leeds 18, Brighton 18, Bristol 19, London 20, Portsmouth 20, Edinburgh 20, Sheffield 21, Newcastle-upon-Tyne 21, Hull 22, Birmingham 22, Bradford 22, Wolverhampton 23, Salford 23, Nottingham 23, Sunderland 24, Manchester 25, Liverpool 27, Glasgow 28, Plymouth 31, Dublin 35.

At the coming meeting of the British Medical Association, two special topics have been selected for discussion in the Section of Medicine. Dr. Bristowe has kindly consented to open a debate on "Hysterical Anæsthesia," and Dr. Andrew Clark to introduce the subject of "Asthma." In the Section of Physiology, there will be two discussions—one on the question, "Is Urea formed in the Liver?" to be opened by Professor Gamgee, of Owens College, Manchester; and another on "Sleep and Hypnotism," to be opened by Professor W. Preyer of Jena.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 0·9 and 1·1 in Oldham and Leeds, to 7·1, 7·2, and 17·4 in Dublin, Sunderland, and Plymouth, respectively. The fatality of measles in Plymouth showed as great an excess as in the previous week. Measles also showed excessive fatality in Leicester and Sunderland. The deaths from scarlet fever were proportionally numerous in Norwich, Salford, Dublin, and Sunderland. Fever caused 5 more deaths in Sheffield; and 8 deaths were referred to small-pox in London, 8 in Dublin, and one in Sheffield.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were—in Calcutta 23, Bombay 35, Madras 41; Paris 32; Geneva 30; Brussels 30; Amsterdam 28, Rotterdam 26, The Hague 22; Copenhagen 22; Stockholm 28; Christiania 15; St. Petersburgh 55; Berlin 28, Hamburg 24, Dresden 24, Breslau 28; Munich 40; Vienna 34; Naples 37, Turin 28; Venice 23; Alexandria 32; New York 30, Brooklyn 20, Philadelphia 20, and Baltimore 19 per 1,000 of the populations. Small-pox caused 71, and typhoid fever 33 deaths in Paris.

The Fourth Annual General Meeting of the British Medical Temperance Association will be held in the rooms of the Medical Society of London on Thursday, May 27th, 1880, at 4 p.m. After the business is concluded the following papers will be read:—"A Report on the Use of Ethylate of Sodium (Sodium Alcohol) in the Treatment of Nævus and other local affections," by Dr. B. W. Richardson, F.R.S.; and "Notes of Cases treated at the London Temperance Hospital," by Dr. Edmunds. After the meeting the members and visitors are invited by the Board of the London Temperance Hospital to inspect the new hospital in the Hampstead Road, shortly to be opened.

The Annual General Meeting of the Irish College of Surgeons in Ireland, to receive the Report of Council and to discuss Dr. Brunker's notice of motion in reference to proxy voting, will take place next Monday, May 31st, and not on the 24th, as inadvertently stated in our last issue. The election meeting of the College will be held on the following Monday, the 7th of June. The candidates for a seat on the Council—in addition to the outgoing Councillors who seek re-election—are Dr. Nixon, of Mercer's Hospital; Mr. Baker; Dr. H. M. Jones, Professor of Midwifery in the Queen's College, Cork; and Dr. Meldon, of Jervis Street Hospital. Dr. Chaplin, Surgeon to the Kildare County Infirmary, will be unopposed for the Vice-Presidency, Dr. McClintock taking the Presidential chair. We believe that Dr. Barton, of the Adelaide Hospital and the Carmichael School, will probably seek election to the Vice-Presidency in June, 1881. As there will be much matter of interest before the College on Monday next, a large meeting is expected.

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANOTHER DEATH FROM HYDROPHOBIA.—A miner, named James McKenzie, died in the Edinburgh Royal Infirmary on the 15th inst. from hydrophobia. A month previously the man was bitten on the hand by a greyhound which he owned, but the wound healed, and was thought little of. A week before his death McKenzie became ill, and as he did not improve, but rather grew worse, he was removed to the Infirmary. Very pronounced symptoms of hydrophobia appeared, and the man died in great agony.

HEALTH OF EDINBURGH.—The deaths in Edinburgh for the week ending with Saturday, the 16th inst., amounted to 85, and the rate of mortality was 20 per 1,000. Both measles and whooping-cough are on the decline; no death from fever or diphtheria was reported.

ASSISTANT-PHYSICIAN TO THE ROYAL INFIRMARY OF EDINBURGH.—Dr. Byrom Bramwell is a candidate for the office of Assistant-Physician to the Royal Infirmary of Edinburgh, at present vacant. Dr. Bramwell was a distinguished student, and as a medical practitioner has distinguished himself by his numerous contributions to the literature of his profession, and the creditable manner in which he has discharged the duties of many honourable public appointments held by him. His claims to the position which he solicits are of an exceptionally high order, and we cordially wish him the success which he deserves.

THE ROYAL SOCIETY OF EDINBURGH.—The twelfth ordinary meeting of the Royal Society was held on the 17th inst., Mr. David Milne-Home in the chair. Mr. J. B. Haycraft, M.B., B.Sc., read a paper on the improved method which he has devised for the quantitative estimation of urea in the blood. While the best of the prior methods of quantitative estimation yielded only about 16 parts of urea to 100,000 parts of blood, Mr. Haycraft is, by his method, enabled to find 56 parts of urea in the same quantity of the blood, and to obtain, in the shape of crystals, a demonstration of the presence of urea in so small an amount as ten cubic centimetres, or less than an ounce of blood. The normal proportion of urea in the blood was shown to be between 30 and 40 parts in 100,000. The Chairman and Professor Sanders characterised the paper as being of special professional interest, and the Professor took occasion to observe that, while medical science looked for great things from chemical investigation, there was absolutely no organisation whatever, and no encouragement whatever, for any research in the whole domain of physiological and pathological chemistry. He considered that scientific men and the Fellows of the Society, as scientific men, should take a certain interest in the organisation and promotion of science in our country, and in our Universities, which he believed to be the proper school for it.

LORD RECTORSHIP OF THE UNIVERSITY OF EDINBURGH.—It is understood that Sir Robert Christison, M.D., has, at the request of the Edinburgh University Conservative Association, consented to be nominated for the office of Lord Rector of the University, vacant in November next. At a meeting of the Association held on the 18th inst., Sir Robert's consent was enthusiastically received, and it was resolved that every effort should be used to secure his return. The announcement recently made that Lord Lytton was to be nominated by the Association was incorrect.

ST. ANDREWS UNIVERSITY.—Mr. E. H. Freeman, the historian, has consented to be nominated for the Lord Rectorship of the University of St. Andrews.

EDINBURGH.—AMBULANCE LECTURES.—The first of a series of ambulance lectures was delivered on the 21st inst., in the Drill Hall, Forrest Road, by Dr. A. G. Miller, F.R.C.S. Edin., Surgeon to the Q. E. R. V. B. There was a large attendance of volunteers and others interested in the subject. Dr. Imlach occupied the chair. The lecturer said he had been connected with the regiment for fifteen years, and had never been called upon to discharge any professional duty. He wished, however, to be of some use to the regiment, and he had, accordingly, offered to deliver a series of lectures to the corps. The lecturer gave a brief description of the principal features of the skeleton, and then spoke of the treatment of fractures, and the first aid to be rendered in accidents. Treating of the nature of fractures, he said there were five signs of such an accident generally noticed in addition to the "crack" often heard when the bone snapped. These were, pain, loss of muscular power, deformity, unnatural mobility, and *crepitus*. He would advise every person to be very gentle in the examination of a fractured limb. At the close Colonel Davidson expressed warm appreciation of the lecture.

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## Literature.

### THE EAR AND TEETH. (a)

WE had occasion not long since to notice with approval the previous parts of this admirable series of Atlases of Human Anatomy and Physiology, in which the relative position of the various organs and parts of organs is so remarkably well shown by means of a most ingenious arrangement of superposed coloured plates. While giving the greatest credit to the ingenious French inventor and author, we were able to speak in high terms of the manner in which the English versions of the accompanying text were done.

The translation of each part has been placed in the hands of some gentleman known to be especially conversant with the portion of the human economy there treated of.

The part before us is by no means an exception to this general rule of excellence; in some respects, indeed, it appears to be the best. Dr. Witkowski's remarkably clear and comprehensive description of that most complex and difficult organ, the human ear, has been rendered into equally lucid, flowing, and readable English, by Mr. Lennox-Browne. Not content, however, with merely making an excellent translation of his author's text, Mr. Browne, acting the part of a judicious editor, has vastly increased the value of the work by adding many useful notes drawn from the well-filled stores of his own knowledge and experience. Some of the practical hints he gives are very valuable, such as that on the danger of unnecessarily syringing the ear (p. 11), the description of the normal appearance of the membrana tympani (p. 17), &c. The whole work forms the clearest and most succinct guide to a knowledge of the mechanism of hearing which we have seen, and, studied carefully with the accompanying plate, cannot fail to convey an accurate knowledge of the subject.

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(a) "Human Anatomy and Physiology." Part V: The Mechanism of Hearing and of Mastication. A Moveable Atlas of the Ear and Tooth, by Prof. Witkowski, M.D. The Text of the Ear, translated and edited by Lennox-Browne, F.R.C.S. Ed. The Teeth, by Henry Sewill, M.R.C.S. Eng., &c. London: Baillière, Tindall, and Cox.

The section on the teeth having been placed in the competent hands of Mr. Henry Sewill, that gentleman has written a chapter on "The Anatomy of the Teeth," the original French edition being deficient in this respect. This edition may be honestly described as the most able and succinct *resumé* of the position, formation, and functions of those organs yet written, and will add much to the value of the Atlas.

Altogether we know of no series of works lately issued more likely to be of value to the student and practitioner than these moveable Atlases with their accompanying text. The publishers deserve the greatest credit for undertaking their issue, and the gentlemen who have supplied the translations have well kept up the high standard of the work.

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## THE MECHANISM OF VISION. (*a*)

To the learning and teaching of the anatomy and mechanics of the eye, the method of illustration by super-posed plates is peculiarly suitable, inasmuch as the demonstration of the dissected eye to a large class is a hopelessly uninstructive proceeding, and the dissection of the organ is —in itself—a matter as much of experience and practice as of neatness of manipulation. Not one in a hundred students understands how to get at the minute structures of the eye, not one in a dozen ever makes the attempt to do so, and not one in a thousand has the chance of studying the whole of the ocular and circumorbital anatomy, of which these plates afford him a view. In this Atlas there are two plates devoted respectively to the eye itself, and to the lacrymal, nasal, and palpebral structures. Each plate gives, on a large scale, with much ingenuity of adaptation, and with apparently perfect accuracy, the consecutive layers or, so to speak, strata. For instance, proceeding from before backward, we have first the anterior sclerotic with capsule of Tenon, muscular insertions, cornea, and vessels. Next, the front of choroid and ciliary muscle, and of iris. Next, the corpus ciliare and vitreous body, and so on in successive layers, until we reach the nerve and blood vessel entrances and the oblique attachments on the posterior surface of the globe. The illustration of the orbital structures on the second plate is equally good, striking, and accurate.

The letter press description which accompanies the Atlas is admirably translated by Mr. Power, and is, in itself, an excellent epitome of ocular anatomy and mechanical physiology, and contains much which is relevant to the student's purpose, and at the same time worthy of the opthalmologist's reading. This Atlas will not relieve the student of the necessity of dissection, but it will be an inestimable help to him in his work, and in fixing upon his memory all that is generally known of the subject.

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## THE APPLICATION OF SPECTRUM ANALYSIS TO THE ESTIMATION OF BILE IN THE RENAL SECRETION OF PATIENTS SUFFERING FROM JAUNDICE. (*b*)

This paper was read before the Royal Irish Academy on the 26th of January last, and is now published in their Proceedings, 2nd series, vol. iii. (Science). The writer takes advantage of the fact that bile possesses the power of absorbing the violet end of the solar spectrum, and that in solutions of a strength ranging from 5 to 75 per cent., that absorption is regular and progressive from the slightest obscuration up to Fraunhofer line D ; and starting from these premises founds a qualitative test for the presence of bile, and an approximately quantitative one for its daily increase or decrease in the same patient, according as he is recovering from jaundice or the contrary. This test appears to us to be a useful contribution to practical clinical medicine ; for Browning's pocket spectroscope is now little larger than a pencil-case, and is besides useful for other clinical purposes. We are not aware of any other constituent of the urine likely to produce the same effect ; some vegetable decoctions, if artificially introduced, would certainly do so, but this could not become a source of error. There are well known fallacies connected with the sts of Gmelin and of Pettenkofer ; the iodine test requires careful and delicate manipulation ; and for this reason we gladly bring before our readers a new test simple easily applied, and free from error.

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# Literary Notes and Gossip.

We have been asked to state that the Congress of the International Literary Association has been postponed from June to September 15th. It is now definitely settled that His Majesty the King of Portugal will preside. The meetings will be held in Lisbon, and will last for ten days.

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Dr .Wilhelm Wagner, professor in the Johanneum of Hamburg, died at Naples a few days ago at the age of 37. Dr. Wagner had gone to Italy on a scholarly and artistic tour, and succumbed to a sudden attack of typhus fever in sight of Herculaneum, the object of his most enthusiastic curiosity. Professor Wagner was a devoted student and admirer of English literature.

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At the Belgian Academy of Science open competition, a medal, value 600 francs, for each question, is to be awarded, and the essays may be written in French, Flemish, or Latin. They must be sent in before August, 1881, and be accompanied by an envelope bearing a motto (the essay also being distinguished by a motto), and containing the name of the author. Intending essayists should write to the Dean of the Academy for particulars.

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Our list of "new books and pamphlets received" at the foot of this column bears evidence of considerable literary activity during the past month. Some of these books are already well and favourably known, and are issued as new editions, such as Blackley's "Hay Fever," Legg's "Urine," Naphey's "Modern Medical Therapeutics," and Squire's "Pharmacopœia." Others are new competitors for fame. One of the most likely to attain this as a school-book is Harris and Power's "Manual for the Physiological Laboratory," a book which should be in every student's hands. Wickham Legg's "Bile and Jaundice" is also a work likely to attract attention ; and among the others are two or three interesting treatises on tropical climates, India, &c.

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Although advocates of the metric system, and desirous of seeing it universally adopted, we fail to see the utility of a small book just received entitled, "Metric Record of Prescription and of Medical Observation," published by H. K. Lewis, London. For the general practitioner it would be simply waste of money, as one book would not last him more than a couple of days, while for the consultant who keeps a journal it would entail the labour of writing up another book. Authors must think of something much more useful and practical than this prescription book, before the metric system will have any chance of success.

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"Imitation is the sincerest form of flattery ;" but whether in this case the authors and publisher of "The Health Primers" will so take it, remains to be seen. A series of little books, planned, we believe, by Dr. Mortimer Granville and Mr. Bogue, and issued under this one generic title, having obtained considerable success, Messrs. Ward and Lock have commenced a similar series, which, if not identical with Bogue's, is so very much like, that many will be inclined to call it a copy. We had hoped this kind of literary earwigging was confined to publishers on the other side the Atlantic ; let us hope it will not be followed by our medical houses.

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In Europe literary men have not the highest opinion of the genius existing in their particular line among writers in the United States, which is certainly not to be wondered at when the wholesale piracy of works on this side be taken into consideration. The latest piece of cribbing we have heard of is of Cornil

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(*a*) A Moveable Atlas, showing the Mechanism of Vision by means of Superposed Coloured Plates. By Professor Witkowski, M.D., Member of the Faculty of Medicine of Paris. Translated and edited by Henry Power, M.B., F.R.C.S., Senior Ophthalmic Surgeon to St. Bartholomew's Hospital. London : Baillière, Tindall & Cox. Folio.

(*b*) "The Application of Spectrum Analysis to the Estimation of Bile in the Renal Secretion of Patients suffering from Jaundice." By F. J. B. Quinlan, M.D. Dub., F.C.P., Physician to St. Vincent's Hospital.

et Ranvier's work on Histology, *par excellence* the best and most complete work ever issued on the subject from the press of any country. This, our cousins are copying bodily with the valuable illustrations to boot, without even passing the compliment of asking the authors' permission. If our information be correct, the authors of the original edition intend putting an embargo upon the pirated edition on its reaching Europe.

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American and English authors and scientists certainly do not belong to the "Mutual Admiration Society." The American *Journal of Science* is of opinion that "Outside the circle of men of pure genius, like Crookes, the scientific men of England feel that they have reached the highest possibilities when they have given popular lectures on what Germany discovered from five to twenty-five years ago. The profession of medicine—a part of science—lies near the bottom of the middle class, buried under successive strata from royalties and nobilities through the church, the army, the navy, the bar, and successful trade. The descendants of Young and Newton and Harvey are organising to drive a part of experimental physiology from the empire. As literary art declines in England, the oratorical art seems to rise. Even speakers of but little fame are, many of them, easy and flowing, at times rapid as well as clear in their utterances; *so much like Americans* that only peculiarities of speech suggest the land of their birth." *So much like Americans*—we hope our orators duly appreciate the compliment! By-the-bye, might we be permitted to ask, is it because English books are *so much like Americans*, that their parentage is forgotten immediately they reach the other side of the Atlantic?

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We are glad to welcome a new edition of a really good American book, under the title of "Modern Medical Therapeutics," by Dr. George Napheys. True, English authors can lay claim to at least half of the work, but as these are mostly men of eminence, its value is materially increased thereby. Not two years since the sixth edition of this book was asked for, and now a seventh and enlarged edition is issued by the same enterprising publishers. After a close scrutiny we have come to the conclusion that a thorough revision has made it the most valuable work on treatment a practitioner can possibly procure. It is abreast of the latest views; its selection of names and treatment are judicious; and whilst many like Murchison, Graves, Claude Bernard, &c., are retained, the claims of rising physicians have not been ignored.

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The series of leading articles which appeared in our columns during the past few months on "The General Medical Council, whom it represents, and how it should be reconstructed," have, in accordance with the interest they created (as evidenced by the largely increased sale of the Journal during their progress), and in response to the suggestions of several readers, been reprinted in the form of an octavo shilling pamphlet. Our sincere desire is that in their collective form they may fulfil the mission hoped for them by affording sound information and impartial criticism to those interested in this most important question.

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The proper method of using the voice is a subject which is of course of paramount importance to singers and others who get their living by their vocal organs. As in everything else, there is in singing a right and a wrong way. Thoroughly to comprehend the right way it is necessary to have an acquaintance with the mechanism of the organs concerned, and many books have been written with this end in view. The latest, and in some respects one of the best, is one by M. Emile Behnke, Lecturer on Vocal Physiology at the Tonic Sol Fa College, entitled, "The Mechanism of the Human Voice." In clear and untechnical language the author gives an accurate account of the construction and mode of action of the human larynx, its differences in men, women, and children, and the teachings of the laryngoscope, notably with respect to the "Registers" of the voice. In some points M. Behnke is at variance with the opinions of other authors, as, for instance, in respect to the production of the falsetto voice, and of nasal tones. These are points, however, which require further investigation for their absolute settlement. M. Behnke is evidentally an accurate observer and a logical reasoner, and a study of his work side by side with Witkowski's "Movable Atlas of the Throat and Tongue" must be advantageous to any one desiring to make the best use of his voice.

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New Books and New Editions.—The following have been received for review since the publication of our last list, April 28:—"Manual for the Physiological Laboratory," by Vincent Harris, M.D., and D'Arcy Power, B.A. Oxon.; "Climate and Medical Topography in their relation to the Disease-Distribution of British India," by F N. Macnamara, M.D.; "Tracheotomy in Laryngeal Diphtheria," by R. W. Parker, M.R.C.S.; "Hay Fever: its Causes, Treatment, and Prevention," by C. H. Blackley, M.D. (2nd Ed.); "Nature's Hygiene," by C. T. Kingzett, F.C.S.; "A Guide to the Examination of Urine," by J. Wickham Legg, F.R.C.P. (2nd Ed.); "General Paralysis of the Insane," by W. J. Mickle, M.D.; "Pharmacopœia of the British Hospital for Skin Diseases (2nd Ed.); "Archives of Laryngology," Vol. I. Part I.; "The Watering Places of Germany, Austria, and Switzerland," by E. Gutmann, M.D.; "The Mechanism of the Human Voice," by Emile Behnke; "The Diagnosis of Diseases of the Spinal Cord," by W. R. Gowers, M.D.; "Antiseptic Surgery," by W. MacCormac, F.R.C.S.; "Homœopathy: What is It," by A. B. Palmer, M.D.; "Fifteenth Annual Report of the Sanitary Commission for Madras;" "Introductory Science Primer," by Professor Huxley; "Water Supply," by J. H. Balfour Browne; "The Care of the Insane," by J. C. Bucknill, M.D.

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Pamphlets.—The following have been received since the publication of our last list, April 28th: "The Problems of Insanity," by G. M. Beard, M.D.; "Annual Report of the Stirling Lunacy Board," "Annual Report of St. Andrew's Hospital for Mental Diseases," "La Scuola Medica Napolitana," "Weather Wisdom," "Greenhouse Favourites," "Countries of the World," "Family Physician," "Night and Day," "Leisure Hour," "Medical Education, Apprenticeship, and University Degrees," by P. H. Pye-Smith, M.D.; "Caries of the Ankle in Children," by F. P. Gibney, M.D.; "Report of the Free Dispensary for Skin Diseases," "Annual Report of the Dorset County Lunatic Asylum, 1879;" "Florida, its Climate, Soil, and Resources," by R. W. Wilson; "Report of the Chester County Lunatic Asylum for 1879," by J. H. Davidson, M.D.; "Correspondence on Ovariotomy between Mr. Spencer Wells, F.R.C.S., and Mr. G. R. Jesse;" "Remarks on Rectal Feeding in Disease," by W W. Potter, M.D.; "On Pyrexin or Pyrogen as a Therapeutic Agent," by J. Drysdale, M.D.; "On Progressive Pernicious Anæmia," by C. H. Blackley, M.D.

## PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Last week the annual dinner and conversazione was held, under the presidency of Mr. Sandford. At the dinner, among the toasts of the evening was the "Medical Profession." To the medical profession, said Mr. Sandford, the Pharmaceutical Society owed the greatest respect. It was their duty to aid that profession in alleviating human suffering, and, on the other hand, the medical profession had done a great deal to advance pharmacy.

Mr. Gant, President of the Medical Society of London, in responding, thanked the President for the kind terms in which the medical profession had been spoken of, and remarked that the Society he represented was the oldest of the kind in London, being now in its second century. The medical profession was very large, numbering some 18,000, including all branches, not the least important of which were the medical officers of health. He wished he could say that the relations of the medical profession with the public were altogether satisfactory, but it must be acknowledged that public opinion differed much as to what should constitute the profession, and there were those who seemed to be desirous of introducing an imperfectly educated order of practitioners. Only last year a learned serjeant-at-law declared in the House of Commons that he would have herbalists incorporated with legally qualified practitioners—men who, as he confessed, had never seen the inside of a medical college. Then again there was a small section which would not merely restrict, but altogether prohibit vivisection, from which alone scientific physiology could be learnt; and on the vaccination question, again, there was a great deal of ignorance abroad.

Dr. B. W. Richardson in proposing "Success to the Society," said: I might propose this toast right heartily on the ground of old acquaintanceship, dating almost from the birth of the Society, certainly from its earliest days; or I might propose this toast on personal grounds, in remembrance of the many services the members of the Society have rendered to physiological physicians, who, like myself, have striven to advance the therapeutical art by the experimental method. But I would like to place this toast on far higher grounds than these. I wish succes to your Society because of the great assistance it daily renders to the science of medicine in all her departments. In medicine now-a-days old things are passing away, and everything is becoming new. Galen, in his day, taught that the practitioner of medicine should prepare his own medical armament, keep his own dispensary, send out his own remedies. In this day, whether for better or worse, the physician, the surgeon, or the obstetrician, finds it as much as he can do to visit prescribe, direct and lead. To you, therefore, is virtually left the whole of the work of preparation and dispensation of remedies for the sick, so that to the body medical you are what the press is to the body political. You are not the physician, not the surgeon, not the obstetrician, but you are *the fourth estate* of scientific medicine. The further scientific medicine advances the more she requires you to be near her as her basis of supply: the more refined she becomes the more important it is for you to be able to meet her new and increasing demands. I for one, indeed, am liberal enough to wish that you were no longer of her, but with her. I could hope that by a friendly amalgamation of your body with the last of her great and useful organisations which co-ordinates most nearly with yours, you could, before very long, enter our pale altogether, become, like us, professional in the strictest sense of the word, and obtain, each one of you, the direct opportunity of rising to the highest attainable position in a united and common profession.

The President said it was now thirty-nine years since the Society was founded. Dr. Richardson had alluded to the time when all dispensing would be passed over from what was called the medical profession into the hands of pharmacists, and he also referred to advancing pharmacists into a branch of the medical profession. As to the first of these things, at any rate, he believed he was perfectly right in hoping that such a thing would come about, and that it would be really as much to the advantage of the medical profession as to chemists that it should be so.

The President lastly proposed the health of "The Visitors," and the meeting broke up.

During the evening a choice selection of music was sung by Miss Agnes Larkcom, Miss Julia Elton, Mr. Montem Smith, and Mr. Winn.

Mr. Harradine officiated as toast-master.

# Correspondence.

## VACCINE FROM INOCULATED COWS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice in your issue of May 5 that Dr. Varian, of the United States of America, there expresses his entire disbelief, from experiment, in the identity of the two diseases, small-pox and vaccinia. I have on many occasions endeavoured to show that there was a great deal of evidence of the truth of Dr. Varian's opinion; but, at this moment, in England, we have two gentlemen, Dr. Ceely and Dr. Green, who allege that their experiments have shown them that if small-pox is inoculated on the bovine species, vaccinia is produced.

Dr. Varian's experiments giving negative results quite tally with those of MM. A. Chauveau, Viennois, and Meynet, as detailed in a pamphlet published by these accurate observers in 1865, and which is before me. In page 569 of that pamphlet, which should be carefully read by all, we find that twelve animals, cows, bulls, and calves, were inoculated by these gentlemen with small-pox matter on April 17, 1864, the matter being taken from four variolic patients who had not been vaccinated, on or about the 5th day of the eruption. The inoculations were practised on the vulva of the animals when females, and on the scrotum when males.

None of these animals had any disseminated eruption or general malaise, fever, loss of appetite, or loss of milk. The local phenomena were so little marked as at first to escape notice. Afterwards, when accustomed to look for them, small red papules were noticed, of from two to four millimetres in diameter, reddish in colour, and slightly conical. They commenced to develope on the second day, and came to their acme on the fifth. On the twelfth day they had disappeared entirely, after having been covered at their centre by a very small crust. The deepest inoculations furnished no more evident papules than the less profound.

In short, these inoculations of variola on the bovine species made by Chauveau, &c., presented scarcely any specific character. Many of those who were permitted to see these inoculations looked upon the results as purely due to the irritation caused by the punctures. But it was found that this inoculation of small-pox on the cow prevented the appearance of vaccine vesicles when that lymph was inoculated.

Thus, on Feb. 6, 1865, a calf was inoculated with variola, and then, when it was vaccinated on Feb. 23, there was no vesicle produced. On February 23 two young bulls were inoculated with variola, and this was followed by vaccination on March 5. There was no result of this vaccination on one of the animals; on the other two very small vesicles arose, which quickly disappeared. On March 5 four other animals were inoculated with variola, and vaccination, which took place on the 17th, had no result on three of them, whilst on the fourth a quite rudimentary pustule was produced. Some other experiments were made in the same direction, and it is said by the experimenters that of ten animals thus inoculated with variola, cow-pox failed to take in six, three had only rudimentary and ephemeral pustules of cow-pox, and only one, a cow, had a fine eruption of cow-pox vesicles after vaccination subsequent to the inoculation of small-pox.

Hence it is clear that the previous inoculation or variolation of animals of the bovine species is a preventive against the vaccine diseases, just as vaccine disease is a prophylactic against small-pox in human subjects.

It was more difficult for M. Chauveau and his colleagues to prove experimentally that vaccination of the bovine species is a prophylactic against small-pox in these animals, and for this reason—it was not that these happily-placed observers were destitute of a sufficiency of animals to experiment upon, but it was noticed that the eruption of variola was so very ill-marked that it was often difficult to say whether or not it was present.

The able observers we are quoting mention in page 24 of their treatise ("Vaccine et Variole." Rapport par MM. Chauveau, Viennois, et Meynet. Paris: Asselin. 1865), that they made a great number of inoculations and vaccinations on children from the calf brought by M. Lanoix from Naples. They mention what is now well known—that but little difference is observable between the vesicles of the Jennerean lymph and those caused by the lymph from the calf, except that the latter are generally rather larger, and perhaps rather slower in their development. The most ancient Jennerian lymph is as certain to take effect as the most "regenerated" lymph.

Experiments (page 27) were made by the inoculation of vaccine lymph on animals of the bovine species. One calf was inoculated on the left side of the vulva with humanised lymph, and on the right side with calf lymph, eight inoculations being made on each side. All of these simultaneously developed, and followed the same course, only those from humanised lymph were sensibly smaller, except one. From the cowpox from the humanised lymph thus inoculated two other animals were inoculated, and both showed fine pustules. In another experiment two calves were inoculated on the left lip of the vulva with ordinary vaccine lymph, whilst the right was inoculated from vaccine from the arm of an infant that had been vaccinated from the calf. Both sides of the vulva showed similar pustules. From these and two or three other experiments the conclusion was arrived at that human vaccine, however far from the source, is inoculated with the same certainty on amimals of the bovine species as cow-pox from other animals is. The evolution of both of these species of vaccine appears to be identical. From this experiment it is clear that if operators wish to avoid any chance of inoculation of syphilis they can pass the vaccine through the organisation of a calf, and then back to the human species with great ease and certainty.

With regard to what happens when small-pox is inoculated on the bovine and re-inoculated on the human species, one experiment was made to test this, with the result that the lymph caused small-pox to appear in an infant on whom it was implanted. This experiment, as far as it goes, shows the non-identity of small-pox and vaccinia.

The conclusions arrived at by the experimenters from their experiments are as follows:—

1. Human small,pox is inoculable on cattle and horses with the same certainty as vaccine.

2. In cattle variola produces an eruption of such very small papules, that they would not be remarked if attention were not attracted to them. Vaccine lymph, on the contrary, engendered vaccinal typical eruption, with well-characterised eruptions. On horses there is also seen a papular eruption without either secretion or crusts when small-pox is inoculated, whilst horse-pox produced by vaccination of the equine species is very remarkable by the abundancc of its secretion and thickness of its crusts.

3. When vaccine lymph is inoculated on cattle or horses it generally preserves them from variola.

4. Variola generally does the same for vaccinia.

5. When methodically cultivated on animals variola never becomes like vaccinia, but remains like itself or becomes extinct.

6. Transmitted to man, it gives small-pox.

Hence in spite of the relationship which evidently connects variola and vaccinia, these two affections are not the less entirely independent, and one is never transformed into the other. Thus, by vaccinating according to the method of Thiele and Ceely, we are practising the old-fashioned inoculation, made, perhaps, constantly benignant by the precaution which is taken only to inoculate the primitive accident, but preserving certainly all the danger of contagion.

I remain, Sir, your obedient servant,
CHARLES R. DRYSDALE, M.D., &c.;
Vice-President of the International Congress of
Hygiene of Paris, 1877.

P.S.—I recently tried to get a committee of Dr. Jenner's Society, the Medical Socity of London, appointed to settle this question by further experiments, but failed in the attempt.

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# Medical News.

**Royal College of Surgeons of England.**—The following candidates having passed the required examination, were duly admitted Members of the College at a meeting of the Court of Examiners on May 18th :—

Bassett, H. Thurstan
Cantin, L. Alfred
Cook, G. W. H., L.R.C.P. Edin.
Crowther, G. Henry
Jones, Arthur
Jones, V. Alexander
Kingsland, A. Tims
Lane, James Ernest
Mackrell, A. Sextus, L.R.C.P. E.
Megarry, I. Wesley, M.D. Dub.
Mott, F. Walker
Nance, H. Chester
Plummer, C. J., L.R.C.P. Lond.
Redman, E. Meredith
Rhodes, J. H. Alexander
Runnalls, H. Boyle
Smart, Alfred, L.R.C.P. Edin.
Sturge, H. Havelock
Watson, F. Spencer, L.S.A.
Weldon, George
White, A. T. Oliver, L.R.C.P. E.
White R. Prosser, M.B. Edin.
Young, T. Michael, L.S.A.

The following were admitted on May 19th :—

Alexander, John
Barton, William Edwin
Cook, J. W. Cross, L.S.A.
Cross, Thomas Brown
Davies, Arthur Mercer, L.S.A.
Fenwick, Edwin Harry
Harker, Thomas, M.B. Edin.
Hitch, Frederick, L.S.A.
I'Anson, George Alma
Long, Edwin Walter
Pilkington, Frederick William
Rushworth, Frank
Rushworth, Norman

**The Chelsea Hospital for Women.**—The Princess of Wales has consented to lay the first stone of the new buildings on a day to be fixed by Her Royal Highness early in July. She will be accompanied by the Prince. This hospital will be the first specially designed and erected for the exclusive treatment of women in London (existing hospitals are either adaptations or buildings added to). It has been undertaken to meet a demand and not in anticipation of one, the applications for admission being five times more numerous than the number of beds in the present small building. This hospital has, for nearly ten years, adopted the plan of receiving in-patients, who pay according to their means, and who are thus partially self-supporting. But the free patients are treated in all respects as generously as those who are able to pay a portion of their expenses.

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## NOTICES TO CORRESPONDENTS.

SUBSCRIPTIONS.—The Publishers respectfully remind Subscribers tha subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

DR. RICHARDSON will please receive our thanks.

MR. C. L.—Not yet to hand; a note has been made for it to be sent you as soon as received.

MR. JOHN EDWARD T.—We prefer to believe the evidence of our own senses. This has already served to convince us that the proceedings are very irregular. We do not see any possible good likely to accrue from admitting your comments to our columns. Your query as to the solvency of the particular institution can be answered by none so well as by the Hon. Treasurer; apply to him.

SIMPLE METHOD OF ASCERTAINING IF WINE BE UNADULTERATED.—Dip a small sponge into the wine you wish to test; place it in a saucer, the bottom of which is covered with a small quantity of water. If the wine be pure it will take from a quarter to half an hour before the water in the saucer becomes coloured, but if, on the contrary, the wine be not pure, the discolouration of the water commences immediately

### CHLORAL HYDRATE.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—I have noticed latterly numerous demands for chloral hydrate by the public. On this evening a gentleman asked for *an ounce*, and seemed surprised on my declining to supply it. I fear that it is not generally known that it is one of the scheduled poisons. I never supply it unless ordered in prescription.

Yours truly.
May 15, 1880. J. T. HOLMES, Ph. C.

QUÆSITOR writes: I was called upon to visit a patient in a family the regular medical attendant of which had been absent. When I reached the house, however, I found that he had just arrived a few minutes before me. He asked me to see the patient with him, which I did, and performed a minor operation. Considering that this gentleman has retired from the active duties of the profession, and that his attendance on this family is purely of an honorary character, would I be outstepping the bounds of professional etiquette by calling again to see the patient without previously acquainting him?

[We don't think our correspondent would be doing rightly to see the case as long as it is under the care of another medical man, no matter whether in active practice or not, except in consultation.—ED.]

CLINICAL SOCIETY OF LONDON.—Friday, May 28, at 8½ p.m., Report of the Committee on Dr. Crocker's Case of "Congenital Disease of the Scalp."—Report of the Committee on "Keloid."—Dr. Graily Hewitt, "On a Case of Acute Hysterical Vomiting of ten months' duration, caused by Displacement of the Uterus."—Mr. Clutton, "On a Case of acquired Hypertrophy of one Limb."—Mr. Henry Morris, "On two Cases of Disease of the Mastoid Bone, in one of which a severe attack of Herpes of the Face followed Thrombosis of the Jugular Vein and Lateral Sinus."—Dr. F. Taylor, "On an unusual Case of Cardio-pulmonary Bruit."—Dr. Whipham, "On a Case of Cancer of the Pylorus; Ulceration of the Cancerous Growth, and formation of an Abscess between the Pylorus and the Liver; Gangrene of the Left Foot and Leg."

### A DISCLAIMER.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—It has just come to my knowledge that my name is being advertised as physician to a provident dispensary in Lambeth Walk. I know nothing of such an institution, and am at a loss to understand why such use has been made of my name.

I am, Sir, yours truly,
C. E. ARMAND SEMPLE, B.A., M.B. Cantab., &c.,
Physician to the North-Eastern Hospital for Children.
Torrington Square, May 15, 1880.

MAN A PARADOX.—An old and valued subscriber sends us the following forcible homily, suggested by the doings and the successes of quacks in and out of the profession :—"Man is an embodied paradox, a bundle of contradictions; and as some set-off against the marvellous things that he has done, we might fairly adduce the monstrous things he has believed. The more gross the fraud, the more glibly will it go down, and the more greedily will it be swallowed; since folly will always find faith wherever impostors will find impudence. Butler compared the tongues of these eternal talkers to racehorses, which go the faster the less weight they carry; and Cumberland has observed that they take possession of a subject as a thief does of a purse, without knowing its contents, or caring to whom it belongs."

BILIN.—The demand for the Bilin Water in this country has proved too large for private enterprise, and its increased supply has been undertaken by a Joint Stock Company, Limited, whose prospectus will be found on page 3 of our advertising columns.

SANS.—Your inquiry is answered in our "Literary Notes and Gossip" column.

DR. WILLIAMS.—Thanks for your sympathetic note. The case is on the list at the Old Bailey this week. We have no fear of the result.

### UNPROFESSIONAL TOUTING.

OUR attention has been called to the following circular received by a clergyman in the North of Ireland, and believed to have been extensively circulated amongst non-medical persons, and our opinion has been asked as to the propriety of thus publishing such a document :—

*Private and Confidential.*]

60 Pakenham Place, Dublin Road,
Belfast, April, 1880.

DEAR SIR,

I take the liberty of informing you and my professiona brethren in Ulster, who frequently send me country patients, that, after mature consideration, I have de'ided to confine my practice for the future to Skin Diseases, in their various forms, and Chest Affections; and I have little choice in the matter, as the public consulted me only on Cutaneous or Lung complaints; moreover, by not taking any family practice there will be no risk, even if I should be so inclined, o gaining the connection.

For fifteen years I have been attached to the Hospital for Skin Diseases, containing twenty beds and suite of baths, and was selected by Mr. Erasmus Wilson to carry on his *Journal of Cutaneous Medicine*, the fourth volume of which I edited before its final discontinuance. As for Chest Diseases, during the last ten years I have met with a large number in the Royal Hospital, and, as I generally lectured and gave clinical instruction chiefly on Lung or Heart cases, I suppose this circumstance must account for my present position in relation to these affections. Recently I have been appointed Consulting Physician to the Institution for Chest Diseases, Donegall Pass.

I remain, dear Sir,
Yours sincerely,
**Henry Samuel Purdon, M.D.**

Our very unequivocal opinion is that the issue of such a circular is a gross breach of professional propriety, and altogether discreditable to the gentleman whose name is appended to it. As a journalist he should have been aware how discordant it is with the meanest estimate of professional etiquette to send a touting document of this sort to any one, much more to those who may probably be already under the care of a medical man.—Ed.

**Temperance Hospital Cases.**—After the Annual General Meeting of the Medical Temperance Association, on Thursday next, at 4 p.m., in the rooms of the Medical Society of London, a report will be read by Dr. Richardson, F.R.S., "On the Use of Sodium Alcohol in the Treatment of Nævus and other local Affections." Medical men, whether members of the Association or not, are invited to attend.

◆

## VACANCIES.

**Mullingar Union. Multifarnham Dispensary.**—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, June 7.

**Rathdrum Union, Aughrim Dispensary.**—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, May 31.

**Royal Berks Hospital, Reading.**—Dispenser. Salary, £100. Applications to the Secretary by May 29.

**Royal Free Hospital.**—Senior Resident Medical Officer. Salary, £104, with residence. Applications to the Secretary before May 26. (See Advt.)

**Sheffield General Infirmary.**—House Surgeon. Salary, £120, with board. Applications to care of Secretary before May 29.

**Taunton Union.**—Medical Officer. Salary, £52, with the usual extras. Applications to the Clerk of the Board by May 29.

**Wonford House Hospital for the Insane.**—Assistant Medical Officer. Salary commencing at £100, with board. Applications to Dr. Philipps, Exeter, before June 1.

◆

## APPOINTMENTS.

**Castle, H.**, M.R.C.S., L.S.A., Resident Accoucheur to St. Thomas's Hospital.

**Corbett, D.**, M.R.C.S E., Dentist in Ordinary to the Lord-Lieutenant of Ireland.

**Hawthorne, S. F.**, M.D., Justice of the Peace for the co. Down.

**Jacob, A. H.**, M.D., F.R.C.S.I., Oculist in Ordinary to the Lord-Lieutenant of Ireland.

**Hatchell, G. W.**, M.D., F.R.C.S.I., Physician in Ordinary to the Lord-Lieutenant of Ireland.

**Lunn, J. R.**, M.R.C.S., L.R.C.P., L.S.A., Assistant House Physician to St. Thomas's Hospital.

**Mapother, E. D.**, M.D., President R.C.S.I., Surgeon in Ordinary to the Lord-Lieutenant of Ireland.

**McDonnell, R.**, M.D., F.R.C.S.I., Surgeon in Ordinary to the Lord-Lieutenant of Ireland.

**Nedley, T.**, M.D., Physician in Ordinary to the Lord-Lieutenant of Ireland.

**Nixon, C. J.**, M.B., F.K.Q.C.P., Physician in Ordinary to the Lord-Lieutenant of Ireland.

**Robertson, Mr. James**, Clinical Assistant to the Glasgow Hospital and Dispensary for the Diseases of the Ear.

**Savill, T. D.**, M.R.C.S., L.S.A., Assistant House Physician to St. Thomas's Hospital.

**Violette, Mr. W. Bradley**, Clinical Assistant to the Glasgow Hospital and Dispensary for the Diseases of the Ear.

**Walters, F. R.**, M.R.C.S., L.S.A., Assistant House Surgeon to St. Thomas's Hospital.

◆

## Births.

**Knight.**—May 15, at 91 Harcourt Street, Dublin, the wife of Charles Frederick Knight, M.D., of a son.

**Ormerod.**—May 18, at 25 Upper Wimpole Street, London, the wife of J. A. Ormerod, M.B., of a son.

## Marriages.

**Colmer—Offin.**—May 15, at St. Nicholas Church, Wood Green, Dr. P S. H. Colmer, of Yeovil, Somerset, to Catherine Mary, elde daughter of W. Offin, Esq., of Brentwood.

**Eastes—Rumboll.**—May 19, at Thorpe, Essex, Thomas Eastes, M.D. Lond., of Folkestone, to Alice, daughter of the Rev. A. H. Rumboll, M.A., Vicar of Thorpe.

**Fergus—Reid.**—May 12, by special license, at Roscorry, Loughgall, co. Armagh, Samuel Fergus, M.D., Moy, to Elizabeth, second daughter of the late Robert Reid, Roscorry, Loughgall.

## Deaths.

**Bracey.**—May 8, at Bristol Street, Birmingham, W. Arthur Bracey, M.R.C.S.E., aged 38.

**Brizzel.**—May 13, at his residence, Commercial Road, Newport, Mon., W. J. Brizzel, L.R.C.S.I., aged 29.

**Coleman.**—May 9, at his villa, Cimies, Nice, James George Coleman, retired Medical Officer of the Madras Army, late East India Company's service, aged 81.

**Everest.**—May 12, at Westbourne Terrace Road, Hy. Everest, F.R.C.S., aged 64.

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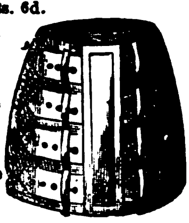

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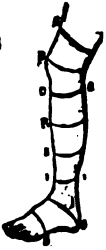

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 2, 1880.

## CONTENTS.

PAGE

### ORIGINAL COMMUNICATIONS.

Remarks on Diseases of the Cerebellum. By J. Hughlings-Jackson, M.D., F.R.S., Physician to the London Hospital, and to the National Hospital for Epilepsy and Paralysis ........ 447
Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department ........ 448

### CLINICAL RECORDS.

Mercer's Hospital, Dublin—Under the care of Mr. E. Stamer O'Grady, M.R.I.A F.R.C.S.I., Ch.M.—Ovariotomy—Enormous Thrombus of Vulva—Kick of Horse in Abdomen—Nævoid Tumour of Lip—Amputation of Fingers ........ 451

### DEPARTMENT OF LUNACY.

Pensions in Irish Asylums ........ 453

### TRANSACTIONS OF SOCIETIES.

Clinical Society of London—
Acute Hysterical Vomiting of 10 Months' Duration caused by Displacement of the Uterus ........ 454
Acquired Hypertrophy of One Limb .. 454
Two Cases of Disease of the Mastoid Bone, in One of which a Severe Attack of Herpes of the Face followed Thrombosis of the Lateral Sinus and Jugular Vein ........ 455
Unusual Case of Cardio-Pulmonary Murmur ........ 456
Cancer of the Pylorus—Ulceration of the Cancerous Growth, &c. ........ 456
Unilateral Morphœa, with Exostoses and Corneal Opacity ........ 456

### SPECIAL.

France ........ 457

### LEADING ARTICLES.

Keloid ........ 458
The Indian Medical Service ........ 459

### NOTES ON CURRENT TOPICS.

Dangerous Amusements ........ 459
Clinical Society of London ........ 459
Chian Turpentine ........ 460
Health of Ireland ........ 460
The London Water Supply ........ 460
Meat-Bread ........ 461
Promotion by Selection ........ 461
Riots at Ennistymon ........ 462
The International Hygienic Congress ...... 462
The Temperance Hospital ........ 462
Case of Hydrophobia ........ 562
Depilatory Pomade for the Treatment of Favus ........ 462
Substitute for Cod-liver Oil ........ 462
Treatment of Blennorrhagia by Injection of Chloral ........ 462
The Causes of Croup and Diphtheria ...... 463
Action of Salicylate of Soda upon the Urea 463
Early Viability ........ 463
Treatment of Intestinal Catarrh in Children ........ 464

### SCOTLAND.

Anti-Vivisection Conference—The Death-Rate of Glasgow—Health of Leith, &c,.. 464
The Prospects of Medical Reform ........ 465
The Annual General Meeting of the Irish College of Surgeons ........ 466
Sanitary Institute ........ 466
Literature ........ 467
Obituary ........ 467
Medical News ........ 468
Notices to Correspondents ........ 468

## Original Communications.

### REMARKS ON DISEASES OF THE CEREBELLUM. (a)

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,
Physician to the London Hospital, and to the National Hospital for Epilepsy and Paralysis.

Many of the following remarks are, it is freely admitted, hypothetical. This paper, however, is only one of a series; in later ones further evidence will be given of some of the opinions expressed now.

We are assisted in our investigation of certain mobile morbid conditions of one side of the body, which I have called hemi-kineses, by considering first the simpler case of the ordinary form of hemiplegia in which there is paralysis in the same region as that over mobile in the hemi-kineses. We know the paralysis to be owing to a destruction of, or of part of, the corpus striatum. The inference, justified by post-mortem examination, is that at any rate one hemi-kiness, the paroxymal one (the epileptiform seizure, convulsion, beginning unilaterally), is owing to a discharging lesion in the mid-region of the brain. That is to say, to a disease in a region of the cerebrum which, as Hitzig and Ferrier's experiments show, represents the same parts as those paralysed in destruction of the corpus striatum.

I think we shall be helped towards finding the seat of the lesion in ordinary surgical tetanus by comparing it with another paralytic condition. Let me anticipate by saying that there is a cerebellar paralysis to which surgical tetanus is supposed to correspond in the same way as the unilateral epileptiform seizure corresponds to the common cerebral paralysis, hemiplegia, the inference being that surgical tetanus is owing to disease of the cerebellum.

We begin by noting what a destructive lesion of the cerebellum produces. It is asserted that in some cases of disease of the cerebellum there are no motor symptoms of any sort. But sufficient thought is not always given to the exact part of the cerebellum diseased. It may very well be, as Nothnagel suggests, that motor symptoms are owing particularly to lesions of the middle lobe. At any rate in some cases of cerebellar disease there is a reeling gait. (For the present we speak of destructive lesions.) A reeling gait is one of the disorders of locomotion which disease produces. It is that one which disease of the cerebellum produces. It is like the walk of a drunken man. What is the particular condition of things in the reel? Let us consider what there is in an early stage of the disease.

The condition of things is really one of paralysis; the eccentric gait results partly from lack of some movements, and partly from necessitated over-activity of others. The condition of things in an early stage of cerebellar disease is explicable on the supposition that there is loss of some of the spinal movements, and necessitated over-movement of others. As a consequence of such spinal paralysis the legs over-act. In later stages there follows loss of more or less power throughout the body, which, roughly speaking, increases in the order from the trunk to the limbs.

It seems to me that tetanus is a paroxysmal tonic condition of the muscular region paresed or paralysed in disease of the cerebellum; that it is the mobile counterpart of cerebellar paralysis in affecting the same movements, and in affecting them in the same order in which they suffer in lesions of the cerebellum. More strictly speaking, in one there is destruction of part of the cerebellum, causing permanent loss of power; and in the other, instability and occasional discharge of some part of the centre. If so, tetanus corresponds to the paralysis existing in the cerebellar reel in the same way as unilateral epileptiform seizures do to hemiplegia.

I think we may say that it is a fact that tetanus is a spasmodic affection of parts in the order in which they are paresed or paralysed in cerebellar disease. When I say in the order I speak very generally, spine, legs, arms. And of course we do not mean that it follows a simple order; that it paralyses the spinal movements, then paralyses the legs, and after that begins on the arms. For it is plain enough that in hemiplegia of different degrees the paralysis increases in compound order, presumably affecting parts not so much according to their geographical position as according to their physiological co-operation; manifestly centres must represent movements rather than muscular regions.

---

(a) I would here draw attention to a very important article on Tumours of the Cerebellum by Dr. Stephen Mackenzie, which has recently appeared in the *Lancet*.

It certainly is a fact that tetanus is an affection of those parts which serve in locomotion. But since locomotion—evidently rapid locomotion—involves all the muscles of the body, we should add that tetanus is, at least, mainly a spasm which spreads *in the order* in which muscles, or rather movements, come conspicuously into play in locomotion from getting up to swift running. Hence those who believe that the cerebellum is the centre for co-ordination of movements of locomotion (the seat of nervous arrangements representing the most complex of the impressions and movements of walking, running, &c.), would be ready to admit that tetanus is owing to a discharging lesion of the cerebellum, or some part of it. Let us make a recommencement, and consider the last-mentioned matter in more detail, and in relation to some points already discussed.

The generally-accepted doctrine as to the chief function of the cerebellum is that it co-ordinates the impressions and movements of locomotion. This is equivalent to saying that it represents the impressions and movements of locomotion; or if we only assert that it is the *chief* centre for locomotor co-ordination, the most special and complex of them, for there is no "faculty" of co-ordination over and above a representation of impressions and movements themselves. There is no centre for the co-ordination of movements of locomotion over and above a centre where movements and impressions of locomotion are represented. What, then, are the impressions and movements of locomotion which are tacitly asserted to be represented in the cerebellum by those who hold the opinion that it is the co-ordinating centre, or rather, the highest co-ordinating centre for locomotion? We will, however, speak only of the movements.

In the strictest sense locomotion involves movements of all parts of the body. If this be so, those who say that the cerebellum is the organ for co-ordinating the movements of locomotion, say that it represents movements of all parts of the body. I believe that the cerebrum also represents movements of all parts of the body. There is no reason why the very same muscles should not be represented in different kinds of movements in each centre.

Artificially limiting ourselves to the most conspicuous of the movements of locomotion, we see that they are of the spine, legs, and arms. It is to be borne in mind that the muscles of the spine are necessarily in action in locomotion, and in action first. This opinion seems to me to be supported by the fact that section of the muscles of the back of the neck in dogs (in the operation of exposing the occipito-altoid space) causes, Majendie and Bernard say, disorderly movements like those of drunkenness. (*a*)

There are several qualifications to be made to this statement. (1) Those locomotor movements which do not require displacement of the whole organism, such as putting forth the hand, with or without inclination of the trunk, are supposed to be represented in the cerebrum. (2) It is not said that the cerebellum represents nothing else than impressions and movements of locomotion. (3) That the cerebrum may be a factor in walking, running, &c., is not disputed; it may be that the cerebellum is a continuously acting body, tending simply to preserve the equilibrium of the body during walking, and that the determination of the different movements of locomotion is effected by inhibiting cerebral discharges.

No one can begin to walk until his spine be braced up, and during walking the trunk goes through a very complex motion. Marey says: "These movements are very complex; they are effected at the same time in every direction, and give to the trajectory which a point of the body describes in space, some very complicated sinuosities." And if we say that these movements of the trunk when walking is began are produced by the action of the legs, yet without appropriate contractions of the spinal muscles, the body would fall over in the direction the legs impelled it in. We find that the spinal movements are those first to suffer in destroying disease of the cerebellum. The kind of disorderly walking in an early stage of disease of the cerebellum is not paraplegic; it is not the stagger of locomotor ataxy; it is a reel, a drunken-like walk. In an early stage the movements of the legs, tested when the patient is sitting, are powerful. The legs at that stage, it is true, act erratically when the patient walks, but this is because the spinal movements being weak the trunk tends to fall this way and that; the erratic movements of the legs are, to speak figuratively, really intelligent attempts to run after and prop up the trunk in its various immoderate inclinings, which the now weak spinal movements cannot moderate. Similarly in some cases of unsteady movements of the arm, the chief fault is in the muscles, which should fix the scapula. The less a man walks with his back the more he walks with his legs.

Just as there is no faculty of co-ordination nor any co-ordination, except in the sense of representation of movements in definite relation one to another with corresponding impressions, so there is no loss nor disorder of co-ordination except in the sense of a loss of function or over-function, more or less, of the representing nervous arrangements. We here speak of loss of function, and indeed of destruction, of some of them. The consequence of this can be nothing but paralysis. In an early stage of cerebellar disease there is veritable paralysis or paresis of the spinal movements; the disorderly movements of the legs are secondary effects of that paralysis or paresis. If so, the essential fault is like that in hemiplegia or in any other paralysis; there is loss of function of some nervous arrangements for some movements. This is not apparent when the movements of the legs are compared with hemiplegia; but the things which should be compared are the loss of more or less of the spinal movements, which necessitate the erratic movements of the legs and the loss of more or less of the movements of the face, arm, and leg, which constitute hemiplegia. We must not think of hemiplegia simply as paralysis of muscles, but as a loss of a number of movements of the face, arm, and leg. Similarly, in the cerebellar reel there is loss of a number of movements of the spinal column. We must not class the cerebellar reel with such disorders of co-ordination as chorea; for in the latter there is over-function of the nervous arrangements, morbidly increased discharge; the reel only exists when the patient is trying to walk; the choreal movements occur at any time. The choreal movements are altogether morbid; the action of the legs in the reel are movements in themselves good, but necessitated by the disease which partially paralyses the spinal movements. The true analogue of the reel is, we repeat, such a symptom as hemiplegia, not chorea, it being understood that we do not compare with the hemiplegia the erratic movements of the legs, but the loss of those spinal movements which render these erratic movements necessary, render necessary wider and more sudden excursions of the legs.

*(To be continued.)*

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## SUNSTROKE AS I HAVE SEEN IT IN INDIA

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

(*Continued from page* 410.)

But great as is the immunity of hill-ranges, that of great oceans is still greater, and "those who go down to the sea in ships" have this advantage over their brethren on shore, that they are less liable to this complication in their element than are the latter on theirs in the tropics.

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(*a*) Bernard finds, too, that although section of the muscles of the back of the neck in pigeons does not produce disorderly walking, it destroys *their* chief mode of locomotion; they cannot fly. ("Leçons sur la Physiologie et la Pathologie du Système Nerveux," vol. i., p. 497.)

But they do not escape altogether. On the contrary, horrors have been perpetrated during the slavery times at sea before which the story of the Black Hole of Calcutta "pales its ineffectual fire," (18) and there is reason to apprehend that no inconsiderable part of these was due to suffocation and sunstroke.(19) Yet does the great fact remain, that deaths from heat-apoplexy are far more common on land than they are at sea, in latitudes that are equally conducive to its production, and radiation alone will scarcely account for this great difference. There must be some additional cause for the exemption one element enjoys over the other, and an old sea-faring officer to whom I applied for an explanation on the point believes that the reason of it is that the air is cooler, while the sea-breeze is more prevalent at sea than it is at sheltered spots on shore. But this leaves the difficulty pretty much where it was before, and I prefer referring the solution of it to a process of conduction whereby currents are developed in the ocean which powerfully influence its climate through the heat which they evolve or give out. A medical friend who has spent some time on that unstable element opines that the lower temperature of the sea itself equalises that of its surface by withdrawing heat from the superincumbent air, and another more scientific friend accounts for the difference by saying that "water is a peculiarly powerful absorbent of the invisible heat-rays, while it reflects the majority of the luminous rays. The air consequently," he says, "becomes little heated over its surface, and cannot therefore add to the general heat of the sun." In addition to this the air over the sea is charged with an invisible aqueous vapour which acts as a screen to ward off the total effect of the sun's rays, and it may be assumed that sailors, and others who make the sea their home, or who resort to it temporarily for amusement or as a necessity, are often in better health than the friends or neighbours they have left behind them. Nor do the dangers from this disease with which the navigation of the Red Sea (20) or the Persian Gulf is so fraught in summer militate against these views, inasmuch as that these seas are land-locked and surrounded by treeless, sandy deserts, and we shall see, further on, that these localities are peculiarly favourable to the development of the condition here contemplated. But whatever the cause or the explanation of the phenomenon may be,(21) whether it be "an invisible aqueous vapour," or "an electro-magnetic current," a greater mass for radiation or a wider surface for absorption, a process of liquefaction, evaporation, or conduction, there can be no doubt as to the fact, and we must conclude accordingly, unphilosophical though that conclusion may be, that the sun, which is the same everywhere, . . "Rex Jupiter omnibus idem," plays different parts on different stages, and affects man differently in one element from what it does in another.

Differing from these in many respects, but in none more so, perhaps, than in their bearing on health or relation to this point, are the deserts vast with which this troubled globe of ours is so freely studded, and of which we hear so much from the adventurous persons who resort to them for purposes of health, exploration, or traffic. Spurning repose or courting danger, these gentlemen voluntarily expose themselves to risks that bear no proportion to the advantages that are likely to accrue from them; and then, as if to enhance their gravity, they enlarge or dwell on them, after a fashion, and with a persistency which may be supposed to impose even on themselves. The difficulties encountered in these inhospitable latitudes are, doubtless, very great; but there is reason to believe that they have been exaggerated, and anyhow, descriptions in point might be quoted, were this the place for them, which range from the days of Moses to those of the late Mr. McGahan (22). The Israelites murmured against the former for bringing them into the wilderness to die, while the Russians suffered, according to the latter, more from heat and thirst in the deserts of Khiva, than they did at the capture of that stronghold itself. They suffered also, if we are to believe their newspaper accounts, to a somewhat similar extent on their late approach towards Cabul,(23) and the desert of Libya is almost as dangerous or uninviting now as it was in the time of Herodotus. Picturing the horrors of the Great Gobi, which he crossed about the year 400 of our era, and which his disordered fancy peopled with hosts of ghouls and other "evil demons," poor Fah-Hian, (24) the Buddhist pilgrim, complained of the fierce Sirocco winds, which, he says, "kills all who encounter them." There are no birds or beasts, he adds, to be seen, but so far as the eye can reach, the route is marked by the bleached bones of men who have perished in the attempt to cross it, and there is no doubt that the appalling solitude and desolation of these apparently interminable tracts have a very depressing effect on the mind and the imagination. I have already quoted a passage from Sir William Napier, to the effect that more Europeans fell dead from sunstroke in one of his brother's marches in Scinde than would have sufficed to win a battle, and Ferishta (25) mentions that many of the troops of Sooltan Mahmood Ghizneuy, that wandered in 1026, through the treachery of their Hindoo guide, for three days in the sands of Scinde, "died raving mad from the intolerable heat and thirst." I have no doubt that thousands of wretched slaves perished in this way, in the old slave-driving days, (26) and many of the followers of the Moghul Emperor Hoomayoon "ran mad, others fell down dead" from similar causes, in another part of the same desert in 1540.(27) Ferishta (28) also tells us that a King of Malwa, who had to abandon the siege of a fortress called Bidur in the Deccan, on the approach of the Imperial army from Delhi, and who was obliged, for lack of time, or rather through the severity of the pursuit, to take an unfrequented path through the jungle, lost six thousand of his men on the very first march, owing to the scorching winds and want of water; and Mr. Wheeler (29) expressly says that the sufferings of poor Dara Shekoh, "many of whose followers died from heat and exhaustion in Scinde—as he fled for life from his brother Aurungzeb—form an episode in the blood-stained history of that ruler which few can forget."

As the danger indicated above may be due to the agency of that Sirocco, Saum, or Simûm, which many writers describe as "the poison wind of the desert," and which is even still supposed by the natives of Upper India to be sometimes fatal to life through its connection with that source, I will devote a few words to it here, and the more so, as I had some experience of its quality myself. Returning to my quarters at Futtehgurh one forenoon, the worse for fatigue and fasting, from a post-mortem at the jail, as well as from the magistrate's court, where I had just given evidence in a case of murder, I was nearly knocked down myself by a blast of wind, which struck me as I was passing over a bridge through a ravine that doubtless added to its concentrated virulence and force, and I was only roused from my state of lethargy by the free use of the cold bath and douche. Driving hastily the same way a few mornings subsequently, I saw some people collected about a man, who appeared to be struggling in a fit, or was overcome by the heat, and on inquiring into the circumstances of the case—for I was acting at the time for the civil surgeon of the place—I was told that he had just succumbed to a stroke of this wind. The answer to my question of "Kia hua?" (What is the matter?) was "Lu ne us Ko Mara (*a*) Sahib" (The wind

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(*a*) "It is an established fact," says Burnes "Travels into Bokhara," vol. iii., p. 168, "that the temperature of deserts is both colder and hotter in those countries that are more favoured by Nature;" and Maury declares, *op. cit.*, pp. 372-3, that "the influence exerted upon rainless winds by the deserts of Africa and the overheated plains of Asia, is felt at sea for a thousand miles or more. Thus, though the desert of Cobi, and the sunburned plains of Asia, for the most part north of latitude 30°, their influence in assisting to cause monsoons is felt south of the equator. So, too, with the great desert of Sahara and the African monsoons of the Atlantic; also with the Salt Lake country and the Mexican monsoons on one side, and those of Central America in the Pacific on the other. The influence of the deserts of Arabia upon the winds is felt in Austria and other parts of Europe." I have the high authority of Col. Yule for saying that he often heard the phrase, "lu laga," in India.

struck him, Sir); and though I did not quite realise the import of the phrase at that time, I have since learnt to understand and appreciate it. It is, in short, as I learn from educated natives and others, a common expression in the mouths of the natives of those parts of India in which I have served, and it is usually, if not solely, used during those months of the year, chiefly the hotter ones, in which the wind blows from the west. The fatality of this wind is, they say, in proportion to its duration, and traversing, as it must, in its course, the deserts of Persia and Belloochistan, as well as those of Bikaneer and Scinde, it is open to us to assume that its deleterious properties are derived from these regions.

Those who remember the forlorn aspect and woe-begone features of poor Hassan, as these are portrayed in popular editions of Collins' poems, or who can recall even Gibbon's account of the sufferings of the Crusaders on their way towards Jerusalem, need scarcely be reminded of the distress and misery that travelling in a desert often entails. Horace alludes to them in one of his beautiful odes, "Sive per syrtes iter æstuosas;" and the more commonplace vexations or inconveniences of the winds that arise from or flow over Eastern deserts, have been more prosaically described by Dickens, (30) Ferrier, (31) Bellew, (32) and others. Suffice it for our purpose to say that they are invested with effects in this direction which are unknown and unheard of elsewhere, and a wind or a blast that is credited by some with the destruction of Sennacherib's host, (33) by others with the conversion of St. Paul, (34) may well claim some words of illustrations or passing allusion at our hands. Moreover, the rapidity with which decomposition follows death, without any corresponding unpleasantness or disfigurement of the body, would seem to imply the presence of a poisonous element in it, and the quality or constitution of this has not, as far as I know, been yet ascertained. Of its existence, however, there can be no reasonable doubt, for is it not mentioned by almost all those who have written on these regions? and I believe that much, if not all, the euthanasia and enthusiasm that accompanies death or characterises religious developments in the East is due to its influence. However that may be, Burton goes (35) so far as to say that this rapid decomposition forms "the true diagnosis of death by the poison wind," and Ferrier (36) adds that "everything attending the prevalence of this death-charged blast is singular, exceptional, and startling." And having thus opened my case, and helped, as I humbly hope, to clear the way for a more thorough or searching examination of its antecedents and surroundings, I will now resume the thread of my argument, and deal with the question on its merits, in accordance with the programme already laid down.

**[Here I intended introducing in illustration of these remarks a condensed statement in tabular form of thirty fatal cases of sunstroke that occurred in my own practice, or within the sphere of my own personal cognisance in the East, but room could not be found for so many items in this small page, and so I must perforce content myself with a loose paraphrase of them instead. Beginning with the general surroundings or constitutional peculiarities of of the patients, I subdivided these into two categories: (*a*) Personal attributes or disqualifications, and (*b*) incidents of the attack itself. Under the former would naturally come their age, habits, and service in India, while under the latter I describe the place, date, and time of the actual seizure. Then epitomising the previous history and general health of the patient, I pass on to a hasty but graphic enumeration of the pathognomonic symptoms of the existing illness, and finish with an account of its duration and results. The post-mortem appearances are next dealt with *quoad* the head, chest, and abdomen, and such complementary details as the individuality of the case, or the history of the sufferer, imperatively called for, were compressed into a column of remarks. Finally, the mode of dying from this disease is given, and this was, as might be expected under the circumstances, emphatically through the brain, in a large majority of the cases, if not, indeed, in all, more or less so.**

**My calculations in this respect, to which, however, I do not attach much importance, seeing that others may interpret the same phenomena differently, are as follows; and it is, at least, curious that the two females included in this table died of what I have ventured to call convulsions and coma combined. That is, the convulsions continued till the coma supervened, and by its profundity suspended the irritation on which they depended. Of the others, fourteen died of uncomplicated coma, while five deaths are ascribed to syncope, one each to apnœa and asyhyxia. Asthenia claims three victims, and convulsions pure and simple two; and I find two such entries as the following: coma and syncope combined, and syncope and alcoholism combined. But it would be now impossible to define the share which both or either of these had in the catastrophe, and while acknowledging, as I hereby heartily do, the courtesy with which the conductors of this Journal have treated me throughout the course of this and other contributions, I cannot but regret, in justice to myself, the injury this essay must necessarily sustain through the unavoidable suppression of its illustrative tables. Written as these were, and as such statements should always be, *presente morbo vel coram cadavere*, they formed an epitome of the experience of years such as has, I presume to think, no parallel in our language; and such as assuredly required no key for its own ghastly interpretation. But necessity has no laws. My pen is at times, I fear, too prolific, and we must all yield before the inevitable. So, asking my kind readers to bear this unpleasant, but withal necessary omission in mind, I proceed with the narrative as if the table existed, or as it stood ere this elision was consummated or even contemplated.]**

*To be continued.*)

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(18) See for some particulars in point an article on "The Evangelisation of Africa," that appeared in the *Dublin Review* for January, 1879, pp. 195-6, whereat the writer says that "thousands, millions (of slaves) died of disease, heat, and hunger (on board ship), and were thrown into the sea."

(19) "The Travels of H.R.H. Prince Adalbert of Prussia," vol. ii., p. 153.

(20) Consult "Dhow Chasing in Zanzibar Waters," by Capt. Sullivan, R.N., pp. 99-100, for some explanation of this fact. Alluding to some deaths that occurred on board his ship from this cause, and after mentioning that though the heat was most oppressive, the thermometer is only 95°, he adds that "there is not a breath of air night or day, and the heat is even greater at night, so that there is not a moment's sleep," and this is just the kind of weather or atmosphere that most conduces towards this terrible complication.

(21) Maury would ascribe this difference to the greater non-conductivity of the watery element. His words are ("The Physical Geography of the Sea," p. 180), as follows:—"Water, while its capacities for heat are scarcely exceeded by those of any other substance, is one of the most complete of non-conductors. Heat the top of an iron plate (he adds) and the bottom becomes warm, but heat the top of a sheet of water, as in a pool or basin and that at the bottom remains cool." And Mr. Buchan explains the phenomenon (Encyclopædia Britannica), vol. iii. p. 33, through a process of greater absorption of the heating rays on the part of the superficial layer of the land, and their more stable retention in this. "On the other hand," he says, "the solar heat which falls on water is not, as in the case of land, arrested at the surface, but penetrates to a depth of 500 to 600 feet. Since (he continues) the heat daily received from the sun by the ocean is diffused downwards through a very considerable depth, the surface of the ocean on which the atmosphere rests is much less heated during the day than is the surface of the land. Similarly it is also less cooled during the night by terrestrial radiation." Mr. Moseley indicates another cause for this difference in his very interesting "Deep Sea Dredging and Life in the Deep Sea," in *Nature* for April, 1880, etc., wherein he proves that, to use his own words, "nearly all over the ocean the temperature at 500 fathoms is as low as 40° F., and this is the case even immediately under the Equator in the Atlantic and Pacific Oceans. Below 2,000 fathoms the temperature is never more than a few degrees above freezing point;" and Dr. W. B. Carpenter is even more explicit in the same direction, in his equally interesting article, "The Deep Sea and its Contents," in the *XIXth Century* for April, 1880, p. 607, where he says that "it is only in the uppermost layer of about *four hundred fathoms* (less than one-seventh of the whole) that the temperature exceeds 40°, and the regularity of the rise of the thermometer from 40° at its base to the summer surface-temperature

of 70°, at the rate of about 7½° for every hundred fathoms, justifies our regarding the plane of 40° as the limit of the depth at which the solar rays here exert any heating influence."

(22) *Op. cit.*, pp. 130—214—242.

(23) Describing this march in a Russian journal of the day, an officer who took part in it says, that "the heat was insufferable. . . . Sickness was the inevitable consequence of such a climate—dysentery, typhus fever, and sunstroke. . . . There died (of these diseases) at least two persons a day." Quoted from the *Pioneer* of December 5th, 1878.

(24) "Travels of Fah-Hian and Sung-Yun," by Samuel Beal, p. 3; also Tolboy's Wheeler's "History of India from the Earliest Ages," vol. iii., p. 224.

(25) "History of the Rise of the Mahomedan Power in India." Translated from the original Persian by John Briggs, vol. i., p. 78.

(26) "The History of the Royal Sappers and Miners," by Thomas Connolly, vol. ii., p. 117, and "The Crescent and the Cross," p. 82.

(27) "Ferishta," as above, vol. ii., p. 93.

(28) *Idem*, vol. ii., p. 473.

(29) *Op. cit.*, vol. iv., p. 311.

(30) "The Life of Charles Dickens," by John Forster, vol. ii., p. 90.

(31) *Op. cit.*, p. 269.

(32) "A Journal of a Political Mission to Afghanistan in 1857," p. 189.

(33) "The History of the Jews," by Dean Milman, p. 383-4; and see for the particulars of the destruction of a regiment of Egyptian troops in the Nubian wilderness—Mr. Myer's "Life among the Hamran Arabs," pp. 36-7.

(34) M. Rénan, in his "The Apostles," pp. 158-9, is the author of this theory—a theory or view I purposely refrain from discussing farther here, as it would take me too far afield, and is, besides, scarcely within the scope of a paper like this.

(35) *Op. cit.* (1st edit.), vol. ii., pp. 2-3.

(36) *Op. cit.*, pp. 272-3; and see further in connection with this phenomenal blast or tornado, "A Desert Trip in Ocean Highways" for September, 1873, p. 112; "Travels in Sicily and Malta," by F. Brydone, pp. 131—196; Burnes' "Travels," as above, vol. ii., pp. 103-4; and "The Autobiography of James Silk Buckingham," vol. ii., pp. 251-2. The curious reader may also consult "Eothen," pp. 188—198-9 and 210—238-9; "The Crescent and the Cross," pp. 93 and 137; "A General Introduction to the Sacred Scriptures," by the Rev. Joseph Dixon, D.D., vol. ii., pp. 23—5; "The Five Great Monarchies of the Antient Eastern World," by George Rawlinson, M.A., vol. i., p. 29; the Encyclopædia Britannica, vol. iii., p. 239; and sundry biblical commentators and ecclesiastical writers.

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# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, M.R.I.A., F.R.C.S.I., Ch.M.

AMONGST recent dismissals from this service were

### *Ovariotomy* (*Two Cases*).

*A. Successful.*—Patient, healthy-looking, æt. 46, mother of seven children, the last born six and a-half years since. Subsequent to this accouchement it was observed she did not return to her former size and shape, and she has been since steadily increasing. The tumour is globular in form and tends to be larger on the left side; circumference 39 inches; pubis to ensiform cartilage 16 inches; umbilicus to left groin 10½ inches; the right groin 9¾ inches. There was a good deal of œdema of the dependent parts of the abdominal parietes. The sound entered the uterus 4½ inches, otherwise this organ appeared healthy and free. Catamenia have been getting scant for over a year, during which period there tended to be a more or less constant though slight sanguineous discharge, this was present at the time of the operation; there were no adhesions, and a limited incision of 4 inches sufficed for the ready removal of the cyst. (*a*) Pedicle clamped and glass drainage tube inserted at lower extremity of wound, which three deep and one superficial catgut sutures sufficed to close. Reaction was prompt and satisfactory, there was but little sickness of stomach. At first fluid was discharged in large quantity from the glass drainage tube, but the flow soon diminished, and on the fifth day was small in amount but rather fœtid. On the morning of the sixth day the tube was removed and the clamp was taken off on the subsequent day. On one occasion the pulse was noted at 120, with a temperature of 101·8°. This was the fourth day after the operation, and sequent to some exciting domestic news incautiously communicated by her daughter. In less than a month the patient was allowed out to drive, and soon after returned home in perfect health. The uterine sanguineous discharge ceased two days after the operation, and did not subsequently appear.

In the earlier treatment but little nourishment was allowed by the mouth, and nutritive emanata were occasionally given. The dressings throughout were simple, mainly oakum and absorbent cotton, with steady uniform support.

*B. Unsuccessful.*—This patient, who was also æt. 46, but looked considerably older, was sent to the hospital by a former inmate thereof on whom ovariotomy had been practised several years before. The history given was that eight years previously some operation had been performed for removal of a bleeding tumour from the womb. Prior to this she had borne seven children, but has not had any pregnancy since. Soon after it the abdomen began to enlarge, and continued to do so slowly for six years, but for the past two years has done so rapidly, and been accompanied by depreciation of the general health. The woman attended at intervals as an extern patient, and was on each occasion relieved by treatment, and long continued to postpone coming into the house for the operation which had been repeatedly advised to her; when she did so the circumference was 58 inches; ensiform cartilage to pubis 28; umbilicus to right groin 18; to left groin 17 inches. On the upper part and left side large firm masses could be traced. For some days previously the left limb had been swollen, œdematous, and very painful, bed-sores threatened on both hips, and chronic cough had become aggravated. The suffering from these complications was very severe, and the patient now eagerly sought the operation she had heretofore put off. Pulse ranged from 110 to 120, the temperature being normal. The sound could be only introduced, 1¼ in. The renal secretion at times scant, was now normal both as to quantity and composition. Despite the unpromising nature of the case it was considered right, in consultation, to afford the patient the chance she so earnestly desired. The anterior adhesions proved so dense that the sac had to be opened (*a*) before a spot could be found where to commence peeling it from the peritoneum. The large firm masses alluded to as above and on the left side necessitated a free opening of the abdomen, to admit of their delivery. There was no distinct pedicle, the growth being connected with the uterus by the broad ligament which was transfixed, tied with catgut and returned; another broad connecting medium which extended between the growth and the uterus was similarly treated. Some portions of the omentum were also tied. Altogether the adhesions of the growth were extremely extensive and firm, both to the parietes in front, and laterally also in the pelvic regions, together with the omental adhesions, which, though extensive, were of moderate density; all bleeding points were thoroughly securedby ligature or the actual cautery; the glass drainage tube introduced, and the wound closed and dressed. For the first four hours the patient seemed to be doing promisingly, she reacted nicely, was quite conscious, and said she felt comfortable. After this respiration became short and shallow, a condition which subcutaneous injection of atropia improved temporarily; but collapse subsequently came on. Stimulant emanata, sinapisms, amyl, and ether subcutaneously, only produced momentary efforts at rally, and the patient died twelve hours after the operation.

On opening the wound the next day it was seen that there had been no further hæmorrhage. Decomposition had already considerably advanced, and portions of peritoneal parietes where adhesions had existed, as well as opposed intestinal surfaces, were in patches green and sloughy. The œdematous and swollen condition of the left lower extremity had almost disappeared.

*Enormous Thrombus of Vulva.—Hæmorrhage.*—Patient,

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(*a*) The disease was on the right side, the fluid contents measured nine quarts, the sac and some small grape-like cysts weighing 14 oz.

(*a*) The contents, a thick dark grumous fluid, besides filling a foot tub and bucket, was spilled in quantity on the floor, the whole could not have been less than three gallons, probably a good deal more. The weight of the cyst and contained firm portions was 21 pounds.

æt. 27, three months after the birth of her seventh child, was kicked from behind by her husband whilst she was in a well-stooped position. When admitted to the hospital on the night of the accident the right labium was distended to fully the size of the head of a child five years old; the tumour, of a deep purple colour, was in parts freely fluctuating, and extended across the pelvis and partially into the left labium from below; also the perinæum was involved. The next morning, no urine having been passed, as one of the resident staff was proceeding to introduce a catheter, he had scarcely touched the labia for the purpose of separating them, when the right one gave way in its upper part, and after the escape of some clots, red blood spurted freely. Plugging with strips of lint steeped in styptics failed to arrest the hæmorrhage. Eventually the tumour had to be laid freely open by the knife, when some saucerfuls of clots having been turned out, four spurting vessels were secured. One deeply-placed could not be ligatured, but was silenced by graduated compresses, the wound being dressed from the bottom, and the skin temporarily united by sutures over the pledgets. There was no further hæmorrhage, and after removal of the plugs on the second day repair was exceedingly rapid, the woman being able to leave hospital on the tenth day, by her own desire, with the wound already nearly healed.

*Kick of Horse in Abdomen—Rupture of Intestines.*—A man, æt. 40, a van driver, walked into the hospital in a stooped position, and gripping his belly with both hands. He said he had been severely kicked a few minutes previously by a horse, but did not know whether he was hurt or not. His story was confirmed by onlookers of the accident. No mark of injury could be found on the integuments, nor was there complaint of pain nor appearance of collapse; in fact the man was unwilling to remain in hospital, though as a precautionary measure he consented to do so. He passed urine readily. Opium was administered internally, and hot fomentations applied to the surface of the abdomen. On the morning after admission no further symptoms had become manifest, but on the next day there was a rapidly developed double pneumonia. Patient speedily collapsed and sank on the fifth day after the accident. Throughout, though carefully sought for, no symptom of abdominal trouble could be elicited. Only a partial post-mortem examination was permitted, at which the ileum was found ruptured, almost torn across near its termination. General peritonitis existed; some fæcal contents was found extravasated.

### *Nœvoid Tumour of Lip (Two Cases).*

*A.*—Male child, eighteen months old, who had previously been treated by a combination of setons and ligatures, with considerable success, for a large growth of the upper lip, came again under notice with partial re-development of the trouble. On this occasion silk sutures, medicated in a solution of perchloride of iron, were freely passed through the unconsolidated portions of the growth. Much inflammatory action supervened, but gradually subsided, the little patient being fit to leave the hospital in twelve days subsequent to the introduction of the setons. The thickening, which was considerable, and for a time formed a marble-like mass in the upper lip, slowly absorbed, and the subsequent reports of the case represent the cure on this occasion as being complete.

*B.*—Also an infant, one and a-half years of age, and treated like the last. The growth, a smaller one, was in the upper lip too. The setons were removed in five days, the inflammatory action being excessive, but it rapidly subsided, and in another week the little patient left the hospital quite cured and with a considerable portion of the mass already absorbed.

*Cancer Scroti.*—A man, æt. 39, who had been a sweep from boyhood, was admitted with well-marked soot-cancer on the right anterior aspect of the scrotum, which he stated had been gradually growing for three years. The trouble was painless, and he sought relief in consequence of a large patch of acute inflammatory mischief in the left groin, where a deep abscess had formed, associated with a considerable surface inflammation of erysipelatous character. After the abscess was opened the parts so slowly repaired that it was not considered desirable to operate on the scrotum till after the lapse of three weeks, when the cancer growth, as large as a florin, and implicating the tissues deeply, was removed by elliptical incision. Here repair was rapid, the wound healing in a fortnight, during which period the groin trouble also cured satisfactorily. There was no glandular contamination.

*Enucleation of Eye.*—A Welshman, 52 years of age, three months previously received a "puck" from a cow-horn in the right eye. The history of the case shows this to have been followed by severe inflammatory action. When the man came to Mercer's the globe was partially shrunk; a scar extended across the cornea into the sclerotic. The sightless eye was the seat of severe pain. Intimate adhesions existed between the globe and surrounding parts, and rendered enucleation somewhat tedious. The operation was followed by much more than ordinary inflammatory action in the orbital tissues and eyelids, but this abated soon, and the patient did well, being able to return to Wales thirteen days after the enucleation.

### *Amputation of Fingers (Three Cases).*

*A.*—Nurse-tender, 72 years of age, for neglected paronychia of the middle finger of the right hand. Disarticulation was practised at the metacarpo-phalangeal joint by the "oval" operation. In dressing the limb ample provision was made for drainage, but an abscess in the palm followed. There was also necrosis of the articular cartilage, and the wound was slow to repair, six weeks elapsing before it had healed.

*B.*—Also disarticulation of middle finger. Patient, a boy, æt. 7, who had injured this digit of the left hand with a chisel; acute gangrene followed, and the child was operated on two days subsequent to the injury. Repair was satisfactory, the wound soundly healing in ten days.

*C.*—A shop assistant, æt. 18, with extensive strumous disease of the middle finger of the left hand. Having regard to her vocation, the amputation was practised in the continuity of the metacarpal bone. The healing process was kindly, the girl being able to return home in ten days, a very nice looking hand presenting but little appearance of deformity resulted.

*Traumatic Tetanus—Amputation of Toes—Recovery.*—A lad, æt. 15, but older looking, had the great second and third toes of the left foot lacerated, by the passage over them of the wheel of a loaded float. The soft parts of the external aspect of the great toe were torn away, the extremity of the adjacent one being in similar predicament. The patient was admitted to the hospital immediately after the accident, and treated by the application of strips of lint soaked in compound tincture of benzoin, and subsequently by poultices. He was not a strong lad, and required support and tonics. Fifteen days after admission, at the morning visit, the peculiar expression of countenance attracted attention. There was risus sardonicus. The mouth could be only slightly opened; merely the tip of the tongue could be inserted between the teeth. The sterno-mastoid and recti abdominales were rigid and tense. The patient was unaware of anything special being amiss, till late on during the night he felt "sore throat."

The great toe was disarticulated at the metacarpo-phalangeal joint; the soft parts for covering the stump being from the nature of the accident wound preserved from the inner side. The adjacent toe was removed at the ultimate articulation. Opiate dressings were applied, and patient put on chloral treatment. During the day there was no amelioration; on the contrary, severe opisthotonic spasms came on, and seemed for some hours to be uninfluenced by the chloral. After he had taken 120 grains (in 6 doses, at intervals of an hour), the time between the seizures lengthened. He could swallow, though with difficulty; but, on the whole, got down a fair supply of fluid nourishment.

The state of the patient varied considerably from day to day, five or more "fits" generally occurring during the 24 hours, and the quantity of chloral taken, fluctuating from 50 to 200 grains. After 15 days there was a notable diminution in the frequency of the "fits;" these, too, were now usually slight, though an occasional seizure would be quite as severe as any preceding one. It was noticed that on "visiting days" he was always worse. The toes had now soundly and kindly healed. Twenty-two days after the development of the disease, he was allowed to sit up, and could munch a little minced meat, though the rigidity of the jaws was still great, and tension of the sterno-mastoid and abdominal muscles remained, together with the well-known expression of face. He was now allowed to get up, and was removed from hospital 47 days after his admission, 33 after the manifestation of the tetanus. During the acme of the attack, the temperature varied between 99° and 100°; the pulse being 116 to 120.

*(To be continued.)*

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# Department of Lunacy.

## PENSIONS IN IRISH ASYLUMS.

At the period when Lord O'Hagan's Bill was first introduced we laid its provisions before our readers *in extenso*, and pointed out the advantages which would result to Dispensary Medical officers from its operation. As Lord O'Hagan's bill will no doubt be soon before Parliament once more and is scarcely likely to be shelved another time, we cannot help remarking that the re-introduction of this measure will afford a favourable opportunity for re-arranging the present scale of pensions in our district asylums. A few short clauses appended to the Neglected Lunatics Act would materially benefit the officers of these institutions and remove substantial grievances.

Pensions in the Irish asylums are at present fixed "according to the principles laid down in the Superannuation Act, 1859," that is to say an officer or servant receives on retirement pension at the rate of *one-sixtieth* of his pay for every year that he has served. It need not be pointed out that this is not a very liberal allowance. We confess we are entirely at a loss to understand why the law should make so unjust and invidious a distinction between English and Irish asylums in this respect. By a clause specially introduced into the Lunacy Acts Amendment Act, 1862, officers and servants in English asylums can receive at the end of *fifteen years'* service a pension equal to *two-thirds* of their pay. To earn a similar amount of pension the *employes* of an Irish asylum must serve for *forty years*. Under these circumstances it is not strange that pensions are seldom claimed. Men rarely live long enough to be able to claim anything tangible.

The Superannuation Act, 1859, was originally intended to apply only to the Civil servants, gentlemen who enter upon their duties early in life—generally, we believe, at from 17 to 18 years of age—and it is manifestly unfair and absurd to apply the provisions of this Act to the superintendents of asylums, who must be at least five-and-twenty when appointed, and who are often much above that age, not unfrequently, in fact, elderly men. Indeed, considering the age of many of the superintendents at the date of their appointment, to expect that they would live to draw a fair pension on this scale would be to expect a miracle. But there is a clause in the Superannuation Act expressly designed to meet such a case as that of asylum officers, though they are excluded from the benefits of its provisions through as preposterous a piece of red-tapeism as can be found anywhere. By the clause in question it is enacted that where "professional or other peculiar qualifications not ordinarily to be acquired in the public service are required," or where "it is for the interest of the public that persons should be appointed to any office at an age exceeding that at which the public service ordinarily begins," the Commissioners of the Treasury may issue a Warrant directing that, when any person holding such office "shall retire from the public service, a number of years not exceeding twenty, to be specified in the said order or warrant, shall, in computing the amount of superannuation allowance which may be granted to him under this Act, be added to the number of years during which he may have actually served." Will it be believed that asylum officers are debarred from taking advantage of this clause simply and solely because they are not paid out of the Consolidated Fund? How is any justification to be found for such a state of things?

This same fact, that the officers of our asylums are paid from the local rates, is the cause of another grievous wrong which they suffer under, and which places them on an entirely different footing from the members of the Civil Service, or indeed, any other public service that we are acquainted with. What would be said if a Civil servant, after serving in various capacities for many years could only receive pension for the few years in which he happened to have held his last appointment? Such is the case, incredible as it may seem, with the asylum officers. If a superintendent is transferred from one asylum to another he can only obtain a pension calculated on the number of years he has spent at the asylum from which he is superannuated. Thus, supposing a man is superintendent of an asylum for fifteen years, and being appointed to another asylum, serves in the latter for five, if at the end of this time he has to resign through ill-health, his pension is only calculated on five years' service, and this, on the Civil Service scale, amounts to five-sixtieths—1-12th—a noble result of twenty years' labour! If his income has been £600 a-year (which is about what it would be), he will have £50 a-year to support his declining days.

Let it be observed that the pay of the superintendents in the different asylums is not uniform, but increases according to the capacity of the institutions, so that everybody who holds a small asylum has a strong inducement to endeavour to obtain promotion to a larger one; but a man who has served for any length of time is prohibited from doing this by fear of losing his pension. It is a sad state of things that a prospective fine should be laid upon a man if he tries honestly to better his condition in the service. (*a*)

Before concluding the plain statement of facts which we have laid before our readers, we need not in a medical journal point out that if there is any class of men particularly deserving of government consideration it is the officers of asylums. Such men are necessarily shut out from the ordinary chances of professional life, and their only source of emolument is that which their official income supplies. Their duties are irksome, multifarious, and entail vast responsibility. The monotony of their occupation, their constant confinement within the asylum, and the unceasing vigilance required in the management of an institution for the insane, soon tell both upon the spirits and the health. When a man has served faithfully for years in a post of such difficulty and such trust, it is surely not too much to expect that he should receive as fair a recognition of his service as the public accord to a national schoolmaster or a policeman. (*b*)

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(*a*) Amidst so much injustice it is scarcely necessary to note that many of the existing superintendents have served as visiting physicians, and others as assistants, and neither have any claim for time given to the service of the department in other capacities than those they at present occupy.

(*b*) A national schoolmaster can retire at sixty on a pension

This need scarcely be urged further, but with reference to pensions all the officers and servants are under the same regulations as the superintendents. We therefore feel that we must say something for the male and female attendants, of whom there are altogether probably about a thousand in the various asylums in Ireland. The duties they perform are in a sense "skilled labour," and the work of an asylum very soon unfits them for any other kind of employment. The life they live is eminently unnatural and harassing, and cannot be considered healthy. They are expected to be always cheerful and good tempered—they are useless if they are not so—and they, like the superintendents, must spend their whole lives in harness, and ever in one place, with the bitter consciousness that, if their health, or spirits, or energy fail them, they have but to expect a pittance that will not keep them out of the workhouse.

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# Transactions of Societies.

## CLINICAL SOCIETY OF LONDON.

The concluding meeting of the present session was held on Friday evening last, Dr. E. **Headlam Greenhow**, F.R.S., President, in the chair.

Dr. **Crocker** read the Report of the Committee appointed to investigate

Dr. Radcliffe Crocker's case of "Congenital Disease of the Scalp," which was shown early in the session, having seen the case, and having, owing to the child's subsequent death, had the opportunity of examining some of the affected skin, have arrived at the following conclusions:—That the disease had not materially altered in size or development since birth. That though the family history afforded no corroboration, there was some evidence in the child of congenital syphilis. No connection between the lesion and syphilis was, however, demonstrable. That the microscope showed diminution in the size of the papillæ, absence of hair bulbs and sweat structures, and increase of the fibrous tissue of the corium, bands of which passed between the lobes of the sebaceous glands, and sometimes completely separated them from the rest of the gland, while in other cases the lobes were still connected together, but fibrous septa passed up between them and produced a distinct racemose appearance. The glands, as a whole, were abnormally large. The Committee thought that this might perhaps be due to an intra-uterine inflammation of the corium, which led to a proliferation of the fibrous tissue, the atrophy of the hair bulbs and sweat structures, and the development of the fibrous septa between the lobes of the sebaceous glands. Whether this inflammation was specific or not there was not sufficient evidence to show. The report was signed by Jonathan Hutchinson, Dyce Duckworth, Robert Liveing, and H. Radcliffe Croker, Hon. Sec.

Dr. **Goodhart** presented the Report of the Committee appointed to consider the occurrence of a case of Keloid. The following is a brief abstract:—

The report declared the Committee conceived the case exhibited at the Society was correctly designated keloid, the tumours presenting all the characters of the disease. The patient has been twice examined by all the members of the Committee at an interval of five months, and frequently in addition by Dr. Goodhart. As a result of the varied observations the Committee conclude that the keloid growths are all slowly changing and disappearing. The Committee drew up a series of questions to guide in gleaning information as to the nature, duration, &c., of keloid, and the results are detailed at considerable length. The conclusions arrived at are to the effect that the great majority of cases of keloid met with clinically originate in scars. The cases recorded as spontaneous cannot be disproved, but it is possible that some of them, like other recorded cases, may have originated in minute scars, and the Committee purpose therefore to regard it as a disease of scar tissue, and to discard altogether such terms as true and false keloid. They are, however, of opinion that it is possible there are conditions which may morphologically be allied to keloid, and which are more deeply placed. It does not appear that any marked differences can be maintained between keloid proper and syphilitic keloid. When present in syphilitic scars it is only less well pronounced than when occurring in simple scars. Other observations follow upon the duration of keloid, and some interesting cases not hitherto recorded are presented in the report. They conclude by referring to the pain of keloid, the manner of its appearance, and the time of life at which it most often appears.

Dr. **Graily Hewitt** on

### A CASE OF ACUTE HYSTERICAL VOMITING OF TEN MONTHS' DURATION CAUSED BY DISPLACEMENT OF THE UTERUS.

The case is related as a typical and extreme instance of an affection not uncommon in gynæcological practice. The patient was a young lady, æt. 20, under Dr. Graily Hewitt's care at the All Saints' Institution for Ladies suffering from Illness, 127 Gower Street. She had always been very active, but not accustomed to take food in fair quantity—much the reverse. Menstruation before onset of illness irregular. *Present illness* dated from February, 1879, ten months prior to admission. Since that date there has been a gradually-increasing severe and constant sickness. She has now for some time been unable to retain food in the stomach. Takes only a small quantity of koumiss. Menstruation has entirely ceased for the ten months. There is very extensive emaciation. She believes she has lost four stones in weight during the past year. Sleep—none; all attempts to walk produce exaggeration of symptoms; weakness very great. Previous medical attendant had, it is stated, surmised existence of uterine displacement. *Condition on Admission*, December, 1879.—Constantly sick. Pulse very feeble. Commencing bed sore over sacrum. Uterus low down in pelvis, much swollen, and in a condition of acute anteversion, with considerable flexion; uterus wide from side to side. The sickness was considered due to this displacement. Later on it was elicited that just before sickness began patient had jumped from a height of six feet, and felt sick after it. Probably the uterus was displaced by this leap. A friend of the patient's took the same leap, and was also made sick, but laid up for it and recovered, whereas this patient did not. *Treatment.*—Nutrient enemata thrice daily. Patient to be placed in knee and elbow position every hour for two or three minutes. At end of week improvement; sound now used and uterus elevated; slight temporary increase of sickness, then much improvement. Cradle pessary at end of fortnight introduced, and since retained undisturbed. After this time food began to be tolerated by stomach; sickness entirely gone at end of third week. Afterwards improvement rapid; appetite, sleep, and general condition all good. Pulse changed from 50 to 80. After fourth week patient literally ravenous. Seven weeks after admission discharged. Weight increased two stones during stay in institution. Menstruation has since returned. General health and strength and activity quite restored. The uterus was weak at the time of the leap. It became severely displaced. The displacement set up in a reflex way sickness. Reposition of the uterus at once relieved the sickness.

Mr. **Clutton** on

### A CASE OF ACQUIRED HYPERTROPHY OF ONE LIMB.

A boy, æt. 11, came to the out-patient room of St. Thomas's Hospital in October last complaining that the whole of the right leg was swollen. It had been noticed for two months, and was unaccompanied by any pain, but he found that he was rather lame. His mother was quite sure that previously there was no difference between the two limbs, and that he was never lame before. He had had no illness except scarlet fever at six years of age. This was not followed by any weakness of limb or lameness. On stripping the patient's trunk, so that he stands quite naked before you, it at once appears that the left lower extremity is in proportion to the rest of the body, the normal limb, while the right seems too large. This is especially apparent on comparing the two sides of the body the left arm and leg seem in natural proportions to one another, while the right leg seems too large for the corresponding arm; the two arms are evidently the same size. You will notice as he stands that there is slight lordosis and

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of £38 per annum, a fair sum in proportion to his salary; while a policeman can retire at 58 on a pension equal to four-fifths of his pay.

tilting of the pelvis. The measurements taken by Mr. Acland show that the right limb is longer than the left by one inch, of which the thigh and leg take about equal shares. The circumference of the two limbs show a corresponding disproportion, the right being from one to three inches larger than the left. There is no difference in the measurements of the two upper extremities. The temperature taken frequently with the surface thermometer shows that the right limb is always from one to three degrees higher than the left. Dr. Kilner examined the patient and found that to the interrupted current they react equally and normally. But the right always offers less resistance than the left to the continued current. Mr. Clutton remarked that if this were a congenital case it would not be so remarkable as he believed it to be, for he believed the deformity to be an acquired one. To be congenital one must disbelieve both the mother and the boy, or believe them to have been themselves deceived. They can have no object in the former, and the latter one can hardly conceive possible on looking at the two limbs, and the fact that he has only lately become lame corroborates their statements. The muscles alone are not enlarged as in pseudo-hypertrophic paralysis, but every structure entering into the formation of the limb seems to have gone a stage further in its development than the rest of the body. The limb itself seems to possess its normal relative proportions when viewed alone, but considered with reference to the rest of the body it certainly appears abnormally large It will be of great interest to note whether this increased rapidity of growth on the part of one limb over the rest continues as the boy developes. He is still only eleven years of age. Should any change occur Mr. Clutton hoped to be able to bring him again before the Clinical Society.

Mr. **Bryant** inquired if, when the temperature had been taken, and found to be higher, comparison of it had been made with that of other parts of the body. He regarded the case as one of diminution in the smaller side of the body.

The **President** proposed that a committee be appointed to investigate the case, and nominated Messrs. Bryant, Marsh, Morris, and Clutton as members.

Mr. **Hutchinson** considered Mr. Clutton's arguments against the congenital origin of the deformity were not conclusive. One child might have been born with an inappreciable difference in the size of the limb, or the arteries in it might have been slightly enlarged. It is true a small amount of joint disease will set up changes sufficient to bring about considerable increase of temperature in the parts.

Dr. **Bristowe** was inclined to agree with Mr. Hutchinson. He had seen the case some months ago. Then, as now, the leg was normal in all respects except size.

Dr. **Glover** suggested that the committee should consider the question of the general inferiority in size of the right limb as compared with the left. This had lately been recognised by American surgeons. He agreed with the last two speakers on the main point of discussion.

Mr. **Clutton** said he did not take the temperature of other parts of the body. He thought it sufficient to take the normal muscular action of the left leg as a guide in comparison. The case might be one of congenital defect; but the mother of the patient declared that years ago there had been absolutely no difference in the size of the limbs. This, however, would not invalidate an opinion regarding the increased dimension of the arteries of supply.

Mr. **Henry Morris** on

### TWO CASES OF DISEASE OF THE MASTOID BONE, IN ONE OF WHICH A SEVERE ATTACK OF HERPES OF THE FACE FOLLOWED THROMBOSIS OF THE LATERAL SINUS AND JUGULAR VEIN.

The object of the following communication is to point out the value of trephining the mastoid bone as a palliative measure, even when recovery is not possible; to show the value of a simple incision through the soft tissues over the mastoid as a curative measure in cases of periostitis of that bone; and to put on record a case in which a severe attack of herpes of the face and mouth was associated with thrombosis of the lateral sinus and internal jugular vein.

**Case I.**—*Otitis Media—Suppuration of the Tympanum and Mastoid Cells, with Caries of the Petrous Bone, followed by Thrombosis of the Lateral Sinus and Suppuration between the Dura Mater and Bone—Trephining the Mastoid—Extensive Herpes of Face and Mouth—Pyæmia—Death.*—Alfred S., æt. 31, had for years suffered from deafness and a discharge from the left ear. Ten days before admission, on Nov. 14, 1879, the discharge became more profuse and offensive; pain and redness over the squamous and mastoid bone of the same side and shivering followed. On November 16 he lost consciousness, suddenly, and his breathing became stertorous. Two hours later the mastoid was trephined, and some very stinking pus escaped. Immediately his pulse improved, the stertor ceased, and after a few hours he regained perfect consciousness; but the following day symptoms of pyæmia were pronounced. On Nov. 19 a few herpetic vesicles appeared on the right cheek and lips, which, by the next day, had spread over the greater part of the right side of the face, and to a less extent on the left side. Before his death, on Nov. 27, the eruption on the face had become quite confluent, and had scabbed over. The throat, mouth, and tongue were also similarly affected. At the post-mortem the left lateral sinus and internal jugular, as low as the junction with the subclavian, were plugged with a firmly adherent discoloured clot, and there was also a thin clot in the longitudinal right lateral sinus and in the torcular Herophili. *Remarks.*—Trephining in this case not only prolonged life and restored consciousness for some days, but it entirely removed the agonising pain suffered for several days before. The herpes might possibly be explained on the hypothesis of active venous congestion, resulting from the blocking of the lateral sinus and the extension of the thrombus along the whole course of the jugular vein. It is, however, admitted that it is quite impossible to deny the neurotic origin of the eruption, and it is even suggested that the congested state of the vessels might have given rise to nerve irritation by direct pressure. Another fact requiring notice is the tendency there was in this patient to capillary congestion of the face and neck, as indicated by a temporary deep red rash, which latterly had been always produced by taking the smallest quantity of stimulants. Arguments against the *venous congestion theory* are advanced, such as are offered by the absence of any similar eruption in recorded cases in which the internal jugular has been compressed or ligatured, or even in cases in which the superior vena cava itself has been occluded; but it is pointed out that there is an important difference in the effect upon the circulation between thrombosis extending from the lateral sinus, and ligation of the internal jugular vein.

**Case II.**—*Otitis Externa—Suppurative Periostitis of the Mastoid—Incision over the Mastoid—Recovery.*—The interest of the following case rests simply on the effect of treatment. At the end of July, 1879, a gentleman, about 50 years of age, had been bathing in the sea; the water was very cold, and on the following day he was attacked by severe earache. The earache proper soon subsided, but he became subject to violent seizures of neuralgic pain, with marked nocturnal exacerbations. The pain extended all over the left side of the head, but was most severe behind the ear. The hearing on this side became greatly impaired. On September 7th he came to London, the symptoms continuing the same. He had not slept for several nights, and was well-nigh worn out with pain. The membrane of the tympanum was sound, but the skin over the mastoid was red and very tender. The ticking of a watch could not be heard close to the ear. Leeches and hot sedative applications failed; the tissues over the mastoid became more red, tender, and swollen, and at one spot as large as the finger-tip there was more *elasticity* than elsewhere. On Sept. 11th a straight vertical incision was made down upon the bone, which was soft and easily penetrated with the knife, and a little pus escaped. Relief was immediate and complete; within a week the wound was all but healed, and the patient is now perfectly well, and his hearing as good as ever. *Remarks.*—The case shows that in some instances an incision is all that is necessary, not only for the relief of intense suffering but for complete recovery, by taking off the tension of the inflamed periosteum and superficial structures. If, however, the local pain continues after, or cerebral symptoms supervene upon the simple incision, perforation of the mastoid bone by the trephine or drill should be performed, whilst nothing short of trephining can be expected to do good in cases where rigors, tenderness on deep pressure, and œdema over the mastoid follow shortly after acute suppuration of the tympanum.

The **President** remarked that the last case read was of peculiar interest. He remembered a case he saw six or seven years ago, that of a gentleman who had recovered from typhoid fever, and who had pain in the mastoid region. Amongst others, Mr. Hinton saw the patient, and perforated the mastoid bone. Pus escaped when this was done, but it was found necessary to cut down on to the bone. This operation was followed by complete recovery.

Mr. **Howard Marsh** related histories of two cases of children afflicted with disease of the internal ear. In one, marked relief followed the operation, as described by Mr. Morris. Prior to interference, the child was comatose, but after incision down to the mastoid process, the untoward symptoms passed away, and a good recovery was made. The disease recurring eight months subsequently, a similar treatment was adopted, with the same favourable result. In a second like case, recovery followed trephining.

Mr. **Bryant** thought the principle of early interference in these cases was undoubtedly wise. Brain affections are a probable sequence to lesion of the internal ear, and he instanced two cases in point. One, a boy, when seen some years ago, had great tenderness over the mastoid process. When cut down on the bone was soft; but the patient progressed favourably thenceforth, becoming, however, blind eventually, the inflammation having invaded the optic nerve. The second case was that of an infant two or three years old. When seen it was comatose and hemiplegic. There was a discharge from the ear, and it was assumed pus existed in the middle ear. The external auditory canal was destroyed, the ossicula removed, and the inflammatory material well sponged out, much pus being brought away. The symptoms subsided, hemiplegia passed off, and in a few months the child had quite recovered, with the exception of some paralysis of the right portio dura, and deafness. He had found good produced in other cases also by freely opening the middle ear, and this can do no harm because the sense of hearing in these cases is already lost.

Dr. F. **Taylor** said these cases were interesting also to the physician. He would like to know what was the condition of the optic disc in them. Two years ago a child came under his care with symptoms of meningitis, the diagnosis being confirmed by the condition of the optic disc. Post-mortem examination, however, demonstrated that no such disease was present. In the case recorded, had there been thrombosis of the jugular vein?

Mr. **Barker** inquired at what point the ears were trephined? He believed there might be danger of opening the lateral sinus. The mastoid cells do not really exist in children, and are ill-developed in some subjects when adult, the mastoid antrum being alone found. In dissecting from 100 to 200 middle ears he had found numerous instances in which the cells were absent; the antrum, however, exists always. Deep trephining must open the lateral sinus, and this had been done more than once. Pus usually collects on a level above the meatus auditorius externus, and trephining should be performed on a level with the upper border of the opening. Dealt with in an early stage there was called for comparatively simple treatment, the middle ear being preserved by carefully cleansing the canal.

Mr. **Carrington** having remarked on Dr. Taylor's case,

Mr. **Henry Morris** replied that he had not examined his patient's eyes with the ophthalmoscope; but there was no affection of sight. The first indication of cerebral mischief in either case was afforded by coma. Thrombosis of the lateral sinus was the cause. The incisions were made directly on to the mastoid process. The bone had been drilled where it was distinctly soft, but did not communicate with the cells. The discharged pus was that pent up between the dura mater and the bone. He should not have thought the cells were absent so frequently as described by Mr. Barker.

Dr. F. **Taylor** on

### AN UNUSUAL CASE OF CARDIO-PULMONARY MURMUR.

The patient, a blacksmith by trade, æt. 38, had suffered from his chest for twelve months. He was first taken ill with cold, clammy sweat, and continual cough and expectoration. The sweating stopped after a time, but the cough persisted, and he lost flesh. In February he gave up work. When first seen he was of ordinary build, rather spare, with anxious expression of face. He was spitting a good deal of dirty yellow phlegm, his breath was slightly fœtid, and he complained of a peculiar noise which he had heard in his chest for two or three months. The chest was flat, fairly symmetrical, and with a wide epigastric angle. The right side was practically normal; the left side, on the other hand, was nowhere healthy, and presented the physical signs of a considerable cavity in the anterior axillary line, just below the level of the nipple. At this point there was tympanitic percussion note, with marked cavernous breathing, and very distinct whispering repetition of the voice. Elsewhere on this side of the chest there was more or less impaired resonance, and even complete dulness, deficient on soft bronchial breath sounds, and deficient vocal resonance, or whispering bronchophony, the physical signs being more marked below than above. In addition to this there was audible over the whole chest a loud double sound synchronous with the heart's beat, and musical in quality. It was heard faintly on the right side and at points of the chest distant from the heart, loudly over the præcordia, louder at apex than base, and loudest in the anterior axillary line three inches from the nipple, at the point where there were the other physical signs of cavity. The sound could also be heard at a distance of twelve inches from the chest, and when he opened his mouth it was audible from a much greater distance, the vibrations being obviously intensified by resonance in their passage through the mouth, and giving one for the moment the impression that they actually originated in the larynx. These sounds were no doubt produced by the strokes of the heart against the walls of the pulmonary cavity; they were intensified by resonance in the interior of the cavity, and their unusual transmission to the pharynx and mouth was probably the result of a very free communication of the cavity with a bronchial tube.

Dr. **Whipham** on

### CANCER OF THE PYLORUS—ULCERATION OF THE CANCEROUS GROWTH: FORMATION OF AN ABSCESS—GANGRENE OF LEFT FOOT AND LEG.

On November 27th, 1879, a man, æt. 48, was admitted under Dr. Whipham's care, into St. George's Hospital. The history went to show that symptoms of stomach disease declared themselves in October, 1878; that in January, 1879, he became an out-patient at St. Thomas's Hospital, when Dr. Greenfield discovered a hard mass, movable by respiration, in the region of the pylorus; the patient at this time suffered from pain and vomiting. In June the tumour was less evident to palpation, but the other symptoms persisting, the man was admitted into St. Thomas's, and after undergoing treatment there for a few weeks, was again made an out-patient, but was subsequently readmitted in September. Merely a fulness over the pylorus was detected at this time. The vomiting, which had been a prominent symptom for eight months and a half previously, entirely ceased on July 16th, 1879. When the patient was admitted into St. George's Hospital, he was pale, complained of pain in the hepatic region, and of tenderness on upward pressure towards the under surface of the liver. No definite tumour could be detected nor any enlargement of the spleen or lymphatic glands, although there was a sensation of fulness to the right of the gall bladder. Microscopic examination of the blood showed a great excess of leucocytes in the field, most of which exhibited active amœboid movements, and subsequent examination of the blood on a warm stage showed far more active movements of these white corpuscles. On December 9th the abdominal pain had nearly ceased, and at once signs of gangrene appeared in the toes of the left foot, which extended until the lower two-thirds of the leg and the foot were involved. Shortly before death a minute quantity of albumen was found in the urine. At the post-mortem examination the lower part of the femoral artery was found to be blocked by clot; an abscess was discovered lying between the stomach and the liver. The abscess was the result of ulceration of a cancerous growth affecting the pylorus; owing to the ulceration perforation of the stomach had occurred, and thus an abscess had formed in the situation described. The points of interest in the case were: 1. The entire cessation of vomiting five months previously to the patient's death. 2. The disappearance of the tumour, or perhaps the concealment of the swelling, owing to the formation of the abscess. 3. The occurrence of gangrene. 4. The apparent increase of the white corpuscles in absence of any great enlargement of the spleen or lymphatic glands. It was suggested that this apparent increase of leucocytes might have been due rather to a deficiency of the red corpuscles. 5. The entire absence of that dryness and want of elasticity of the skin which are so characteristic of cancer.

Mr. **Streatfield** on

### A CASE OF UNILATERAL MORPHŒA, WITH EXOSTOSES AND CORNEAL OPACITY (Patient was shown).

The case which I have the honour to bring before the Society is one very interesting to many, but it is not essentially an eye case. James Blunt, aged 45, agricultural labourer, came to the Moorfields Eye Hospital three weeks ago for impairment of vision of left eye. In infancy, he told me, he had had a "strong" inflammation in that eye, and that he had often had a "cold" in it, but this has probably nothing to do with his present state. On admission all the lower exposed part of the cornea of the left eye was opaque. The opacity was ill-defined, and extended upwards beyond the centre of the cornea. There was no redness at any part around the cornea, no zone, as in any ordinary keratitis, nor any other sign of inflammation of the eye. But it did not seem like an old opacity, and his eyesight had only been so bad for a fortnight before he came to the hospital. The eyelids could not be widely opened, and all the movements of the eyeball were limited. He has now been three weeks an in-patient, and the corneal opacity is much less in extent, and his vision, therefore, considerably improved since his admission. The state of the cornea seemed to me to resemble in appearance the preliminary irregular opacity of the cornea which is seen to occur from nutritional change or otherwise in some cases of paralysis of the fifth nerve. There was, however, no insensibility of the cornea. Then I observed the peculiar brawny condition of the skin and subcutaneous parts of the left side of the face, that his face had no wrinkles on that side, and, within the mouth, the exostoses of the lower jaw and of the hard palate on the same side. He told me that six months ago he could hardly open his mouth at all. Mr. Hutchinson informs me that, irrespective of the eye affection, it is a case of extreme rarity, and he will favour us with some notes of this and of another similar case.

Mr. JONATHAN HUTCHINSON said this case was of interest because it exhibited the changed nutrition of different structures connected with the fifth nerve. It admirably illustrated morphœa, or sclerosis affecting one side of the face. The mouth a little on one side, afforded the only external evidence of disease. But when touched, a brawny condition of the cheek could be made out. No defect of sensation, or of nutrition of the muscles supplied by the fifth, but there were unilateral exostoses along the line of junction of the bones, and the whole body of the lower jaw was thickened. He exhibited a skull showing a remarkable enlargement of the lower jaw, and which offered a strange illustration of the case under discussion. He had recorded cases of exostoses connected with morphœa, but had never seen a living instance of unilateral exostoses connected with the fifth nerve. The latest theory of morphœa described it as a disease of the filaments of the vaso-motor nerves connected with the fifth.

The PRESIDENT remarked that nothing had been said as to the condition of the eyes.

Mr. HUTCHINSON said the patient cannot look out, in, up, or down perfectly. He thought at first the third pair were affected, but considered after, that the thickening and sclerosis of the tissues around would account for the defective movements of the orbital muscles. These were wakened, but not paralysed. The iris is perfect. The ulceration of the cornea was transverse; it was better, and existed where the hard lid pressed on it, the reduced action of the muscles causing it to rest on this spot. The lid was like leather.

The PRESIDENT delivered a short address, in which he congratulated the Society on the good work done during the session, and especially drew attention to the fact that several valuable reports had been presented. He regretted the Report of the Committee on Hip-joint Disease could not be included in this year's volume of Transactions. It and the Report on the Incubation Period of certain Infectious Fevers must remain over till the next volume.

# Special.

## FRANCE.

(FROM OUR OWN CORRESPONDENT.)

A CONFLICT has arisen between the Faculty of Medicine and the Minister of Public Instruction in reference to a new chair of Pathological Anatomy, which the Minister decided on creating at the Hotel Dieu, and for which he had inscribed the sum of 28,000 francs in the budget of 1881. The *amour propre* of the Faculty was compromised in that the Minister omitted to consult that body before taking this step. A commission, which included M. Verneuil and M. Charcot, was charged to draw up a report on the subject, to be presented to the Minister. The conclusions of this report are as follows :—"The creation of new institutions without the Faculty being previously consulted is derogatory to that body. Morbid anatomy is taught rigorously, and thus to say cultivated, in the thirteen general and special *cliniques ;* there autopsies, dissections, and microscopic researches are practised daily under the direction of professors, consequently a new chair *ex cathedra* would be superfluous. Further, the installation of this chair in a hospital would give rise to many difficulties, and would not fail to cause incessant disagreements between the professor of medicine and that of anatomy. For all these reasons we unanimously refuse to sanction the creation of the chair of Pathological Anatomy."

On Sunday, before a distinguished assembly, the first stone of a new wing of the Hospital Quinze-Vingts, destined for the treatment of ophthalmic diseases, was laid by M. Lepere, the late Minister of the Interior. M. Gambetta was also present and took part in the proceedings.

At the *Société de Chirurgie* M. Verneuil related a singular case which came under his observation, and for which he had to operate. It was that of a man who introduced a piece of wood into the rectum to arrest a dysenteric discharge. The details of the case merit publication. On April 16 entered into my service (said M. Verneuil) a man of about forty years of age, robust, who when a sailor, had been attacked with an obstinate dysentery, of which, however, he got well. Having entered military service in 1871, he was taken prisoner by the Prussians, and suffered a great deal from want and exposure. The dysentery reappeared, and became more rebellious than ever. Lately he exercised the profession of wood-cutting in the country, and as he was greatly troubled by the constant discharge, he conceived the plan of plugging the rectum with some solid substance, enveloped in a piece of linen, of which the strings remained outside, facilitating thus the extraction of the foreign body. One day, however, finding himself at the house of a relative, and not having a piece of linen at his disposal, he contented himself with cutting a piece of wood and introducing it into the anus. At a certain moment the body penetrated into the rectum, and all his efforts to extract it were unfruitful. The man came to Paris, and entered my service. On exploring the rectum with the hand the foreign body could not be reached, but through the abdominal wall on the right side it could be plainly felt. Despairing on account of its position and form to reach it by the rectum, even by performing linear rectotomy, I determined to open the abdomen. The opening made in the median line, I introduced two fingers, and felt immediately the foreign body, which was lying against the posterior wall of the pelvis in the upper part of the rectum, and completely immovable. However, after a little trouble, I succeeded in disengaging it, and caused it to descend a little, when it could be felt by the finger introduced through the anus. I then seized it with a tenette, and after many efforts brought it to within an inch of the anus, beyond which it would not stir, so that I was obliged at this stage to practise linear rectotomy. No sooner was the foreign body extracted than it was followed by an enormous mass of fæcal matter and a little blood. The incision in the abdomen being closed, I passed and fixed a large tube in the intestine, by the aid of which injections of a solution of chloral were administered. The patient made a rapid recovery.

In a communication made to the *Gazette des Hôpitaux*, Dr. Bloch recommends the frequent application of powdered cubebs by means of a hair pencil to the throat in diphtheria and croup. The throat should be touched every hour. By this means Dr. Bloch has seen the most severe cases recover.

In the *Bulletin de Thérapeutique*, Dr. Pasqua publishes the results of three cases of gonorrhœa treated by injections of chloral. In each case two injections a day retained for a few minutes sufficed. At first slight smarting was felt, but which quickly changed to a sensation of coolness agreeable to the patient. After the third or fourth day the frequent want to micturate and the painful erections diminished, the running became more clear and limpid, and ceased entirely on the eighth or tenth day. No orchitis, stricture, or those accidents which are the result of badly treated blennorrhagia. It results from the foregoing that chloral has the power to diminish and calm rapidly the frequent desire to micturate and erections, to abridge in a marked manner the duration of the running, and to prevent the occurrence of complications. The strength of the injections is six grains to the ounce.

Iodoform has become a favourite with many medical men who see in it a powerful disinfectant and resolutive. For a long while it has been employed at the Midi as a radical cure for chancres, and dissolved in collodium it has been painted over granulating ulcers and eczema of the hand. Lately made into ointment it was prescribed for ozæna, and in Germany it is used against otorrhœa. The Professor of the Ear Hospital at Prague employed it in twenty-one cases, of which for the most part the membrane of the tympanum was entirely destroyed. The secretion was very abundant in many of the cases. In eight cases recourse was had previously to nitrate of silver injections. The following is the mode in which Professor Zaufal used the iodoform. After having well cleansed the ears a moderate quantity of the iodoform in powder was blown through a quill on the tympanum; later on when the suppuration was diminished a pellet of cotton coated with the same is introduced into the tympanum and is left *in situ* three or four days. The cure is effected in from one to four weeks. The peculiar odour of iodoform could be masked by the addition of almond oil or tannin, or a few drops of essence of peppermint.

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WEDNESDAY, JUNE 2, 1880.

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## KELOID.

ONE important function falling to it, the Clinical Society of London performs in a manner that must elicit the warmest praise from all who regard its labours, viz., that of considering and reporting on special subjects connected with medicine and surgery. In the form of reports, drawn up under the direction of, and signed by gentlemen of eminent distinction in particular branches of practice, the Clinical Society presents its members from time to time with authoritative essays on points that are matters of mystery, or about which little is known by the great mass of medical men. The latest of these is a report on "Keloid," prepared by a committee consisting of Drs. Dyce Duckworth, Robert Liveing, H. R. Crocker, James Goodhart, and Mr. Jonathan Hutchinson. These gentlemen were nominated for the purpose of investigating a case of keloid growth following small-pox, and to inquire into the differences between the various forms of keloid.

It is held by several specialists in skin diseases that there are specific varieties of that form of growth to which the term keloid has been applied. Particularly is it asserted that the condition may arise spontaneously, and that it may originate in scars; also that there is a peculiar form of keloid associated only with syphilitic lesions. On these points the report of the committee is clear and explicit, and though but a brief abstract has yet been read of the whole report, there remains no doubt that the evidence collected during the time the subject has been under investigation must go to prove that the views hitherto generally held are untenable. One chief argument for the spontaneous growth of keloid is based on the assumption that it occurs sometimes congenitally. The cases in which this has happened, however, do not resist an opposite interpretation; and when it is admitted that the keloid tissue may, and does commence to grow in points too minute at first to be visible, there is strong presumptive evidence against the few recorded cases of spontaneous origin being really what they are denominated. The influences to which the fœtus *in utero*, also, is subject, its susceptibility to various agencies capable of reacting on it with certain definite results, are too little understood at this time to make it prudent to suggest that the presence of keloid in the very young indicates anything more than the possible production of cicatricial tissue within the womb of the mother. Direct inheritance is not supported by any array of facts. In some few cases keloid has been discovered in several individuals related by ties of blood, but the report of the committee disposes of these instances, showing that they cannot rightly affect the question at issue.

The most important bearing of the report is that it has on the treatment of the tumours it considers. This it indicates should be guided by the conclusion to which its investigations have conducted it; that, viz., there is a tendency to spontaneous disappearance; that there are several instances on record where this has occurred is sufficiently well known, but the assurance they afford needs some such confirmation as that afforded, for instance, by Mr. Barker, who describes keloid tumours which underwent spontaneous involution on his own body, not, however entirely disappearing. A considerable number of authorities, moreover, concur in declaring their experience as similar to this, and the report of the Clinical Society's committee is encouraging in this respect, that it must dissuade from active surgical interference with the keloid products of cicatricial changes. In view of the advice given in many text-books, to seek to remove such growths by operative means, it will be well that their character and the course they pursue should be more universally understood. The result of surgical treatment is rarely to do good, and cases are to be found in which it has been distinctly productive of much harm. On the question of the varieties of keloid, the report of the committee is decisive. It negatives the idea that there is anything characteristic of syphilitic or other keloid as contrasted with the usually recognised keloid of scars, and disposes at once of the theory that there can be any origin for the growth other than scars. It is true this raises the difficulty of explaining how the morbid material can be produced when there is seemingly nothing to indicate any but a spontaneous origin for it; but this is easily met by the description of those cases in which the tissue has been shown to commence in scars too minute to have been recognised at first. How the scars themselves are formed it is not necessary to determine in this connection. The history of keloid does not run concurrently with the scar, but subsequently to its production. The interdependence of the two is a variable one, and on the conditions affecting it have probably been based those conclusions on which the theory of distinctive forms of keloid have been grounded.

Until the publication of the report in full, it is only possible briefly to refer to the points mentioned in it. At a later date we shall follow it in greater detail. The subject is an important one, and one on which information is much needed.

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## THE INDIAN MEDICAL SERVICE.

Since we previously commented on certain papers by the "Indian Medical Service Defence Committee," we have received a second edition of those papers, as also a copy of "Observations on Certain Grievances of the Indian Medical Service." By these documents it appears that the Defence Committee look upon the state of matters under the latest order connected with reorganisation as "not quite so serious as they at first appeared," and we can only congratulate them on the circumstance. But the Committee observes that the disadvantages under which the service labours, even under the Order No. 150, of 15th March, 1880, have not by any means really been removed. With regard to the provision therein made, that sanitary commissioners, on completion of twenty-six years' service should obtain the rank and privileges of deputy-surgeons-general, they remark that promotion of this kind does not compensate for the reductions directed to be made in the permanent establishment of the latter grade, neither do they see why sanitary commissioners should be singled out for this distinction, seeing that they enjoy in that capacity various advantages over even their seniors who remain in the performance of their regular duties, whether executive or administrative. In order to give force to their objection on this score, an instance is given of a medical officer of twenty-two years' service, who has recently been appointed sanitary commissioner, so that neither he nor the service he belongs to can benefit by his promotion for four years, and if he is then promoted *he will supersede some fifty surgeons-major who are senior to him.* This we italicise for the reason that the system indicated in the paragraph, namely, that of "selection," is one which, although proper enough in theory, demands for its proper exercise in the interests of the service an amount of tact and sense of fairness, such as is possessed by *very, very* few men. Indeed, judging from the past, there is much reason to doubt whether the benefit to the public service—even assuming that any real benefit has accrued from this game of leap-frog, as represented by promotion by selection—in any degree compensates for the actual harm done by having soured and disappointed men to perform duties which can only be satisfactorily, and therefore efficiently, executed by men who "have their heart in their work." According to the Committee, the Acts of Parliament under which many of them covenanted to serve have been violated—namely, sec. 56 of Act 21 and 22 Vic., c. 106; Act 23 and 24 Vic., c. 100; and Act of the 21st and 22nd year of the Queen, c. 106, secs. 38, 56, and 58. This point is a question for experts, but knowing how, during the last twenty years, Royal Warrants have literally been rendered of none effect by circulars, private and confidential, we can only wish the Indian medical officers may be equally fortunate in their advocacy of their present grievances as they formerly were in that by which they obtained their famous "Henley clause." In the spirit of the concluding part of the "Observations" now before us we fully agree, and we sympathise with the men whose heart-burnings they represent—namely, "The whole tendency of recent changes is to create an element of uncertainty as regards the prospects of promotion which must prove a prolific source of all kinds of evil, and will interfere materially with the interests of the service."

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# Notes on Current Topics.

### Dangerous Amusements.

Many of the games with which children constantly amuse themselves are fraught with danger, and commonly they entail more or less mischief on those who indulge in them. Cuts, bruises, and oftentimes much more serious accidents are the consequence to the young people who spend their hours in play; while the evil effects occasionally produced by the more "manly" games of football, cricket, and the like, go no inconsiderable way to swell out the surgical practice of the country. Very recently an inquest was held on the body of a child aged ten, in whom death had supervened on an attack of peritonitis due to irritation set up by excessive swinging. This is a very favourite exercise with girls, and it ought to be impressed on parents and guardians that the immoderate use of it is calculated to produce grave ill. Though in the case we refer to death was brought about in a very unusual manner—accepting the diagnosis of the medical attendant as correct—still there are other, if not equally fatal dangers, attending this form of recreations. We have seen muscular spasm of a severe kind set up by it, and often very distressing back and head aches. With many children there is a strong temptation to persist in the motion, which produces a certain pleasing sensation, and whenever this is found to be the case, every tendency to it ought to be immediately checked; much irreparable mischief — immediate and future — may thereby be prevented.

### Clinical Society of London.

The last meeting of the 1879-80 Session of the above Society was held on Friday last. The President, Dr. E. Headlam Greenhow, F.R.S., in bidding the members

"God speed" till the ensuing winter shall once more bring him into union with them, congratulated the Society on the sterling value of the work accomplished by it. In addition to the many valuable papers read and discussed at the meetings, several important reports have been presented by various committees appointed to investigate particular points of interest. Amongst these may be mentioned the report of the chloral committee, and that of the committee on keloid. These are admirable examples of careful work, and when accessible to the general profession in the forthcoming annual volume of Transactions, will be the means of forwarding a considerable amount of useful investigation. It is worth considering whether it would not be advisable to print with the papers read at the Society's meetings a synopsis of the discussion which takes place on those of especial importance. By the omission of this altogether from the volume of "Transactions" a vast amount of highly serviceable information is withheld from all who do not care, or have not time, to refer to the weekly journal reports of the meetings as they occur. During this last session there have been several occasions on which authorities of the highest eminence have uttered opinions in discussions which are well worthy of being preserved side-by-side with the records which called them forth. Often enough, too, the salient points of a case are emphasised in the discussion of it; and its bearing on the progress of medicine or surgery is thus more surely indicated. There are so many reasons for following the course we suggest, that we venture to hope it may be adopted in the coming winter.

## Chian Turpentine.

The possibility of eradicating cancerous growths and preserving the system from the inroads of this fell disease has produced a feeling of intensest interest throughout the profession. The reputed discovery of a specific in chian turpentine makes it a matter of the greatest importance that the efficacy of the remedy shall be fairly and fully tested. It is yet far too early to venture any definite opinion as to the merits of the agent, and especially unwise has it been on the part of those who have hastily rushed to record their belief in the wonderful powers of the drug. We are glad to see a letter from Mr. Hulke, in which he says that chian turpentine is under trial in the cancer ward of the Middlesex Hospital, and we recommend those who really wish to know only the truth to defer their judgment until the results obtained at the Middlesex are published. At present there are only a medley of confusing suppositions to go upon, but few absolute data; and much as we may wish for a favourable termination to suspense, the expectant attitude is the only justifiable one until some reliable demonstrations are forthcoming.

## Health of Ireland.

The official return of the mortality in Ireland is still very unsatisfactory. The average death-rate for the week ending May 22 in the sixteen principal Town Districts of Ireland was 31·2, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Sligo, 18·0; Drogheda, 18·2; Limerick, 20·0; Wexford, 20·6; Waterford, 25·5; Dundalk, 25·6; Clonmel, 27·0; Belfast, 30·0; Dublin, 33·1; Londonderry, 33·7; Galway, 34·3; Cork, 34·5; Newry, 37·6; Queenstown, 39·7; Kilkenny, 42·1; and Lurgan 47·1. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 4·5 per 1,000, the rates varying from 0·0 in Limerick, Kilkenny, Sligo, Lurgan, Wexford, and Clonmel, to 10·8 in Queenstown, where the 11 deaths from all causes include 2 from fever and 1 from whooping-cough. Only three deaths from whooping-cough were registered in Belfast against 6 for the preceding week. Five deaths from whooping-cough were registered in Lononderry, and 5 more deaths from scarlatina in Cork. In the Dublin district the deaths represent an annual mortality of 34·0. Forty-five deaths from zymotic diseases were registered, being 2 less than in the preceding week, but 12 over the average number: they consist of 9 from small-pox, 2 from measles, 14 from scarlatina, 9 from whooping-cough, 6 from fever (2 typhus, 3 typhoid or enteric, and 1 simple continued fever), 1 from quinsy, and 4 from croup. During the quarter which ended 31st March last, there was registered in Ireland an annual birth-rate of 26·3, and an annual death-rate of 22·9. In England last quarter the birth-rate was 34·9, and the death-rate 22·9. The birth-rate in Ireland is under the average. The death-rate for the quarter is 1·3 per 1,000 under that of the first quarter of 1879, although 1 per 1,000 above the average of the corresponding quarters of the past five years. In the report for the fourth quarter of 1879 it was observed that "the suffering caused by the extremely bad harvest and depression of trade is, no doubt, to a considerable extent, a cause of the excessive death-rate of Ireland during the past quarter." The effect of this cause does not show in the returns for the first quarter of 1880, as the death-rate is 1·3 per 1,000 under that of the corresponding quarter of 1879. This is an extremely gratifying circumstance when the extent of the distress which prevailed during the past six months is taken into consideration. The deaths registered during the quarter last amounted to 30,654—annual ratio 22·9—an average rate of 21·9 for the corresponding quarter of the five years. There is no doubt that a considerable portion of the increase in the number of deaths recorded is owing to the more complete registration effected by means of the Burial Returns furnished under the Public Health (Ireland) Acts, 1878-9.

## The London Water Supply.

The Home Secretary, in his reply to a deputation of the Metropolitan Board of Works that waited upon him on Friday last, dispelled certain misconceptions entertained respecting the Water Bill of the late Government. He stated that there is at the present moment no Bill dealing with the water question before Parliament. Sir R. Cross's Bill is therefore dead, and there is no intention of reviving it in the shape he presented it to the House, but withal there is no intention of allowing the question to remain dormant, or to revert to its former unsettled state. The problem must be solved as to how London shall be provided with a supply of water good in quality and ample in quantity. It is equally certain also that the companies have no monopoly in the water supply of London, any more than bakers have a monopoly of bread, or gas companies of gas, and although the water companies have secured something very like vested interests in water which just now present difficulties and inconveniences, there is no reason why these should not be fairly adjusted, for they cannot long stand in the way of a final settlement of the question. It will be for Parliament to consider and decide whether the price asked for the inferior article now supplied to the public is worth what is asked for it, and whether it is not for the interests of the ratepayers to look about for a cheaper and better article. The Home Secretary cleared up another point—a not unimportant one; it is this, that the companies have no legal power to avail themselves of the quinquennial increase of assessment of metropolitan property as an excuse for increasing their rates. The assessment, it appears, is but a very simple element in the case, and the Home Secretary believes the companies are too wise to challenge public opinion just now and invite Parliamentary action by making any change in the price charged for water.

We gather from what fell from Sir W. Harcourt that there will be a committee to examine and report upon the agreement entered into by the late Government with the water companies, and whatever may come of it, there will be a full and fair investigation into the conditions and value of the works of the water companies. This in itself cannot fail to be a gain to the public, as well as an element of importance in arriving at just conclusions. If the terms are found to be reasonable, then Parliament will have to say whether they are worth purchasing at a price, for the ratepayers cannot be expected to pay an unreasonable price for a supply of water inadequate in quantity and defective in quality.

## Meat-Bread.

YET another invention, says M. de Parville, in the *Journal des Debats*, is meat-bread. Usually, when we eat we take the trouble of digesting at the same time our bread and our meat. Someone has conceived the idea of saving all this double work. M. Scheurer-Kestner has found the means of compelling the bread to previously digest the meat; that is so much gain for the stomach. And then what a simplification: instead of concerning oneself with providing beefsteaks, chops, &c., there is nothing to do but provide the bread. The method is expeditious, and will be of importance to the soldier in campaign, the hunter, and the traveller.

Certain juices digest meat, the juice of the *papaya* notably, the juice secreted by the so-called carnivorous plants, vegetable pepsin, &c. The fibrine is attacked and dissolved in the juice. M. Scheurer-Kestner, father of the senator of that name, has discovered the very remarkable fact, that during bread-baking there is produced a peculiar ferment which determines the complete digestion of meat. A beefsteak cut into small bits and mixed with flour and yeast disappeared entirely during baking. Its nutritive principles are dissolved and incorporated with the bread. The curious point is that the meat, which is itself putrescible, keeps indefinitely in this state. M. Scheurer-Kestner fils has placed before the Académie bread still excellent which was prepared in 1873. It was neither mouldy nor mity. At first, M. Kestner employed raw meat. He mixed 500 grammes of flour with 300 o fresh beef chopped fine, adding water in proper proportion, and waiting till the dough began to ferment. After two or three hours the meat had disappeared, and the bread was baked in the usual way. The bread-meat thus obtained has a slightly disagreeable sourish taste.

M. Scheurer-Kestner avoids this by previously boiling the meat for an hour with the quantity of water necessary to moisten the flour. The fat should be cut away from the meat, and but little salt added. Salt being hygrometric tends to render the bread moist and prevent it keeping. A part of the beef is advantageously replaced by lard. The proportion of 50 meat to 100 flour must not be exceeded. Beyond that the digestion of the meat is incomplete. To tell the truth, adds M. de Parville, the meat-bread we tasted at the Académie, and which was prepared in the month of June last, looks very good, but it does not excite the appetite. Good savoury roast-beef will undoubtedly be always more pleasing to the jaded stomach. However, exceptionally and especially for preparing nutritive soups it seems likely to serve a useful purpose. It is only necessary, having cut the bread in slices, to boil 80 grammes of the biscuit in a litre of water for 20 minutes, and salt to taste.

The meat-bread was sent to General Chanzy in 1873 in order that he might try it for the troops. "The soup thus obtained," wrote M. Scheurer-Kestner, "although very *eatable*, is not sufficiently *appetising*. The soldier, it is to be feared, would soon grow tired of it. However, further trial ought to be made." Since 1873 its manufacture has been greatly improved. The addition of lard gives taste to the bread. M. Scheurer-Kestner states also that veal incorporated with the bread furnishes excellent soup, which would be suitable for the sick and wounded.

## Promotion by Selection.

THERE is so much that is in accord with fairness and common sense in the remarks by His Excellency the Commander-in-Chief in India in that portion of the Recommendations by the late Army Commission, which refer to promotion, that we recommend them to the particular notice of members of the medical profession in the service of the State. Adverting to those Recommendations, Sir Frederick Haines writes thus in paragraph 54 of his Minute: "The whole basis of the army system proposed to be carried out in chapter 8, section 1, is seniority tempered by the selection of the fittest, or at all events the rejection of the unfit. Throughout the whole course of an officer's career, I think that all those who have survived the perils of rejection up to so late a period may be held to be worthy of the crowning reward of the service, by the mere fact of having honourably maintained their position, instead of at that period being subjected to the danger of being deprived of it, through the caprice, the want of judgment, or the defective information of those on whom the burden of selection may from time to time fall. It will perhaps be admitted that this period of an officer's life ought not to be clouded with the thought that even up to the very last an element of doubt and uncertainty hangs about his future. If the principle of rejection be admitted, it should be exercised only in such cases as may admit of a distinct specification of the reasons for it." All honour to him whose patronage is distributed according to the high principles thus expressed.

### Riots at Ennistymon, Co. Clare.

We read in the local paper that the case of Dr. Thomas Foley Brew, medical officer of Ennistymon dispensary district, who was charged on behalf of the Rev. Redmond Newell, C.C., with having used obscene expressions in reference to him, and which was the subject of an inquiry by Dr. MacCabe, L.G.B.I., on the 21st April, has been again referred to the dispensary committee, the Local Government Board having adjudged the last meeting of the Board informal, on account of several magistrates and other members of the committee being prevented by intimidation and violence from attending. For several days an organised system of terrorism prevailed in the district to force the committee to an expression of their opinion unfavourable to Dr. Brew; prosecutions followed, and five persons have been summarily dealt with and sent to gaol for a month with hard labour, and twenty-three others returned for trial to the assizes for riotous assembly, smashing windows, and using intimidation towards Captain Blake-Forster, J.P., Captain Ellis, J.P., Mr. Thomas Lucas, J.P., The O'Donnellan Blake-Forster, J.P., Mr. Crowe, Mr. Higgins, and others. Even some of the Roman Catholic clergy of the district, whose sympathies are known to be with Dr. Brew, have been threatened with the virtuous indignation of these misguided people, whose passions have been excited by inflammatory appeals. The meeting is convened for Friday next, and the probable result is discussed with much interest. An extra force of police are still retained, but it is hoped their services will not be needed, and that there will not be a repetition of these lawless proceedings.

### The International Hygienic Congress.

The Congress will be held in Turin early in August next. The conference will last a week, but the exact day of opening is not yet fixed. At the conference held in Paris, in 1878, it was decided to hold a congress in Turin in 1880, and the Società d'Igiene di Torino has undertaken its organisation. Foreigners are especially invited to attend, and it is stated that although French is generally regarded as the official language of international congresses, yet addresses may be given in any language, and they will be translated and published in French and Italian. The general scope of the Congress is to be the same as that held in Brussels in 1876, and in Paris in 1878, but all matters of detail are left for decision until the Congress actually meets. Professor Hyacinthe Pacchiotti, Rue Saint François de Paul 25, Turin, is ready to receive the names of those interested in the Congress, and to send information. As at present arranged, the sections will be as follows:—1. General and International Hygiene; 2. Domestic Hygiene; 3. Professional Hygiene; 4. Hygiene of Schools and of Children; 5. Hygiene applied to Agriculture; 6. Hygiene applied to Industries; 7. Veterinary Hygiene; 8. Naval and Military Hygiene; 9. Safety Appliances of all kinds; 10. Chemistry, Architecture, &c., applied to Hygiene. The University and other bodies have announced their intention of throwing open their suites of rooms, museums, libraries, &c.

### The Temperance Hospital.

The yearly meeting of the Medical Temperance Society was held on Thursday, 27th May, in the rooms of the Medical Society of London. Dr. Richardson, F.R.S., President of the Society, occupied the chair. The attendance was good. The report mentioned that there are nearly three hundred members of this Society, and that the income and expenditure had been nearly equal. An address on the subject of abstinence from alcoholic drinks is to be read at Brussels in the month of August, in order to make foreign medical men aware of the tenets of English medical abstainers. Communications were made by Dr. Edmunds, on the results of treatment in the Temperance Hospital without alcohol, and by Dr. Richardson on the use of sodium alcohol in nævus, ozæna, &c. After these papers, the members of the Society paid a visit to the Temperance Hospital in Gower Street, and to the new Hospital in the Hampstead Road, when Dr. Edmunds explained the novelties in construction of the very well arranged wards, which are constructed for fifty beds.

### Case of Hydrophobia.

A young girl named M'Kinny, residing at the Rock, Londonderry, died last week from hydrophobia. The poor girl was bitten some ten days ago by a cat. Dangerous symptoms developed during the week, and she died after much agony.

### Depilatory Pomade for the Treatment of Favus.

In his thesis Dr. Claudat (*Le Progrès Medical*) proposes the following ointment for this purpose:—Lard, 25 grms.; glycerine, 5 grms.; carbonate of soda, 4 grms.; powdered quicklime, 2 grms.; powdered charcoal, 0·50 grms. After a variable period, seldom more than 10 or 12 days, the skin assumes a red tint indicating that epilation may be commenced. The hair cut to the length of two centimètres may then be seized with the fingers and removed without the least pain; a lotion of corrosive sublimate, 1 to 500, is then applied for 18 days, after which araroba ointment may be used.

### Substitute for Cod-liver Oil.

For children who absolutely refuse to take cod-liver oil, a Montmartre physician, Dr. Larmande (*La France Médicale*) institutes the following combination: Glycerine, 300 grms.; tincture of iodine, 30 drops; iodide of potassium, 30 centigrammes. A tablespoonful a quarter of an hour after each meal. The appetite returns, and constipation, if present, ceases. In delicate persons he modifies the formula by putting only 250 grammes of glycerine, and adding 50 grammes of syrup of raspberries.

### Treatment of Blennorrhagia by Injection of Chloral.

Dr. Pasqua gives the following method of treatment in the *Bulletin Générale de Therapeutique*:—He uses a solution of 1½ gramme of chloral in 120 of rose water. Two injections daily of a few minutes' duration have seemed to him sufficient. They produce at first a slight smarting, and sensation of pricking, which in two or three minutes give place to a pleasant coolness. From the third or fourth day of the treatment the desire to micturate and the erections become less painful and less frequent, the discharge diminishes, becomes more and more clear, and ceases altogether about the eighth or tenth day.

### The Causes of Croup and Diphtheria.

WRITING on this subject in the *Med. Centralzeit*, Dr. H. Struve says that, according to Bamberger and Bartels, croup and diphtheria show various transitional forms, different degrees of gravity, and can scarcely be considered as clearly distinct affections. We support this opinion all the more, because in both the affections the fever presents always the same character, the same type, that of intermittent fever. At first the fever is remittent, later it becomes intermittent; sometimes it is intermittent from the beginning. The intensity of the fever is in relation to the intensity of the local phenomena. These conclusions are based on the observation of 110 patients. From the first case, the author, noting the well-marked intermittence of the fever, thought he had to deal with affections caused by the poison of malaria, and was led to connect croup and diphtheria with this last affection. The treatment, therefore, consisted of sulphate of quinine in doses of 2 to 4 grammes daily. Although he had 82 very serious cases the results obtained by this treatment were very favourable, and in 24 hours from the administration of the remedy all danger had disappeared. Only one patient, brought in moribund, died. Christiani, in one year, treated 40 cases of diphtheria with quinine; the success was similar. Lackmund also praises the employment of quinine in diphtheria. Under the influence of quinine there supervenes after croup and diphtheria, neither paralysis, nor any other sequela. What still more connects croup and diphtheria with malaria, is that the nervous troubles following these affections, paralysis especially, generally only supervene after a fortnight or more. This is also noticed in intermittent fevers. If, then, by prolonged treatment we can eliminate the malarious poison causing the diphtheria, we shall surely ward off the sequelæ. In support of his theory, the author adduced the following facts:—A wound, which he had in his hand, became diphtheritic by accidental inoculation: about 30 hours afterwards a marked intermittent fever declared itself. When he had recovered, the author voluntarily inoculated himself with diphtheritic virus, but at the same time took from 2 to 3 grammes of quinine. No fever occurred. The author also endeavours to demonstrate the possibility of the transmission of the malarious poison from one person to another.

### The Action of Salicylate of Soda upon the Urea, and Uric and Phosphoric Acids of the Urine, in Acute Rheumatism.

THIS forms the subject of a paper by Dr. Lecorché and M. Talamon, in the *Revue Mensuelle de Médecine et de Chirurgie* for March.

The authors first briefly notice and sum up the results of the few researches recorded by previous observers as to the state of the urine after the administration of salicylate of soda. "*En résumé*," say they, "although differing as to details, all these (seven) authors, save one, agree that in a general way the salicylate of soda increases the proportion of solid matters in the urine. Some have found a diminution of urea, whilst others noted no appreciable modification of it. The uric acid was increased according to the majority, diminished according to others. One found the phosphates increased, another noticed no decided alteration of them."

They then record at length, as well as in tabular form, their own observations in ten cases of acute or subacute rheumatism treated by salicylate of soda, and the conclusions at which they arrive are thus stated:—

1. In the first period during the administration of the medicine it increases the density and colour of the urine without augmenting the quantity; to this period succeeds a second (corresponding to the discontinuance of the medicine), characterised by a polyuria more or less abundant and more or less prolonged, with rapid lowering of the density and colour below normal, and which is no other than the period of convalescence.

2. The urine remains in general acid; during the second period it is often neutral, and occasionally alkaline for a variable time.

3. The urea and uric acid undergo immediately under the influence of the medicine an enormous increase. This increase takes place generally from the first twenty-four hours; it may, in some cases, be retarded for forty-eight or seventy-two hours. It lasts for three or four days. To this elevation succeeds a progressive lowering, sometimes abrupt, which brings back the amount of urea and uric acid to the normal or lower. In subacute rheumatism, the rise in the urea and uric acid is less prolonged than in acute rheumatism, not exceeding the first twenty-four hours.

4. The proportion of phosphoric acid rises at the same time as that of the urea and uric acid. Like them its appearance may be retarded. The increase of the phosphoric acid continues longer, especially in acute rheumatism, than that of the urea and uric acid; but the persistence of the increase after the initial elevation ought not to be attributed to the salicylate; it is like the polyuria the natural and ordinary consequence of the convalescence.

### Early Viability.

IN the *Archives de Tocologie*, Prof. Bailly reports the remarkable case of a viable infant at the age of six months and twenty days. The mother had a miscarriage at the beginning of 1877, after which menstruation became regular, taking place for the last time from July 3 to 9, 1877. On January 28, 1878, she gave birth to a male infant. This was wrapped in wadding and kept in an artificial temperature. It was fed at first by diluted cows' milk, and afterwards with its mother's milk, being unable to suck at first. At its birth the ring of its father passed over its foot to near the knee, and on the thirteenth day the infant weighed 1,250 grammes. At the end of a week it began to take the breast. At the date of this report, December, 1879, the child had sixteen teeth, weighed ten kilogrammes, walked with agility, could pronounce some words, and was as intelligent as other children at that age.

## Treatment of Intestinal Catarrh in Children.

We learn from *Allgemeine Med. Zietung*, that Dr. Demme, in the sixteenth annual report of the hospital for for children at Berne, points out that in severe forms of intestinal catarrh in children who have been deprived of the mothers milk too early, and fed artificially, it is not always sufficient to put them to the breast again. In such cases alcohol, especially pure cognac, must be given in combination with creasote, opium, or benzoate of sodium. The following is his prescription:—

| | | | |
|---|---|---|---|
| ℞. | Cognac, | gram 2·5 | (38 minims) |
| | Creasote, | gram 0·01 | (about 1-6 grain) |
| | Pulv. gummosi, | gram 1·5 | (23 grains) |
| | Aq. dest., | gram 50 | (about ʒ 13) |

To be given during the twenty-four hours between the giving of nourishment. For children a few weeks old the alcohol may be increased from three to five grammes (46 to 77 minims) daily. It is the analeptic and antiseptic effect that is wanted.

The Executive Committee of the General Medical Council has been summoned to meet on Thursday, June 15, at 1 p.m.

The Harveian Oration will be delivered at the Royal College of Physicians by Dr. J. W. Ogle, on the afternoon of Friday, June 25, at five o'clock.

Lord Derby presided on Thursday last at the annual court of the Governors of the Hospital for Consumption, Brompton. The year's income was stated to have been £43,578, and the expenditure £33,040.

A Paris paper says the lectures at the Faculty of Medicine at Montpelier are daily interrupted by the boisterous and disorderly conduct of the students. Most of the professors are hooted and hissed, and great irritation is apparent on all sides. No reason is assigned.

London at the present time may claim the distinction of being the most healthy city of importance in the world. On reference to the official returns in another column, it will be seen that the death-rate in the capital of the British Empire is only 18 per 1,000 of its population of four millions; the other extreme is St. Petersburgh with a mortality of 59 per 1,000.

The Croydon Board of Health have agreed to take steps in reference to a matter now receiving great attention, viz., the spread of epidemic disease by means of schools. They have taken the preliminary steps towards gaining the concurrence of other Boards of Health and Boards of Guardians, in order that united representations may be made to the new President of the Local Government Board.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 14, Leicester 18, London 18, Brighton 18, Bristol 19, Hull 19, Nottingham 19, Leeds 19, Bradford 19, Birmingham 20, Oldham 21, Wolverhampton 21, Newcastle-upon-Tyne 22, Sheffield 22, Sunderland 24, Edinburgh 22, Glasgow 23, Plymouth 24, Norwich 25, Manchester 27, Salford 30 Liverpool 30, Dublin 34.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were —in Bombay 39; Paris 32; Geneva 21; Brussels 29; Amsterdam 26, Rotterdam 20, The Hague 23; Copenhagen 28; Stockholm 27; Christiania 22; St. Petersburgh 59; Berlin 25, Hamburg 30, Dresden 26, Breslau 28; Munich 38; Vienna 34; Buda-Pesth 41; Rome 34, Naples 35, Turin 28; Venice 26; Alexandria 50; New York 27. Small-pox caused 53, and typhoid fever 49, deaths in Paris.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 1·5 in Birmingham and 1·6 in Portsmouth and Leicester, to 5·8, 6·5, and 6·6 in Sunderland, Salford, and Dublin. Measles showed the largest proportional fatality in Sunderland, Hull, and Nottingham; scarlet fever in Dublin, Salford, and Norwich; and whooping-cough in Manchester and Salford. Only 2 deaths from measles were registered in Plymouth, whereas they had averaged 20 in the six preceding weeks. The deaths from fever (principally enteric) showed an excess in Manchester, Sunderland, Salford, and Sheffield. Small-pox caused 10 more deaths in London, 9 in Dublin, and one in Birmingham.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**Anti-Vivisection Conference.**—An Anti-Vivisection Conference was held on the afternoon of Saturday, 22nd ult., in Edinburgh, the Earl of Kintore presiding. The clerical force were largely represented, and as significant of the intelligence of the meeting and the validity of the arguments employed as emanating from the noble chairman —"They were told by vivisectionists that the lower animals must suffer for the lords, the mistresses, and the ladies of creation. His Lordship, however, did not see such an argument in God's Word; he saw rather the contrary. He thought the ass in Balaam's history would never have opened its mouth to reprove the prophet if they were to gather any such doctrine from God's Word!!" (Applause.) Resolutions were adopted recognising the duty of protecting the lower animals from cruel usage, and a petition to Parliament in terms of the same was agreed to.

**The Death-Rate of Glasgow.**—The deaths registered in Glasgow for the week ending with Saturday, the 22nd of May, were at the rate of 23 per 1,000 of the population, against 28 in the previous week. In each of the corresponding periods of 1879, 1878, and 1877, the rate was 21, 23, and 30.

**Death from Eating Shellfish at Port-Glasgow.**—A girl, seven years of age, died suddenly at Port-Glasgow on the 23rd ult., from eating unwholesome mussels.

**Health of Leith.**—The deaths in Leith for the week ending with Saturday, the 22nd ult., numbered 32, being equivalent to an annual mortality of 30 per 1,000.

**Registrar-General's Returns.**—According to the returns of births, deaths, and marriages for the week ending with Saturday, the 22nd of May, the death-rate in the eight principal towns of Scotland was 23·7 per 1,000 of the estimated population. This rate is 0·4 above that for the corresponding week of last year, and 1·1 below that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 18·6 per 1,000, and the highest in Perth, viz., 48·7 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·1 per 1,000, being slightly below that for the previous week. Whooping-cough continues the most prevalent, and caused deaths in all the towns except Greenock and Perth. Acute diseases of the chest caused 103 deaths, or 15 less than the number recorded for last week.

**Institution for Diseases of Women and Children.**—The annual meeting of the subscribers to the Glasgow Institution for the Diseases of Women and Children was held on the 27th ult., in the Religious Institution Rooms, Glasgow, Mr. James White, of Overtown, presiding. Dr. Robert Bell, the physician, submitted the second annual report, which is in the pristine style. It was explained that the main object of the Institution was to give advice and treatment to women who were suffering from diseases peculiar to their sex and unable to procure relief except from such charities, and whose ailments entailed more intense suffering than almost any other class of disease. The directors of the Institution were always willing to employ every means in their power to relieve all who were unable to pay for professional advice, and that some little success had attended these efforts was shown by the fact that out of 360 patients who had been treated during the past year, over 300 had been discharged cured or relieved, while 12 had been suffering from incurable disease, and the remainder were still under treatment. In the fact (?) that a great number of these cases which had been dismissed cured were rapidly tending towards incurable disease, but had been rescued from that, with all its attendant torture, there was cause for at least a little congratulation. There had also been treated with almost uniformly successful results 230 children suffering from a great variety of infantile complaints. The Institution was being carried on as economically as possible, but there was a sad want of more funds to make it still more useful. It was desired to have three beds occupied in the Institution, and that students should be permitted to take advantage of the invaluable opportunities thus presented of being instructed in these terrible diseases, for the treatment of which no other special agency existed in Glasgow.

**Poisoning Case at Greenock.**—On the 28th ult. a case of poisoning from hydrochloric acid was reported to the Greenock police authorities. The acid was taken by mistake for medicine. The case was that of a woman 39 years of age.

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## THE PROSPECTS OF MEDICAL REFORM.

**Mr. Mundella**, who with Earl Spencer divides the responsibilities of the Privy Council Office, has informed Mr. Errington, M.P., from his place in the House, that the Government does not intend to reintroduce the Duke of Richmond's Medical Bill, or to re-appoint the Select Committee which has been investigating the subject. But, he says, the Government will consider the question of Medical Reform during the recess with a view to a legislative settlement of it when the Parliament of 1882 meets. This declaration of the Vice-President of the Council is undoubtedly a most ominous one, not only to medical reformers and the profession, but in a still greater degree for the existing licensing bodies and the teachers of students. We greatly regret that the Government has decided not to allow the Select Committee to complete its labours, because it is to be feared that the Government and Parliament may form their ultimate judgment to some extent upon the fragmentary evidence which appears in the Blue Book, and, if they do so, there will certainly be a failure of justice in the matter. If the Committee had never been appointed the question could quite fairly have been settled without it, because upon the principal questions of conjoint examination and direct representation there was not and is not any material difference of opinion amongst medical men. There is, of course, a vigorous section whose interest it is to maintain the *status quo* with its redundant lectures and lecture fees, and its lucrative diploma traffic, uncontrolled by the Medical Council; and there is another active minority interested in keeping that Council in its present condition of a well-paid conversation club, but deducting these two parties, which are numerically insignificant, though individually influential, there is really no division of opinion within the profession, and it was therefore, we think, a waste of time to enter upon an extended inquiry respecting the demands or wants of medical men. But the investigation was entered upon at the instance of the Scotch licensing bodies, who saw in it a means of delaying and defeating reform, and having been entered upon, it should, in justice to all parties, have been completed, and the testimony of all who have a right to speak upon the subject ought to have been heard. As it is the testimony delivered before the Select Committee and printed in the report is altogether one-sided, unsatisfactory, and unreliable. Thirteen witnesses were heard, of whom no less than nine were members or officials of the Medical Council. Two of them may be assumed to have represented the London College of Surgeons; one, the London College of Physicians; three, the Irish College of Physicians; and one, the Edinburgh College of Physicians. As might be expected, the Committee has had to listen to a laudation *ad nauseam* of the General Medical Council, and of the present system of licensing competition; and to the assurance that the demand for conjoint examination and direct representation is nothing more than unmeaning clamour, which ought not to be listened to. On the other side—that of the general practitioner—three witnesses, who were by no means of one mind on the subject of medical reform, were heard, but not a single witness was heard from the Irish College of Surgeons or the Irish medical profession at large, nor from the Medical Alliance Association, the authors of Dr. Lush's Bill. In fact, the case for the defence has been heard in advance of that for the plaintiff, and the case for the prosecution has scarcely opened when the court rises, leaving on the mind of the public the false impression conveyed by the uncontradicted evidence of one side. We profoundly regret that this is so ; and we take this, the earliest occasion, to repudiate *toto cœlo* the evidence contained in the Blue Book as representing with any approach to truth the opinions of the medical profession in any part of the kingdom.

The decision of Government as announced by Mr. Mundella is—as we have said—most ominous for the licensing bodies. He has spoken of the intention of Government to deal with the questions of medical education and qualification, and has inferred that they would do so without the form of a Select Committee or any further extended inquiry. We know already the lines upon which a Liberal Ministry proposed to settle the question in the year 1872, when the Marquis of Ripon took the matter in hand. We know that it was his proposal to make the central conjoint examination the one thing necessary for registration, and to abolish for ever the necessity for any degree or diploma whatever as a title to practice, and we know that the inevitable effect of such a proceeding would be to reduce every licensing body in the kingdom to the *status* of a club for the accommodation of those who would take the higher degrees.

It will be well for the licensing bodies and for the General Medical Council to look calmly upon the probabilities of this policy being now resumed, and to bear in mind that the Ministry which includes Mr. Gladstone, Sir Charles Dilke, and Mr. Chamberlain, and which has entrusted medical affairs to Mr. Mundella, is not likely to be as tender towards obstructive vested interests as were the Duke of Richmond and Lord George Hamilton.

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## THE ANNUAL GENERAL MEETING OF THE IRISH COLLEGE OF SURGEONS

Was held on Monday last, and was largely attended, the provincial Fellows being in much greater force than usual to support a resolution of Dr. Brunker, in favour of proxy voting. This resolution was regarded with much interest, and as it was anticipated that there would be an animated debate on it, a large gathering of the Fellows was present. The resolution is too long for publication to-day. It recommended the Council to take steps to have voting by ballot papers legalised. The annual report of the Council was adopted without controversy, and Dr. Brunker proposed his motion, which was seconded by Dr. Boxwell, of Wexford, and supported by Dr. Martin, of Portlaw, Dr. Kelly, of Drogheda, Dr. H. M. Jones, of Cork, and others. Dr. Jacob addressed the College in the first instance, against it urging that its effect, if adopted, would be to encourage the Fellows to absent themselves from the College meetings, and thus, at the same time, injure the College and the individual member. The Vice-President, Dr. MacClintock, Mr. MacNamara, Mr. Stokes, Dr. Thornley Stoker, and others, spoke in support of Dr. Jacob's view. Eventually, on a division, the motion was rejected by a large majority. Dr. Jacob then moved :—

"That it be recommended to the Council to take such steps as may be necessary for the holding of the Annual General Meeting of the College on the Saturday preceding the first Monday in the June of each year, in order that the attendance of Fellows who reside at a distance may be encouraged."

This resolution was adopted *nem. dis.*

Mr. Tufnell then moved that the following addition be made to the ordinance which prohibits Fellows consulting with homœopaths :—

"Nor shall he directly or indirectly have any professional communication with such persons."

This proposal was seconded by Dr. William Carte, and—after some remarks from Mr. MacNamara—wa adopted.

The College then adjourned.

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At a meeting of the Court of Examiners of the Royal College of Surgeons in Ireland, held in March last, Robert Samuel Hudson, M.D., L.R.C.S.I., of West End, Redruth, having been solemnly and publicly examined on two separate days, was admitted a Fellow of the College.

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## THE SANITARY INSTITUTE.

The annual meeting of the Sanitary Institute of Great Britain was held on Saturday last in the hall of the Society of Arts, to elect officers and receive the annual report and financial statement. The chair was occupied by Dr. B. W. Richardson, F.R.S.

The statement of accounts for the year ending December 31, 1879, showed a great increase in the balance of funds in hand as compared with previous years. Up to the present time the funds and property of the Institute have not been invested as was intended on its formation, but the Council offered for election as trustees three gentlemen who were willing to undertake that responsible position, Dr. Richardson, Sir A. Brady, and Mr. T. Salt. The names of the following gentlemen were submitted to fill vacancies on the Council :—Dr. A. Carpenter (Croydon), Mr. W. Hopton Ellis, Mr. R. B. Grantham, Mr. George Palmer, M.P., Mr. T. Salt, and Mr. W. Crookes, F.R.S. Mr. G. J. Symons, F.R.S., has been elected Registrar in place of Dr. L. Marsh. It was stated that arrangements were nearly concluded as to the occupancy of more commodious offices. The sum of £200 as a prize for an essay "On the Ranga of Hereditary Tendencies in Health and Disease" having been offered by the Rev. E. Wyatt-Edgell, a notice on the subject has been widely circulated at home and abroad. The essays must be sent in before August 1, 1880.

The Chairman said the work of the Sanitary Institute had gone on vigorously during the past year, and with a considerable amount of success. They had done as much as they could, and if it was said that that was little, their reply was that voluntary efforts had to wait for Governmental. It was the legislator who should move and bring into practice what that Society had been endeavouring to advance in principle. They did hope when the late Government came into office that the voice with which its coming labours were announced—a voice then supreme in command—and which declared solemnly and loudly, "*sanitas sanitatum omnia sanitas,*" would not be a mere voice. In that expectation they had been sorely disappointed. The years had passed, the voice and nothing else had been revealed. He trusted that a new Government, strong, ambitious, powerful, and professedly homely in its intentions, would be more ready to carry out the great purpose embodied in the cry, "*sanitas sanitatum omnia sanitas.*" There seemed to be a great deal for a Government to do, but most of the difficulties were apparent only, and would quickly pass away if they were boldly met. But they must begin on a new basis. All the present divided intrreets and offices of health connected with Government must be brought under one department, with a responsible Minister of Health at its head. The Health Departments of the Local Government Board, of the Home Office, of the Privy Council, of the Registrar-General (with a registration of disease), together with the official meteorological records, and other similar or allied functions required to be put under a central board, with efficient directors for each section, and a competent energetic presiding chief over the whole. Then in a few years the life history and the life value of this nation would be understood with a discernment and understanding of which at present we had no conception, and with results which would be as momentous as they were unexpected by the masses of the people. It must be a part of their work in the coming year earnestly and respectfully to urge this course on the Government, and if the press would continue to give its all-powerful and ready help, it could hardly fail but that some useful advancement would be the outcome of their importunity and restless determination to make national health the bank of national wealth and future ascendancy.

On the motion of Mr. E. Chadwick, seconded by Captain Galton, the report, as adopted, and the ballot for the officers of the society was taken.

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# Literature.

## DR. FRANKLAND ON WATER ANALYSIS. (a)

It has doubtless struck many persons not well versed in the progress of chemistry, as strange that the modern water analyst should lay so much stress on the presence in water of chlorides, nitrates, and ammonia, when these compounds are inorganic and perfectly harmless; and also why it is that, whereas a few years ago chemists said plainly, "this water contains so much organic matter," that now "organic matter" should be estimated from the "organic elements," "oxygen consumed," or "albuminoid ammonia." The reason of this change is, that, the different processes which have promised to certify the weight of organic matter in a water have proved unreliable when investigated, and at the present time no process is known by which the actual weight of the organic matter can be arrived at. So far as the public is concerned this is perhaps a misfortune, but to the chemist it is of less moment, for although the actual weight of organic matter cannot be determined, yet it is still possible by estimating the amount of organic carbon in water, or the amount of oxygen it will abstract from potassic permanganate, to get a comparative measure of the quantity, while the presence of chlorine (from the salt in the water) and of the nitric acid and ammonia, act as tell-tales and meters of the presence of sewage and animal matter respectively. Indeed, every item in a water analysis is undertaken with an object and reveals a fact. Now although this is very interesting when it is known, it is evidently a language that must be thoroughly understood and read by the medical officer of health and the sanitarian. It is almost impossible now-a-days for any question about water to be broached without the analysis or report of some chemist or another being brought forward and commented on, and it is manifestly most desirable that those who are called upon to advise on such matters should be able to appreciate the chemist's arguments, and criticise the data he furnishes for themselves. To do this properly they must know something of the theory of water analysis, and must bear in mind, or have at hand, the arbitrary standards which experience suggests as valuable in classifying waters. Dr. Frankland, in his recently issued work on Water Analysis, enters very fully and very clearly into this part of his subject, previous to describing the experimental means by which the data may be arrived at, and we can conscientiously recommend it to any one seeking information of the nature we have indicated. The practical part of the book is divided into two parts. The first contains descriptions of simple processes in which gas apparatus is not called for. The second part is devoted to the explanation of the sensitive, though somewhat difficult methods which are peculiarly Dr. Frankland's own. Last, it is pleasing to state, that in this work on Water Analysis the Appendix forms a really useful addition to the book. It contains in particular a reprint of the summaries and conclusions of the Rivers Pollution Commissioners, and some of the more important analytical tables on which these conclusions were based. There are also tables of typical analysis and comparative analysis of the water supplies of one or two of our more important cities. The book is truly a *multum in parvo* of information on water analysis.

# Obituary.

## ALFRED SWAINE TAYLOR, M.D., F.R.S.

It is with the greatest possible regret we have to announce the death of the veteran toxicologist, whose name is indissolubly connected with the chief advances in modern jurisprudence. The news that Dr. Taylor is no more comes somewhat quickly on the announcement we recently made of his illness, but his advanced age rendered it only improbable that he would be able successfully to overcome the disease which attacked him. Dr. Taylor was a Graduate of St. Andrews, in Medicine, Fellow of the Royal College of Physicians, Member of the Royal College of Surgeons, and Licentiate of the Society of Apothecaries. He was also a Fellow of the Royal Society. At one time he occupied the chair of Medical Jurisprudence at Guy's Hospital. He is best known, however, and will long be familiar to the student through his matchless work on the "Principles and Practice of Medical Jurisprudence," and the hand-book on "Poisons," which forms part of every medical students' library. The late Dr. Taylor was eminently a man of research. The practice of medicine possessed no charms for him at all equivalent to that of pursuing scientific truths, and few can venture to deny that the world at any rate has been infinitely enriched by the devotion of this one man. Save Cooper, the author of the Forensic Medicine, translated for the New Sydenham Society, there could be named no one whose opinion on any matter of medical jurisprudence would be equal with that of Dr. Taylor. English science has reason to be proud of one who did so much to make it shine resplendent; the medical profession, while regretting the loss of one of its brightest ornaments, must yet rejoice in the honour reflected on it by the lustre of his works.

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# Medico-Parliamentary.

## HOUSE OF COMMONS.—Thursday, May 27.

### MEDICAL EDUCATION AND REGISTRATION.

Mr. **Mundella**, in reply to Mr. Errington, stated that the whole subject of the Medical Acts was last year referred to a Committee, and it was not the intention of the present Government to introduce a Bill this session on the subject of medical education and registration. The question would be fully considered in the recess.

### THE NOXIOUS VAPOURS COMMISSION.

Mr. **Dodson**, in answer to Mr. W. Egerton, said the subject of the recommendations of the Noxious Vapours Commission had been under his consideration, but that he was not prepared to say whether the Government would bring in a Bill to amend and extend the Alkali Acts and give effect to those recommendations during the present Session. It would depend on the progress of the business.

## Friday, May 28th.

### VACCINATION IN IRELAND.

On the vote of £318,417 for the Local Government Board, including grants in aid of local taxation,

Mr. **Dawson** called attention to the insufficient supply of pure lymph for vaccination purposes, and to the inadequate remuneration allowed to medical officers in Ireland, which he complained tended to prevent the full development of the vaccination system, and therefore encouraged rather than retarded the spread of small-pox, especially in the city of Dublin. The hon. member intimated his intention of moving to reduce the vote for England by way of protest against the manner in which Ireland was treated with regard to vaccination, but offered to withdraw his opposition if the Government would promise to increase the Irish vote when the committee reached it.

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(a) "Water Analysis for Sanitary Purposes. With Hints for the Interpretation of Results." By E. Frankland, Ph.D., D.C.L., F.R.S. London: Van Voorst.

Mr. Dodson could hold no such promise.

Mr. Dawson disclaimed any desire of offering a factious opposition to the Government, but in the absence of a satisfactory assurance from them he felt obliged to move the reduction of the present vote by the sum of £7,800. He moved this reduction accordingly.

Mr. W. E. Forster promised that attention would be paid to the subject between this and next year. He had not before heard of the danger of disease from small-pox in consequence, as the hon. member had said, of the vote for vaccination purposes being insufficient.

Mr. Dawson therefore withdrew his amendment.

### Monday, May 31st.

### THE METROPOLITAN WATER SUPPLY.

The Home Secretary (Sir W. V. Harcourt) in reply to a question of Mr. Brand, stated that the question was of such a complicated nature, and contending interests were so many, that the Government had decided to ask the House for a Select Committee to carry out a thorough and searching inquiry. It would, moreover, be for the Committee to determine whether the purchase of the undertakings of existing Water Companies was the only or best alternative, and whether it might not be desirable to obtain from other sources a better supply at a cheaper rate.

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## Medical News.

**Royal College of Surgeons of England.**—At the last meeting of the Council the following member of the College was elected a Fellow, viz. :—

William Lees Underhill, Tipton Green, Staffordshire.

The following candidates having passed the required examination, were duly admitted Members of the College at a meeting of the Court of Examiners on May 20th :—

William Laird Cox,
John Chislet Culling, L.S.A.,
Donald Douglas Day,
William George Evans,
Walter Gray,
Walter Augustus Hume, L.S.A.,
H. J. Dempster Innes,
Hubert Montague Murray,
John Michael Nicholls,
Wallace Petherick,
Benjamin Poulton, M.B.,
Henry Rees,
James Benjamin Rusher, L.S.A.,
Horatio S. R. Sparrow,
Francis Tichborne Wilkinson.

Of the 87 candidates examined, 46 passed to the satisfaction of the Court, and obtained their diplomas ; 4 passed in surgery, and when qualified in medicine will be admitted members ; the remaining 37 failed to reach the required standard, and were referred for six months' further professional study. Five candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or licence recognised by the College, were also admitted Members.

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## NOTICES TO CORRESPONDENTS.

Mr. Wood is cordially thanked.

Dr. Phillips.—We opine much will depend upon the result of the election for measures of reform.

Royal College of Surgeons of England.—Wednesday, June 2, at 4 p.m., Prof. Butlin, "On the Relations of Sarcoma to Carcinoma."

Obstetrical Society of London.—Wednesday, June 2 at 8 p.m., Specimens will be shown by Dr. Chalmers, Dr. Galabin, and others.—Papers: Dr. Charles Carter, "On Extra-uterine Fœtation."—Dr. Graily Hewitt: "Report on Sixty-seven Cases of Uterine Distortion or Displacement, treated during seven years at All Saints' Institution."

Mr. G. E. Murray.—If possible, but circumstances at present unforseen may affect the decision.

Epidemiological Society.—Wednesday, June 2, at 8 p.m., Annual General Meeting; Election of Officers; Report of the Council.—Surgeon-General C. R. Francis, "On Endemic Plague in India."

Dr. Joseph R.—The first mentioned was published, we believe, ten years since by Mr. John Churchill; the second is an American pirated edition, and probably unattainable in this country. The last on the list has only appeared in French, a second edition of which is, we understand, in preparation by Messrs. Baillière & Co.

Royal College of Surgeons of England.—Thursday, June 3, at 4 p.m., Prof. Butlin, "On the Relations of Sarcoma to Carcinoma."

A Provincial Practitioner.—The subject was introduced to the Medical Council some four years since, we believe, by Dr. Quain, but no decision was arrived at.

Royal College of Surgeons of England.—Friday, June 4, at 4 p.m., Prof. Butlin, "On the Relations of Sarcoma to Carcinoma."

Royal Institution.—Friday, June 4, at 8 p.m., Evening Meeting.—9 p.m., Mr. H. H. Statham: "An Analysis of Ornament."

Easily Pleased.—A local newspaper editor in the North of Ireland says: "We are *much pleased* to learn that Mr. ——, son of our patriotic townsman, ——, Esq., T.C., who is concluding his medical studies, has passed the primary examination of the College of Surgeons, and is now *eligible to present himself* for the diploma of Member. We beg to congratulate Mr. —— on his success, which must be a source of the *greatest gratification* to his immediate relatives, and *of joy* to all who had the pleasure of his acquaintance."

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### VACANCIES.

Carrickmacross Union, Raferagh Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, June 11.

Gateshead Dispensary.—Assistant Surgeon. Salary, £120, with board. Applications to the Hon. Sec. by June 15.

Mullingar Union, Multifarnham Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, June 7.

St. Mary's Hospital, Paddington.—Assistant Physician. Honorary. Applications, under cover, to the Secretary, before June 10.

Ventnor Consumption Hospital. Dispenser. Salary, £40, with board and residence. Applications to the Secretary, 12 Pall Mall, London, S.W.

Whitehaven Infirmary, Cumberland.—Resident Surgeon. Salary, £150. Applications to the Secretary before June 25.

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### APPOINTMENTS.

Beck, J. H. M., M.B. & C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Brown, Mr. W., House Physician to the Glasgow Royal Infirmary.

Cox, F., L.R.C.P. & L.R.C.S., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Cummins, W. E. A., M.D., M.Ch., Q.U.I., House Surgeon to the South Charitable Infirmary, Cork.

Davison, J. T. R., M.B., a Resident Physician to the Royal Infirmary, Edinburgh.

Downie, Mr. J. W., House Physician to the Glasgow Royal Infirmary.

Ford, A. V., L.K.Q.C.P.I., M.R.C.S., one of the Surgeons to the Outpatient Department of the Royal Portsmouth Hospital.

Greves, E. H., M.B., Non-resident Surgeon's Clerk to the Royal Infirmary, Edinburgh.

Harris, F. W. H. D., M.R.C.S.E., House Surgeon to the West Kent General Hospital, Maidstone.

Hodsdon, J. W. B., L.R.C.P., a Resident Physician to the Royal Infirmary, Edinburgh.

Holland, J., L.K.Q.C.P., L.F.P.S.Glasg., Medical Officer to the Dungarvan Union Workhouse.

Hughes, Mr. T. W., House Surgeon to the Glasgow Royal Infirmary.

Jackson, Mr. W., House Physician to the Glasgow Royal Infirmary.

Jones, Mr. J. E., House Physician to the Glasgow Royal Infirmary.

Lindeman, S. H., M.R.C.S.E., House Surgeon to the West London Hospital, Hammersmith.

McCall, Mr. J., House Surgeon to the Glasgow Royal Infirmary.

McFarlane, Mr. W., House Physician to the Glasgow Royal Infirmary.

Miller, H. L., L.R.C.P.Ed., L.R.C.S.Ed., House Surgeon to the Oldham Infirmary.

Templeman, C., M.B. & C.M., a Resident Surgeon to the Royal Infirmary, Edinburgh.

Till, G. W., L.R.C.P.Ed., House Surgeon to the Kidderminster Infirmary.

Walker, Mr. J. M., House Surgeon to the Glasgow Royal Infirmary.

Wells, A. P. L., M.R.C.S.E., Resident Surgeon to the Royal Infirmary, Edinburgh.

Wood, Mr. A. F., a Resident Physician to the Fever Hospital of the Royal Infirmary, Edinburgh.

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## Births.

Johnston.—May 26, at Holywood, co. Down, the wife of David Johnston, M.D., of a daughter.

## Deaths.

Birney.—At Nenagh, co. Tipperary, Mary Sophia, the wife of Adam Birney, M.R.C.S.Eng.

Curtin.—May 25, at Clane, co. Kildare, Patrick Curtin, L.R.C.S.I., late R.N.

Connor.—May 24, at Moira, co. Down, after a lingering illness, James Stewart Connor, L.F.P.S.Glasg., aged 76.

Dashwood.—May 15, at Norwich, Charles Burton Dashwood, M.R.C.S., formerly of Great Yarmouth, in his 73rd year.

Edwards.—May 16, at Tower street, King's Lynn, John May Edwards, Surgeon, aged 62.

Farnfield.—May 26, at 3 St. Saviour's Road, Brixton, Walter Edmund Farnfield, Surgeon, aged 33.

Grealy.—At Dranmore, co. Galway, Joseph Grealy, L.R.C.P.Ed., aged 24.

Greatrex.—May 8, at Eccleshall, Christopher John Greatrex, Surgeon, in practice before 1815, aged 90.

Heney.—April 22, at Bathurst, Gambia, West Coast of Africa, Thomas Henry Heney, L.R.C.S.I., Colonial Surgeon.

Hills.—May 24, at 34 Bridge Road West, Battersea, S.W., George Hills, M.D., F.R.C.S.Eng., from cardiac disease, aged 73.

Imlach.—May 14, at 1 Abercromby Square, Liverpool, Henry Imlach, M.D. Edin., aged 64.

Maxwell.—May 20, at Derrylin, co. Fermanagh, James Maxwell, L.R.C.S.Edin., formerly Staff Assistant Surgeon 2nd Queen's Royal Regiment.

Payne.—May 21, at The College, Northfleet, Charles William Payne, M.R.C.S.E., late of Hoxne, Suffolk, aged 74.

Tabuteau.—May 23, at Portarlington, Queen's County, Anna Maria, relict of A. E. Tabuteau, J.P., F.R.C.S.I.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 9, 1880.

## CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Remarks on Diseases of the Cerebellum. By J. Hughlings-Jackson, M.D., F.R.S., Physician to the London Hospital, and to the National Hospital for Epilepsy and Paralysis ..... 469

Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department ..... 471

CLINICAL RECORDS.

St. Mary's Hospital—Case of Myxosarcoma of Lower jaw, recurring after removal with most extensive Secondary Deposits in Glands, Brain, Liver, and Lungs, rapidly producing fatal result. Under the care of Mr. A. Trehern Norton. Communicated by Mr. Parsons, House Surgeon ..... 473

TRANSLATIONS.

The Graphoscope as an Instrument for the Diagnosis of Asthenopia. By M. Giraud-Teulon. Translated by Archibald Hamilton Jacob, M.D. Dub., F.R.C.S.I., Oculist in Ordinary to His Excellency the Lord Lieutenant of Ireland; formerly Ophthalmic Surgeon to the City of Dublin Hospital and the Dublin Eye Infirmary ..... 474

TRANSACTIONS OF SOCIETIES.

Association of Surgeons Practising Dental Surgery—

Improved Instrument for Administering Nitrous Oxide Gas ..... 475
Polyscope ..... 475
Suppurative Disease of Jaw ..... 475
Peri-odontal Deposit of Mercury ..... 475

SPECIAL.

Imperial Reisling Wines ..... 475

LEADING ARTICLES.

The York Road Lying-in Hospital ..... 476
Dublin Sanitation ..... 478
Bromide of Ethyl as an Anæsthetic ..... 479

NOTES ON CURRENT TOPICS.

The Horse Show ..... 479
The Profession at the Levee ..... 480
Exchanges between Army Medical Officers 460
Bromide of Ethyl ..... 480
Measles in Plymouth ..... 480
Influence of Electricity on Bacteria ..... 481
An Uncured Pilgrim ..... 481
Provincial Fellows in the Council of the Royal College of Surgeons of England .. 481
Collapse Successfully Treated by Subcutaneous Injection of Atropine ..... 481
Small-pox in Paris ..... 482
Inhalations of Benzoate of Ammonium in Pulmonary Phthisis ..... 482
Underground "Vaults" ..... 482
"Death in the Frying Pan" ..... 482
Metropolitan Asylum for Imbeciles ..... 483
Pharyngeal Tuberculosis ending in Lupus 483
Asses' Milk in Infantile Diarrhœa ..... 483

SCOTLAND.

Health of Edinburgh—Death-Rate of Glasgow—Edinburgh Royal Infirmary—Registrar-General's Returns—Death of Dr. Thomas Milne ..... 484

LITERATURE.

Transactions of the Pathological Society of London ..... 485
Illustrations of Pathology ..... 487

Correspondence ..... 487

Obituary ..... 488

St. John's Hospital v. Dr. Hoggan and the Medical Press and Circular ..... 489

Notices to Correspondents ..... 489

# Original Communications.

## REMARKS ON DISEASES OF THE CEREBELLUM. (a)

### By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the London Hospital, and to the National Hospital for Epilepsy and Paralysis.

*(Concluded from page 449.)*

Probably also different spinal movements suffer, or suffer more in different cases, according to the exact seat of the cerebellar lesion.

We shall find that just as the epileptiform seizure is the mobile counterpart of hemiplegia, so tetanus is the mobile counterpart of the paralysis, which, in early stages, necessitates the reel.

Let us once more speak of locomotion. If we observe very rapid locomotion, we see how wide the muscular action is; the trunk is bent forwards, respiration is suspended for short periods, the arms, which are evidently in action in walking, and, as Duchenne and Marey have insisted, not merely in pendulum action, are in running in very strong alternate action; they are in wide action, the activity extending even to the fingers (professional runners carry cork in their hands to prevent their nails hurting their palms), the muscles of the face and jaws are in action, circulation must necessarily be affected. To say, then, that the cerebellum represents the movements of locomotion is equivalent to saying that it represents the movements of all, or nearly all, parts of the body. And if so, tetanus, however wide the spasm, may plausibly be put down to discharge of some part of this organ, as a discharge of the most special and complex of the nervous arrangements for locomotion. The order of spreading of the spasm in tetanus follows, if not closely, yet generally, the order in which the parts get into increasing activity in locomotion, from walking to swift running. Thus, then, the paralysis existing in the cerebellar reel, pairs off with cerebral hemiplegia, and tetanus (cerebellar convulsion) with the unilaterally beginning epileptiform seizure (cerebral convulsion).

Tetanus is, then, on this hypothesis an excessive and brutal development of movements of locomotion. At first glance it might occur to one that if the cerebellum represents locomotor movements, there should result in its discharge, walking or running. But we are speaking of excessive discharge, and probably of parts only of the cerebellum. In a cerebral convulsion due to excessive discharge parts representing movements of the limbs, there do not result movements properly so-called, but spasms, a contention of movements. Similarly, in tetanus innumerable movements of locomotion are, so to speak, run up into one big movememt of the greater part of the body; or, strictly speaking, many movements are contending against one another; there is produced by the central discharge comparatively little molar movement. Only when some muscles are in the act of getting most of their own way, only then is there any Work done in the sense of producing motion against resistance, whether that be resistance popularly so-called or the weight of the part moving.

There is still another comparison and contrast to be made. In some cases of hemiplegia there ensues persisting rigidity of the paralysed muscles; there is a double condition, a negative one and a positive one; there are together paralysis and continuous tonic spasm. The hypothesis suggested is that paralysis is owing to cerebral lesion, and the spasm to unantagonised cerebellar influence; there is cerebral paralysis of the same muscles which are subjects of cerebellar spasm. Now, similarly, in some cases of cerebellar paralysis there ensues persistent tonic spasm of the parts paralysed: here it is supposed that the paralysis is owing to the cerebellar lesion and the continuous tonic spasm to unantagonised cerebral influence. It will be observed that these rigidities are very different from *paroxysms* of convulsion or from paroxysms of tetanus.

The above may be taken as hypothetical. There are some other matters to be considered in this relation. Let us see how the tetanus resembles and differs from the commonest variety of unilaterally beginning cerebral convulsion. In other words, what is the difference betwixt the effects of a discharge of some part of the cerebrum, and what is supposed to be discharge of some part of the cerebellum.

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(a) I would here draw attention to a very important article on Tumours of the Cerebellum by Dr. Stephen Mackenzie, which has recently appeared in the *Lancet*.

First for resemblances. In each there manifestly is an abnormal (an excessive) nervous discharge, very great liberation of muscle energy by nerve-cells. This is the basis for the comparison betwixt the two. The basis for contrast is the different seat of the discharge. In the former the discharge is unquestionably of some part of one cerebral hemisphere; it is suggested that in the latter it is of some part of the cerebellum. In the former consciousness is lost, *i.e.*, when the discharge is strong enough, when the convulsions have become widespread; in the latter, consciousness is not affected at any stage. The contrast as to order of spreading and distribution of spasm is very interesting. The two seizures are, so to speak, corresponding opposites. In the former the spasm begins in those parts which are most unilaterally acting in health; in the latter in parts which are bilaterally acting in health, although one side may be acting more than the other, as in turning the head to one side or during lateral inclinations of the trunk. In the former the spasm becomes bi-lateral—*i.e.*, if the discharge be strong enough; in the latter, as much as there is of it is bi-lateral to start with. Putting some of these remarks roughly in another way, we may say that the spasm in the former affects one of the limbs first, the spasm in the latter affects the trunk first. In the former, it spreads from one limb to both sides of the trunk, and then to the limbs of the other side; in the latter, from both sides of the trunk to the limbs of both sides. In the former, the arm is first and most affected; in the latter, the leg. In the former, the spasm goes from the fingers up to the arm; in the latter, when it does reach the limbs it increases down towards the fingers and toes.

"The muscles of the extremities are less frequently the seat of spasm than those of the neck and trunk, *and the wrists and hands are very seldom affected* (no italics in original)—(Curling, "Treatise on Tetanus," p. 10). Mr. Morgan, quoted by Poland, says:—"But notwithstanding the continued and powerful contraction of muscular fibre in the limbs, it will be found that the wrists and fingers are but little affected; the ankles and toes, however, suffer occasionally from the effects of the disease."

There are still other ways of considering the differences. In the former the spasm affects, first, that part (the hand) which has the greater number of different movements at the greater number of distinct intervals—most changing movements; the latter affects, first, parts which have the fewer different movements and most of whose movements are more nearly repetitions (although in various degrees) of one movement; the movements glide into one another—nearly continuous movement. In other words, and using for a moment terms borrowed from pathology to describe normal conditions of movement, we may say that the former affects first a part (hand) the healthy movements of which are chiefly clonic; and that the latter affects parts the movements of which in health are chiefly "tonic." (The movements by which the spine is braced up in the sitting and walking of the healthy constitute a quasi-physiological tonic spasm.) The spasm itself in either case can only be a development, however morbid it may be, of the healthy movements; and the morbidness is in the rapid excessive development of many movements at once. Whilst the range or locality of spasm shows us what orders of movement are represented in the part discharged, the kind of spasm shows us the time relation under which movements are therein represented. The spasm of the former is tonic, quickly followed by clonic (it is chiefly clonic), being a development of movements which in the healthy are very changing; in the latter it is altogether tonic, except, perhaps we should say, for that distant resemblance to clonic spasm shown by occasional increases and wider spreadings of the otherwise continuous tonic spasm it is a development of movements which are in health more nearly continuous with, or merging into, one another.

Among other parts there is a representation in the cerebellum of movements of the eye-balls. The movements I call locomotor (symbolic of locomotor movements) are those of convergence and divergence, with lowering of the eyes in convergence and raising of them in divergence. I arrived at the conclusion that what may be called locomotor movements of the eyes were represented in the cerebellum (*Lancet*, Feb., 1873) before Ferrier began experiments which demonstrate representations of movements of the eyes in that part of the nervous system. There is also a representation of ocular movements in the cerebrum. There are, I think parallel movements for the estimation of the superficial extension of objects and of what we may call superficial space. The parallel movements of the eyes (those for superficial extension) are continually changing, whereas in the estimation of degrees of distance there is more nearly one movement, although an infinite number of degrees of that movement. (The ciliary muscle has but one movement.) Those in the cerebellum are for the estimation depth of bodies (represented in pictures by shade), and that "depth of space" which we call distance. The former are associated with movements of our chief tactual organs; the latter, as I think, with our locomotor movements; (a) the former come to be symbolic of superficial "depth" and distance, and resistance, which last is arrested locomotion. Our idea of the hardness of a body arises during the effort to make a farther degree of locomotion. (b)

I make the above remarks as to the movements of the eyeballs now, partly in order to note an apparent discrepancy betwixt my speculation as to the representation of certain movements in the cerebellum and the symptoms of tetanus. According to most authorities there is no spasm of the eyes in cases of tetanus; what one would theoretically expect is a rigidity of the muscles fixing them, but this has rarely been observed. However, Bristowe says: "The muscles of the tongue and eye-balls, and those which move the hands and feet *usually* escape or are implicated *late* and to a *slight extent*." ("Theory and Practice of Medicine," p. 1090.) This shows by the way that the muscles which escape or suffer least and latest are those muscles which suffer first and most in convulsions. One would only expect on the hypothesis that these movements would suffer in extreme cases of tetanus, *i.e.*, where the spasm had obtained its widest range; it is to be noted that these muscles are small.

There are, however, three chief varieties of unilaterally beginning convulsions from cerebral disease—(1) those beginning in the hand; (2) those beginning in the face, or tongue, or both; (3) those beginning in the foot. Probably, therefore, we ought for thorough and exact contrast, to seek cases of tetanus varying as to the exact part first seized.

Showing that tetanus is an "inverted" cerebral convulsion would not prove it to be owing to cerebellar discharge. There is the evidence already given to be considered. I have, however, never seen anything like a tetanus-seizure from disease of any part of the cerebrum, with one exception. On the other hand I have reported cases of tumour of the middle lobe of the cerebellum, in which seizures practically identical with surgical tetanus were noted by myself and by Dr. Stephen Mackenzie.

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(a) Believing this distinction to be generally true, I would suggest a qualification. I think, as stated already, that certain locomotor movements, those such as putting out the hand, which do not require displacement of the organism as a whole (movement) from the place occupied, are represented in the cerebrum, and thus I should expect movements of the eyes symbolic of such locomotions to be also represented in the cerebrum.

(b) We must not confound touch with resistance. By an act of locomotion of our arm we estimate the distance of an object from us, and by continuation of locomotion, or an attempt thereat, we estimate resistance, which is the physical basis of our knowledge. Touch is concerned with estimating relations of resisting positions or sensations accompanying resisting positions one to another.

Cases of tetanus in which nothing is discovered post-mortem have, of course, no bearing on the morbid anatomy of this affection.

The exceptional case above alluded to was that of a boy, an account of whose illness and the autopsy was read at a meeting of the Harveian Society. In this case there was a vast cerebral tumour of the left side of the brain; there had been hemiplegia, of slow onset, for more than a year; there was blindness from double optic neuritis. The tetanus-like seizures only occurred on the day of the lad's death. There was very large effusion of serum into the lateral ventricles, which, with the tumour, doubtless caused great enlargement of the head, another symptom present in the case. Now, in this case, no disease of the cerebellum was discovered. The specimen was examined by Dr. Gowers.

I have carefully drawn attention to some objections which may be taken against the opinion that the tumour of the middle lobe of the cerebellum (*i.e.*, instability of nerve-cells round about the tumour) caused the tetanus-like paroxysms in the cases alluded to. In such cases the subjacent medulla oblongata may have been compressed or otherwise altered. Again, the tumour may have affected the adjacent corpora quadrigemina (they are deformed by extension and superficial space; the latter, symbolic of pressure in some cases). The latter is important, as Ferrier has produced tetanus-like states from faradisation of these bodies, but not from faradisation of the cerebellum. There is a matter worth alluding to in this connection.

We have compared a unilaterally beginning convulsion with tetanus; but there are cerebral convulsions, as those of "genuine epilepsy," which are, or are very quickly, bi-lateral, in which the spasm is more nearly contemporaneous on the two sides, and more nearly universal at once. In those of these convulsions which begin with loss of consciousness, the discharge must begin in some part of the highest cerebral centres. The highest centres are supposed to re-represent all lower centres in intricate combinations, to represent more numerous different movements at more numerous different intervals. The redischarge of any such representing nervous arrangements at once would produce a more quickly bilateral convulsion than discharge of a lower cerebral centre.

In artificial and rapid asphyxia we have two kinds of convulsions; one, chiefly clonic, like the cerebral, and then one tetanus-like, chiefly tonic, "stretching convulsions." These convulsions are usually ascribed to the action of the medulla oblongata, as they occur when parts above this centre are removed; at any rate it is significant that we get two kinds of convulsions with a distinct interval; one set of cells discharging produce a certain kind of convulsion; they cease suddenly to discharge, and then these discharge again, or some other begin to discharge, and the animal quickly dies in stretching convulsions. The same results from ligature of the carotids in rabbits. But in the horse, whose encephalon is chiefly supplied by the carotids, the ligature of these produces titaniform convulsion; its vertebrals are differently formed, and it is thus significant that the first effect falls on the cerebellum.

## SUNSTROKE AS I HAVE SEEN IT IN INDIA.

By Surgeon-Major WILLIAM CURRAN,

Army Medical Department.

*(Continued from page 450.)*

Though this table may be allowed to speak for itself, yet is it desirable to subject it to some analysis, if only for the purpose of comparing the effects of great heat with the results of other agencies or conditions, such as alcohol, poison, and certain forms of tropical fever, and it may be noticed, without going over ground that has been already covered, that the character of the pathological changes noted above does not always correspond with the suddenness of the attack, or the severity of the symptoms through which it reached its close. But we need not now dwell upon this aspect of the case, and as regards the table itself, or rather its general outcome, the latter stands roughly somewhat as follows:—Of the twenty-eight male cases recorded therein, six were non-commissioned officers, while the remaining twenty-two were either privates or gunners, and the average age of the former was twenty-two years and twenty-five days, while that of the latter stood at thirty-one years and seventeen days. Nothing is known of the habits of one of these non-commissioned officers, and one other was notoriously intemperate; two lived freely, and two others were temperate livers. Five of the privates are marked as actually intemperate, though the proportion would, probably, be on a closer scrutiny greater; four lived freely, that is, imbibed as much as they could get at or was good for them, and eleven were described as temperate.

The non-commissioned officers served, on an average, four years eight months and twenty-five days each in the East, while seventeen of the privates served each three years eleven months and ten days in the same country, and of five others no record has been kept. They were probably new-comers, for of such, as I have said before, sunstroke is particularly attached, and they were also, in all human probability, attached to what most conduces towards it, drink. Fourteen of the entire series were attacked in hospital, and the remainder in barracks or quarters. Of these attacks, fifteen occurred at night or in the afternoon, and the remainder took place either very early in the morning or during the forenoon. Most of my own personal cases occurred by preference between 4 p.m. and 12 midnight, and one woman only is included in the list, she having been the only member of her sex on whom I was permitted to make a post-mortem. I have introduced for the same reason some particulars of the last illness and examination of a child who died, under my care, from convulsions, the result, as I believe, of undue exposure to the sun; and I am afraid that fits of this kind are oftener due to this agent in the tropics than is generally allowed.

There is thus a history of intemperance or of free or irregular living, whether that be habitual or merely temporary, in ten of the male cases comprehended in our table, *i.e.*, in more than a third of them; but the absence of this record does not necessarily imply abstention on the part of the others, and it is sometimes hard to draw the line in this respect in the case of soldiers in India. Anyhow, the medical officer may be unable to draw it, and the measure of a man's indulgence may not always be gauged by his appearance or manner. For as Sam Slick says: "Liquor acts different on different people, some it sets a laughin', and others a cryin', some it brightens up, and others it makes as stupid as owls;" and a professional writer (37) has well observed that "many complications arise from eating and drinking, especially from excess in spirit-drinking, in which the cases are so mixed up with the poisonous effect of alcohol, which has been very correctly described as death by apnœa, that it is difficult to define exactly in many cases whether the fatal effect was due to heat and alcohol, or how much to one, and how much to the other." The woman was, I know, a total abstainer, and the occasional deaths of natives who live on rice and wheat and drink nothing but water, serve to show that even a farinaceous diet is not always preservative against an attack. Indeed, a stimulant is, I feel assured from my own personal experience, often required in India, to counteract the effects of the faintness or sickness that sometimes follows early or protracted exposure in that country, and there are many to whom the moderate use of beer, claret, or other liquor is an absolute necessity for purposes of proper digestion in the East.

The duration of the seizure as well as its mode of termination in death is glanced at, but only casually, or rather conjecturally in this latter instance, and I have not included any case of recovery in the series lest it may be supposed that I had mistaken the diagnosis or exaggerated the symptoms. The degrees of severity with which the sun visits its victims in the tropics vary so much, from the slight feeling of giddiness or fainting, to that of a racking headache or a violent bout of bilious vomiting (38), that it is not always easy to say how much is due to pure sun and how much to ordinary ardent fever, and there can, of course, be no doubt about those cases in which, to use Martin's words, "life does not seem to ebb or flow, but rushes torrent-like away." Finally, the results disclosed by the scalpel bear such a strong family-likeness to one another, as to dispense me from the necessity of dwelling on them in detail in this place; and this similarity, or rather monotony, not only suggests an analogy to other conditions of like pathological importance, but implies, as I think, considerable derangement, if not entire suspension of the nerve machine. It also shows that, with the loss of sensation, there is little or no serious suffering from the process of dying from this disease, and I have myself, rightly or wrongly, ever associated the euthanasia with which, as noticed by Burton and others, death is ushered in in the East, with that form of nerve-lesion or paralysis which leads to dilatation of the blood-vessels and consequent stagnation on or escape of their contents into the brain tissue or its membranes.

It will also be noticed that most of these cases occurred before the rains set in, or after they had ceased; that is, during the driest and hottest portion of the year; and some of them occurred at Peshawur and Mooltan, where, it may almost be said, there is no rainy season at all. To many, indeed, the rains bring with their heavy dull damp heat (39) only an enhancement of the discomfort; though the contrary is, it must be added, the experience of the majority, and I have, myself, always regarded the commencement of the rains as breaking the backbone, if I might use so expressive a phrase, of the hot weather. But, unfortunately, the science of meteorology has been so little cultivated as yet, in the East, as to be incapable of affording us much in our inquiry, and we are still unable to specify the kind of heat, or determine the degree of temperature, that most conduces towards this complication. The same may be said of the physical geography or vegetation of (40) the country; and our ignorance of atmospheric electricity is so absolute as to preclude our entertaining it at all, as a cause in this connection. Some even doubt which contributes most to its production, a dry or a moist heat, a clear or a cloudy sky; and as to the effect of geological formation on sunstroke, anything that is said on that point, says a well-known meteorologist in a letter to myself, is worse than mere speculation, so few are the stations in the Plains wherein anything is known concerning the solid rock that underlies the prevailing alluvium. "Your own notion," he continues, "of the (essential) cause of sunstroke, seems to me to be the only practical and reasonable one" (41); and that notion is, in a word, persistent dry heat.

The heat that induces thirst and prevents sleep, that shrivels up the skin and irritates the temper, that by preventing the due expansion of the chest also interferes with the proper aëration of the blood in the lungs; such is the heat that produces the greatest amount of physical prostration and mental despondency, and such also is, according to my own observation, the heat that kills most in Hindostan. How it acts, whether by merely stunning or paralysing the brain through its nerves or blood-vessels, need not now be determined. Neither will we here stop to inquire which is first at fault, the chest or the head, but certain is it that the heart, deprived of its accustomed stimulus or control, behaves during the attack as if it were drunk; that is, irregularly, often violently, and always confusedly, and that if heat of the kind or character here contemplated persists without any mitigation or interruption for a fortnight or longer in India, cases of sunstroke among soldiers and others, may be confidently looked for.

This, too, is shown as well by the climatic history of the season that produces the largest amount of this disorder as by that in which natives do most succumb to it, and taking the season of 1869, one of those regarded as typical above, as an example, we will find that its hot weather extended over a period of two months and seventeen days. The temperature was, all through this time, very high; there was no appearance of the Monsoon rains, and—April having proved itself a dry, hot, and cloudless month,—a hot westerly or north-westerly wind blew from mid-day to sunset. The mean air-pressure of May was fully one and a-half tenths below that for April, yet was it the period of highest temperature; the wind blew again, as in the last instance, steadily from the west or north-west after the seventh or eighth, and its great heat was, for the time, a subject of common remark. The general appearance of the weather during the first half of June was decidedly that of the hot season, high temperatures prevailed both day and night, and the humidity of the atmosphere was much smaller during the first than in the latter half of it.

The wind, hot and dry, was, as before, from the north-west or west, the clouds were either not seen at all, or they were rendered indistinct by the hazy aspect of the sky and horizon. This haziness is, I may add, a very common feature of the hot weather in India, and its presence, or rather persistence, is always indicative of systemic weariness and oppressed breathing. The barometer stood lower during the hot season of '69 than in either of the two preceding ones, and the thermometer registered its highest about the end of May, that is, about the driest part of the year. Altogether the season of '69 was far from being a normal one; but this abnormality was more due to a postponement of the regular rains than to any failure in their amount, and the great heat lasted well into June. It was, in other words, unusually dry and persistent, and we find accordingly that, to use the words of our reporter, "cases of heat apoplexy were reported to be of frequent occurrence" about this period. On the other hand, the weather was cooler, more humid, and more favourable to agricultural pursuits towards the end of August, 1869, than it had been at the same period the year before; and "there were, I believe," says Dr. Murray Thomson, "very few, if any, deaths from sunstroke" during that month. (42)

The fact is also enforced by the circumstances or conditions under which the natives succumb, and for such account of these as I am now able to furnish, I am obliged to fall back on some scattered newspaper extracts I made on the spot. Describing the weather—a never-failing topic of interest in these latitudes—at midsummer, as it obtained at Allahabad on the 1st of June, 1869, the correspondent of an up-country paper says: "Since the despatch of my last letter the wind has again veered round to the west, and had changed from a comparatively cool breeze to a hot scorching blast. Sunday was a very hot day, but the night was awful! Not a breath of air stirred the drooping seared leaves of the trees in my garden; a stillness prevailed which rendered breathing a painful exercise, and I do not exaggerate when I say that the heat had reached its climax about nine o'clock; a little more and perhaps thousands of human beings would have been lost. This morning it is easterly. As it is, the natives die every day in scores—on wells, on the riverside, at the public works, in the streets. A workman employed in tiling a bungalow is seen to gasp for breath, falls down, and is no more. A fat bunniah is out on business, feels thirsty, resorts to the nearest well, and lies down never to rise again. A passenger on the road, well accustomed to exposure to the sun, now cannot bear it, seeks shelter under a tree, feels giddy, gets sick, and is dead" (43). And the following table from the *Delhi Gazette* of July, 1869, speaks for itself in the same direction. It is a list of deaths from heat-apoplexy alone, reported by the police of the Agra District for the months of May and June of that year:—

| | May. | June. | Total. |
|---|---|---|---|
| City and Suburbs of Agra ... | 14 | 24 | 38 |
| Cantonment ... ... | 7 | 9 | 16 |
| *Pergunnahs.* | | | |
| Sudder Tuhseel ... ... | 4 | 14 | 18 |
| Furrah ... ... | 4 | 15 | 19 |
| Futtehpoor Sikree ... | 3 | 8 | 11 |
| Kheyraghur ... ... | 14 | 19 | 33 |
| Iradutnuggur ... ... | 4 | 28 | 32 |
| Futtehabad ... ... | 4 | 6 | 10 |
| Bah Pinahut ... ... | 16 | 42 | 58 |
| Ferozabad ... ... | 5 | 11 | 16 |
| Khundowlee ... ... | 6 | 26 | 32 |
| | 81 | 202 | 283 |

Other papers speak to the same effect, but the detail is so monotonous as to be wearisome, and the heat would appear to be as fatal at Kurrachee on the sea as it was at Calcutta several miles inland. Thus the oracle of the former place records its impression of the situation as follows :—"We regret to hear of the death of several natives from the heat also. A *dhobie* fell down dead whilst ironing some clothes on Monday, and two men died in a small tenement in Gharee Khata. Akhoond Gholam Hoosain expired on Saturday on his return to Kurrachee from Tatta, where he had gone to plead a case ;" while the Calcutta journalist is equally explicit : "The heat yesterday (25th) and to-day has been so oppressive that we are not at all astonished to learn that there were no less than four deaths of natives from heat apoplexy alone last Thursday. Several horses have been killed by the heat." So also have some reptiles ; the snakes even "are said to severely feel the heat under-ground for want of rain, and they have made their appearance in such large numbers that the natives dread to come out of their houses."

Mortuary and other records of this kind are notoriously untrustworthy in India. This fact, indeed, is my only justification for introducing these extracts, and thousands of natives, it is to be feared, disappear in this way, unwept, unhonoured, and unsung, in their remote villages every year. Finally, and as if to clinch the matter, and further show that heat is *the* great —may I add the greatest—factor in the production of this fatal malady, I will quote the two latest paragraphs in point that have reached me, and leave them to speak for themselves. After mentioning that the thermometer had reached 116° in, it is to be presumed, the shade, during the last week (21st of June, 1878), the Agra journal says that "deaths among the natives have taken place daily in ever-increasing numbers. We hear of two ladies having been snatched away from among the small English community who, but a few short days before, enjoyed every blessing that youth and health could bestow ;" and commenting on the heat that prevailed at Allahabad—a notoriously hot place—on the 25th of June, 1878, the *Englishman* adds that "on the 20th inst. no less than 18 natives fell down dead in the streets of that city through heat apoplexy ; even cattle and horses are affected."

*(To be continued.)*

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(37) G. Barnard, Esq., in the *Indian Medical Gazette* for April 1, 1868, p. 79.

(38) For good illustrations in point, as well as for good accounts of the effects of severe heat on the system in the East, see *inter alios*, Bernier's "Travels in the Mogul Empire," translated by Brock, vol. ii., pp. 126-7 ; Fleming's "Travels in Mantchu Tartary," pp. 348-9 ; Prejevalsky's "Mongolia," vol. i., pp. 119 and 217 ; McGaban, as above, pp. 67—201 and 207 ; Burnaby's "Ride to Khiva," p. 122 ; and the following from the pen of one of the "Specials" who ministered to our curiosity during the late Russo-Turkish war, may interest from the same standpoint. Describing a certain episode of that campaign, he says that, "I never felt such a burning heat as that which nearly suffocated us as we toiled up the steep sides of the hills. There was not a drop of water. We had had only a few mouthfuls of food early in the morning, and no breath of fresh air could be found along the glaring sides of that rugged height, which seemed to have no summit. The temples throbbed with feverish fire ; the throat became parched with dust and thirst and, several times we were compelled to lie down to prevent being sunstruck. At last the weary ascent was finished, and we stood on the battle-field where, but a few hours before, hundreds of dead and dying men were lying mangled in every conceivable way."

(39) See "The Letters of Lord Elgin," p. 402.

(40) Col. Corbett contends, *op. cit.*, that "the heat of Upper India has been much increased of late years" through the denudations as regards trees, which has converted large portions of of the country into a desert ; and secondly, through surface-drainage.

(41) A correspondent, a well-known member of the Geological Survey of India, writes to me to the effect that "the internal heat of the earth cannot be the cause of insolation or sunstroke, seeing that the subject of the latter is on the outer and upper side of the zone of constant temperature, and that the places in which it most prevails are all on different formations ;" and we have already seen that the solar rays penetrate deeper into the sea than they do into the earth.

(42) See his "Annual Report on the Meteorology of the North Western Provinces for the year 1869," *passim.*

(43) Alluding to the distressing scenes that were daily witnessed by the beleagured garrison of Cawnpore in June, 1857, Captain [now Colonel] Mowbray Thomson says (Op. cit., p. 104), that "the fatal symptoms were headacheand drowsiness, followed by vomiting and gradual insensibility, which terminated in death."

(44) The following from, I think, the same source, and which refers to these casualties, is worthy of preservation in connection with the general views propounded within, as well as from its own more minute enumeration and detail, and I claim it as such accordingly. Describing the situation under the heading of "The Heat in Kurrachee and the Deaths it has Caused," the writer says that "such deadly weather as we have suffered since Thursday last is not within the memory of the oldest resident of Kurrachee. On Sunday the temperature rose to a terrific degree, and strong men fell under it—it is not too much to say—'right and left.'" The mortuary return which we have procured, the whole of it traceable more or less directly to the fatal effects of the heat, is as follows :—The names of the seventeen persons—three of whom are women—who succumbed at this place between the 3rd and the 9th of June, 1868, are here given, but it will be unnecessary to reproduce these in full, and the writer adds that, "Sergeant —— was married as late as Thursday last, the 4th. He commanded one of the parties which escorted the dead from the depôt to their graves on Monday evening, was taken ill at the burying-ground, and died at half-past one yesterday morning. At about three o'clock yesterday afternoon Sergeant ——, of the Commissariat Department, died very suddenly. Among the civilians of Kurrachee death was also busy, especially among the debilitated and sickly. About four o'clock in the afternoon, on Sunday, Mr. ——, who had been long ailing, was prostrated, and died quietly in less than one hour. Mrs. —— succumbed in the course of the night. But the saddest of all these mournful events is the death of a lady of the Convent—Sister Louisa—who expired on Monday."

# Clinical Records.

## ST. MARY'S HOSPITAL.

### *Case of Myxo-sarcoma of Lower Jaw, recurring after removal, with most extensive secondary Deposits in Glands, Brain, Liver, and Lungs, rapidly producing fatal Result.*

Under the care of Mr. A. TREHERN NORTON.

Communicated by Mr. PARSONS, House Surgeon.

M—— Y——, æt. 43, a strong, stout woman, was admitted into the hospital on January 26th, 1880. Till three months previously she had enjoyed good health, when she first noticed a small growth which had appeared, springing from the right gums. This had rapidly increased in size, and on admission appeared as a dark, vascular, fungating mass, which protruded from the mouth, and was about the size of a large hen's egg. Two or three glands below the jaw were considerably enlarged and tender. There was great fœtor of breath and difficulty of swallowing solid food, but large quantities of liquid food could be taken. There was at this time no evidence of visceral or brain disease.

On the 28th Mr. Norton removed the whole of the tumour making an incision through the cheek from the angle of the mouth outwards and downwards, and removing with cutting forceps the upper part of the inferior maxilla. The edges of the wound were brought well together, and union of the external wound was perfect in about a week.

On February 6th her speech was noticed to become more or less incoherent, and certain words were forgotten. This difficulty of speech proved progressive till the aphasia became most marked. A little later she was observed to have diminution of power in the right arm and leg. Ophthalmoscopic examination revealed some congestion of the left optic disc.

On the 12th the fungous mass was found to be again sprouting up at the former site. There was now most extensive glandular enlargement, extending to the cervical glands. Considering this, together with the nature of the tumour and the cerebral symptoms, further operative interference was judged inadvisable.

On the 17th the tumour almost attained its original size. There was dyspnœa and restlessness. She complained of great hunger, and was occasionally sick. Right hemiplegia and aphasia was most marked.

On the 19th, but three weeks after the operation, the patient was apparently dying of dyspnœa; the trachea was pushed over to right side of neck by the glandular tumours. An attempt was made to prolong life by tracheotomy, but either owing to the obstruction being lower down in trachea, or to the dyspnœa being more due to the brain mischief, proved ineffectual.

*Post-mortem Notes.*—Brain somewhat congested; arteries healthy. On the left hemisphere, occupying the lower part of the ascending parietal and the anterior part of the supra-marginal convolutions, is a tumour the size of a billiard ball, which projects from ¼ to ¾ of an inch beyond the level of convolutions. The brain substance around is considerably softened. The tumour is very vascular, and has undergone fatty degeneration in the centre.

The cervical and bronchial glands are all infiltrated with a soft malignant growth; they are enormously enlarged, so as almost entirely to close the upper opening of thorax; the trachea passed over them, and was so pushed to one side as to lie under the sterno-clavicular articulation. Both lungs infiltrated with small nodules of new growth, varying in size from a pea to a walnut. The infiltration extends through the diaphragm, and is continuous with a tumour the size of a man's fist in the liver. Heart and kidneys fairly healthy.

*Microscopic Examination.*—Primary growth in jaw a myxo-sarcoma. The growth in lungs was a sarcoma of the spindle-celled variety. No carcinomatous structure could be found in any organ.

The tumour in the brain was a very vascular sarcoma, consisting of cells of round, spindle, and angular shapes, embedded in a homogeneous or very finely fibrillated matrix.

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# Translations.

## THE GRAPHOSCOPE AS AN INSTRUMENT FOR THE DIAGNOSIS OF ASTHENOPIA.

By M. GIRAUD-TEULON.

Translated by ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.,

Oculist in Ordinary to His Excellency the Lord Lieutenant of Ireland;

Formerly Ophthalmic Surgeon to the City of Dublin Hospital and the Dublin Eye Infirmary.

IN 1860, in my essay on Binocular Vision, I carefully studied the modifications of associated vision, induced by the use of spectacles or pairs of lenses, placed in front of each eye. This analysis led me to the conclusion, that in such a case as binocular association fused in one or two images belonging to different lines of vision, there must necessarily be discordance between the axes of the eyes and those of the lenses on which these images are situated; and I added further, that if it be desirable to establish harmony between the axes, it will be necessary to make use binocularly of a single lens of such a size that both eyes can make use of it at the same time and under the same conditions, or of spectacles, the glasses of which are cut of the same size as the lens already mentioned, and placed symmetrically before each eye in such a manner that their virtual centre shall lie in the median intraocular plane. (*a*)

As in everyday life the use of a lens with a diameter of from nine to ten centimetres would be, on account of its size and weight, rather inconvenient, I recommend in preference the latter arrangement (that of cutting the glasses in a lens of the same size), and have myself employed it in a special case, namely, for the close examination of the interior chamber of the eye, and in oparations on the cornea.

Spectacles such as I have described render the hypermetropic patient highly myopic, without requiring proportional convergence of the visual axes, and procure distinct vision, during several moments, of objects which without this aid would have been indistinguishable. Never with glasses of the same refrangent power (5d, old 7) have I been able to obtain a like result. Since the time of which I speak, my hopes of the practical application of the single lens have been realised, and that fully; there are few indeed among my readers to whom it is unknown, as it is in fact the instrument called the graphoscope, now so generally used for the examination of photographs.

The arrangement being so generally known and the instrument so easily obtained, it would be strange indeed if the question did not arise as to whether it might not be possible to render it more expressly useful, and this question was particularly recommended to my notice through a communication made to me by one of my patients.

This patient, a very intelligent young man, now professor in a free University, was suffering from asthenopia from two causes—insufficiency of the internal recti and anisometropia: one eye was highly myopic, the other hypermetropic—a condition which is by no means rare in cases of insufficient convergence allied to hypermetropia.

Amongst other things I particularly advised him on the occasion of his first visit (1874), to hold all objects at which it was necessary for him to look as far as possible from his eyes. About a year later he returned for the purpose of allowing me to make a further examination, and on that occasion informed me that he had met with, in a public library, an old book of engravings of the seventeenth century, in which he had found a drawing of an apparatus by means of which ordinary typographical characters might be read at a distance of several feet. Through the information which he kindly afforded, I succeeded in procuring a view of the drawing, and found that the apparatus consisted, so far as could be understood from the general and rather vague description given, of a combination of two mirrors—one plane, the other concave.

By experimentally combining the elements of this apparatus I have at length, after many attempts, attained my object. By the combination of two concave mirrors having a focal length of fifty centimetres, corresponding face to face in such a manner as to produce the double reflection (twice reversed and consequently straight) of the page of an in-octavo volume, a true image can be obtained in which the characters are four times their original size, and thus at a distance bordering on parallelism. The extent, however, of the total image is such that the field of vision can only contain about half an in-octavo page, and even in that there are caustic deformations of the periphery. To read the entire page some more or less complicated supplementary mechanism would be required.

Having compared these results with those afforded by the use of the large lens, all doubt as to the superiority of the graphoscope as an instrument capable of supplying certain of the more simple indications was at an end.

This instrument consists simply of a lens with an aperture of from ten to twelve centimetres and two dioptrics refrangent value (focal length fifty centimetres), mounted on a plane parallel to a movable disc.

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(*a*) "Treatise on Binocular Vision," pp. 412, 445.

The first advantages are immediately apparent; the page of the book placed on the desk can be read in its entirety from a distance, as a placard may be read from a distance of several yards.

The same properties, on being more carefully studied, lead to the following applications, which are of the utmost importance to us, connected as they are with the functional pathology of vision. From this preamble it may be easily comprehended that as vision is procured with parallelism both of the rays and of the optic axes or visual lines, the great usefulness of the instrument will be most fully apparent when employed in cases of difficult convergence, that is to say, of insufficiency in the action of the internal recti.

This condition frequently occurs under many circumstances: as, for example, in painful muscular asthenopia, which is the principal symptom and direct consequence of this insufficiency; in progressive myopia, of which this insufficiency is (in my opinion) the initial and preponderant factor, while according to the general opinion it is at least a concomitant symptom in the advanced stages of this affection, the only stages which concern us at present. I will not now delay to give the reasons which have led me to the formation of this opinion, but will base my arguments on those opinions which are generally received. For either of these cases it is absolutely necessary either to exclude one eye from all vision, to cease all close occupation, or to submit to a recoil of the tendon of one of the internal recti.

*To be continued.)*

# Transactions of Societies.

## ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

WEDNESDAY, MAY 19TH, 1880.

W. A. N. CATLIN, F.R.C.S., President, in the Chair.

### IMPROVED INSTRUMENT FOR ADMINISTERING NITROUS OXIDE GAS.

Mr. W. DONALD NAPIER brought before the Association two instruments of very considerable interest and importance not only to the Fellows of the Society, but to the medical profession at large. The first instrument was one for the more perfect administration of nitrous oxide gas; for by a very simple arrangement the possibility of the gas running short during an operation was entirely prevented. Instead of one wrought iron bottle containing the gas in a liquid state being used, two bottles are placed side by side in a light frame, and so connected to each other by an iron tube, that in the event of one being emptied gas can instantaneously be obtained from the other. The next instrument shown by Mr. Napier was the

### POLYSCOPE.

By its use the whole mouth can readily be illuminated by the electric light without the slightest inconvenience or discomfort to the patient, and a most perfect cautery can be obtained when required for the destruction of sensitive dentine, nerves, &c. The perfection to which this instrument has been brought was due to M. E. Brasseur and M. Troune of Paris.

The PRESIDENT proposed a vote of thanks to Mr. Napier for bringing the two instruments before the notice of the Society, and then narrated the following case, which he considered one of great interest.

### SUPPURATIVE DISEASE OF JAW.

The gentleman formerly lived in New South Wales, and about twenty-five years ago suffered from "sunstroke," was very profusely salivated, but recovered his health, married, and returned to this country. In a letter dated Sept., 1872, describing his own suffering, he says:—"Five years ago I had a most severe attack of neuralgia in my head and face, which continued with more or less violence for about five months, coupled with intense nervous excitement. My then medical man tried alteratives in the form of calomel and colocynth in small doses, black draughts, and occasionally 'Dover's' and 'James's' powders. At the same time I had a curious bicuspid tooth which could not be extracted. After having for some time taken every means to alleviate the nervous pains at home, I tried change of air, and the pain was very much alleviated, but became chronic in its form. Having an idea that the drainage of the village was defective, I left the neighbourhood, and came here (near Horsham in Sussex) in March, 1870. My health was excellent up to Christmas, 1871, when I had a sharp attack of what seemed to be suppressed bile. The medical man prescribed the same remedies that I have always taken (quantity in pill I cannot state), but two weeks afterwards I began to feel a metallic taste in my mouth, the gums all became spongy, and my teeth loose in the upper jaw. Pus formed rapidly, and culminated in an abscess on the right nostril, which was opened, but afforded relief only for a short time, as matter and bony substance continued to be thrown off. I may add that for fifteen years I have had a steady life with nothing to complain ot excepting an occasional attack of dyspepsia. The rest you know, as I applied to you for your assistance." When I first saw this patient a thick creamy discharge was passing from beneath the gums around the necks of the teeth in the upper jaw. The symptoms very much resembled a disease ably described in "Wood's Practice of Medicine," an American work, and as far as my experience goes it is generally incurable. Perhaps it yields more readily to the application of the electric cautery, or chloride of zinc, than any other treatment. The discharge is characteristic, thicker, and different in colour to healthy pus; it oozes rather than flows from the alveolar process, and requires slight pressure to remove it from beneath the gums. This kind of discharge, coupled with some inflammation of the gums, continued for many weeks, accompanied by distressing pains and neuralgia until necrosis of the alveolus took place, and healthy teeth with parts of their sockets were removed. Nearly all the teeth of the upper jaw were lost in this way, and the gums then became healthy. There was *no* history of syphilis, but the patient lived in neighbourhoods where either the drainage or water was not good, and seems to have been peculiarly susceptible to the poisonous action of mercury. To these combined causes the disease must be attributable. Since he was under my care he has suffered from paralysis of the right side and epileptic fits, from which he is now recovering.

### PERI-ODONTAL DEPOSIT OF MERCURY.

Mr. HENRY LONG JACOB (Birkenhead) related the following unique case. On March 21st, 1868, he extracted for M. W. G., æt. 35, the right upper wisdom tooth, which was carious, loose, and painful. On examination he found the sac of an old abscess round the tooth, and the substance of the thickened fungoid peri-odontal membrane was studded with globules of mercury of various sizes from a diameter of 1·24 in. downwards, some being too small to be seen distinctly with the naked eye. The patient stated that the tooth, to his recollection, had never been filled, and that to the best of his knowledge he had never been subjected to a course of mercury.

The PRESIDENT then stated that as this was the last meeting of the present session, he sincerely hoped that rest and salutary change would bring increase of health and mental energy to all the Fellows. The session had not been unproductive, on the contrary, the character of the Association had been well maintained. Although it had been considered desirable to protest against some violent changes, which had lately been introduced by the Dental Act, still the course taken was without ill-will towards those who differ from us in opinion.

# Special.

## IMPERIAL REISLING WINES.

THE therapeutic value of alcohol has, from time to time, received much consideration from physiologists and physicians, and in some degree it may be said that a definite appreciation of its action on the body, when administered for purely medicinal purposes, has been arrived at. For a considerable time previously to the alcohol controversy in the pages of the *Contemporary Review*, the merits and defects of wine and spirits for the use of invalids had been under discussion in medical circles; and though the brilliant series of essays re-published under the title of "The Alcohol Question," by Messrs. Strachan, served to put the matter of the value of alcohol as a medicine on a fixed basis, we are yet far from being in a position in which it is possible to advise this or that form of stimulant to this and that invalid. The introduction of a light and pure wine for ordinary drinking, of a kind that can be safely recommended for use by those of delicate and susceptible constitution, has, under a more liberal interpretation of the restrictions that ought to guard the employment of such drinks, become a necessity of the time. For long enough we have been drugged with injurious manufactured wines, from which all the essential elements of the grape are absent; and in the face of his daily experiences of the evil effects produced on the systems of those who habitually took these mixtures, the physician has often been sorely perplexed to name some harmless beverage which shall, at the same time, incorporate the natural and medicinal characters possessed by wine that is really what it should be. In this he is materially aided by the facilities that have of late years been offered for securing, at a reasonable cost, actual grape juice, in a good state of preservation. In bringing about so radical a change in the wine supply of the country, Mr. Max Greger has exercised a very important influence. It is due chiefly to him that the lighter wines, commonly found in English homes now-a-days, are so excellent and inexpensive that they can be, and are, daily purchased for a comparatively small sum. The introduction of the Hungarian wines, the now universally esteemed Carlowitz, made it a matter of necessity that any liquors to be brought in competition with them should not suffer by comparison. Hence the large importations of clarets, hocks, and light Rhine wines, the use of which has grown almost infinitely during the last decade or two. Mr. Max Greger's specialities have, however, always maintained their excellence, and held a foremost place in the estimation of the consumer; and it is gratifying to know that he has reaped a tangible reward for the benefits he has conferred in the past. To the well-known Hungarian vintages Mr. Max Greger now adds the "Imperial Reisling Wines." These are the special products of the Bellye estate, owned by the Archduke Albrecht, of Austria. The fruit of the vines grown on the estates yields a product of wonderful purity and delicacy of flavour. It is both red and white, and in our judgment it is an excellent and safe beverage, while it is undoubtedly a most pleasant and acceptable one. The price, always an important point in connection with wines, compares favourably with that of ordinary light dinner wines, being twenty-four and thirty-six shillings per dozen, the higher valued possessing a somewhat fuller body, and more subtle aroma.

The Imperial Reisling Wines are well calculated for invalids' use in those cases where the restorative influence of alcohol is desirable, and in which it is necessary to prescribe the substance in a pleasant and agreeable form. In special cases, too, they can be prescribed for regular use with confidence in their direct medicinal value, as *e.g.*, in the rheumatic diathesis, and gouty. Testimony to this is offered on the undoubted high authority of Von Schmerling, of Vienna, who further asserts that he has found the wines extremely useful in kidney and bladder complaints. It is important to receive this assurance, for it is the rarest possible thing for Dr. Von Schmerling to lend his name in praise of any article. The wines he extols have long been in use among the Imperial families of Europe, and of some few of the nobles at the courts to which they were presented by the Archduke. Until the present time the general public have had no opportunity of indulging a taste for them, but Mr. Max Greger has at length succeeded in obtaining the grant of the entire produce of the Bellye estates for a period of six years, during which time he will be the sole purveyor of the wines in Great Britain and the British Colonies. That the popularity of these wines will grow rapidly we are assured; and, further, we imagine they will be generally adopted as safe and agreeable stimulants to order by the profession.

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# The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 9, 1880.

## THE YORK ROAD LYING-IN HOSPITAL.

NEWSPAPER criticism of hospital management ought to be as unnecessary as it is undesirable, but when the efficiency of an institution is endangered or weakened by the unwisdom of those to whom the guardianship of its interests is entrusted, it becomes a matter of duty to consider the elements of that discord which is blameable for the disturbance of the equable arrangements under which alone charity can be successfully dispensed. In former issues we have drawn attention to the administrative irregularities, through which the now notorious discussions at Guy's Hospital have arisen. The details of this disturbance have at length become the common property of lay readers, who have by one or other of the disputing parties been freely admitted to an acquaintance with what should never have extended beyond professional circles. In a somewhat similar fashion to that in which the trouble at Guy's first arose, the General Lying-in Hospital, York Road, Lambeth, has become the scene of disagreements likely to result in serious crippling of the resources of a valuable institution. We have the whole array of facts before us, and after carefully considering the matter, we have arrived at the conclusion that it is time a general verdict of the profession should be passed on the circumstances in consequence of which a stasis in the affairs of the hospital seems about to ensue, if, indeed, it may not be said to have already occurred.

One of the chief rules framed for the conduct of the Lying-in Hospital provided that the matron should be either a woman unmarried, or a widow without encumbrance. The necessity for such a rule is too self-evident to require demonstration, and much surprise was naturally evinced when a proposal was made, about a year ago, to introduce as matron a lady who was both married and the mother of two children. Under the advice of Dr. Playfair, the appointment was authorised by the governing body of the institution, directly in the face of an emphatic remonstrance from the acting medical staff, who insisted on the immediate danger that would ensue to the lying-in patients from the presence of young children under the same roof with them. The almost certain risk of infection through this source was pointed out, not once only, but *again and again;* it was shown that the liability of the children to infantile maladies, to scarlet fever, measles, and the like, constituted a very grave danger to those who were in a condition most favourable to the inception of contagious diseases. Spite of all, however, the governors persisted in their determination to accept Dr. Playfair's nominee, though they were thereby guilty of infringing a bye-law wisely framed to secure the safety of patients, subject to their discretion. Anticipating the inevitable consequences of this violation, the medical officers maintained an attitude of watchful supervision; and conscious of the shortcomings of the new chief of the nursing department, they were not unprepared for the catastrophe which hastened on their recent resignations. One of the matron's children contracted measles, and the germs of contagion were communicated to a patient in the house, thereby endangering her safety in no inconsiderable degree. Consistently with the ignorance of the elements of sick-room hygiene shown by one willing to assume the responsibility of discharging the onerous duties of hospital matron under circumstances so radically opposed to their proper fulfilment, as were those under which this lady entered on them, she has, throughout her tenure of office, exhibited the most profound contempt for the rules and precautions insisted on by the physicians in charge. We have authority for the statement that nurses were found in charge of patients although they were unaware of the existence of any antiseptic rules whatever, essential as these are to the well-being of parturient women; and the matron herself has so far omitted them as on one occasion to catheterise a patient with an instrument taken directly from her pocket; by applying a medicament to the genitals of a patient, entirely on her own authority; by using simple water as a lotion in the labour ward; and otherwise exhibiting a culpable neglect of the most important details preventive against contagion.

Very unwillingly do we enter on the discussion of this subject, but seeing that it must come to occupy a prominent place as a topic of vital professional interest, we deem it but right that the whole matter shall be brought into view. Moreover, the details we have reluctantly stated above form in themselves a sufficient argument against the continuance of a system of hospital management which virtually deposes the medical authority; and renders it, practically, merely subservient to that of lay officials. We are, unfortunately, already familiarised with such occurrences as form the further complaints of the physicians. Thus, they state that *seven* different nurses were placed in charge, successively, of one patient in six days; that the wards were repeatedly found deserted by the nurses when they were required to lend assistance during the visits of the physicians; and that no restrictions are imposed at the lying-in hospital to prevent nurses from passing directly from patient to patient, even when one of these may be afflicted with questionable eruptions. All this has been alleged to have followed the "innovating" reforms at Guy's also, and it is a painful satire on the vaunted progress of modern hygiene that such things can be at all. The reflection natural on consideration of these grievous errors is the inevitable one, that, viz., a fitting discretion is not always shown in selecting the officer under whose immediate control the internal affairs of the hospital connected with its nursing routine are directed. Commencing disastrously by appointing a person ineligible by the law of the institution, unfitted both by reason of the encumbrance of children, and especially as she has shown in her action, in consequence of her deplorable ignorance of hygienic principles, as evidenced by the charges laid against her by the medical staff, the committee who accepted, and Dr. Playfair, who made the nomination, have seriously injured the efficiency and harmony of a valuable charity; and, further, by persistently refusing to pay heed to the repeated remonstrances elicited by the irregularities daily taking place, and by this course forcing the honorary staff to resign the appointments they could no longer hold without derogating from their personal and professional dignity, the governing body have placed themselves in a position little calculated to redound either to their credit or their perception. The occasion calls for emphatic utterances, and we must not fail in expressing them.

There is one point in connection with this matter on which opinion is hardly likely to be divided. It may be taken as a commentary on our remarks a fortnight ago respecting the promulgation in America of a code of medical "ethics." When we dwelt on the non-necessity of such a "code" in this country, we did not anticipate that we should so quickly find reason for doubting the accuracy of our judgment. The document we referred to insisted most strongly on the rigid carefulness with which the relations of physician to physician, and the general body of the profession should be maintained. It is evident that the etiquette of medicine should receive the most jealous attention, and in no wise ought any one member of the body of practitioners to endanger the stability of the whole system of intercourse amongst it, by doing aught to lower the lofty tone pervading it. This rule cannot be said to have been carefully pursued with regard to the appointment of a fresh physician at the lying-in hospital under notice. On the resignation of the physicians the committee, instead of allowing Dr. Mansell-

Moullin, who had already taken over the charge of the patients of one of the physicians, to retain that charge, invited physicians from other hospitals to perform this honorary function for payment. This inexplicable and uncalled-for departure from the usual custom in hospitals was carried out at the suggestion of Dr. Playfair, the consulting physician. Their first application, made to Dr. Cory, was, when the facts were made known to him, indignantly refused, and every reader will agree with us that Dr. Cory thus exhibited a right and proper regard for the dignity of the profession and the prestige of his own name. With Dr. Clement Godson, the second to whom the post was offered, the committee were more successful, and he consented to undertake the duties sought to be imposed on him. Dr. Godson asserts that he "accepted the position on the understanding that he was acting a purely impartial part, knowing nothing whatever of the circumstances of the misunderstanding." In so doing he has been unwisely led away from that line of strict professional etiquette we so recently avowed our confidence in as being general in this country. It was surely incumbent on Dr. Godson first to acquaint himself with the circumstances through which he was requested to take on the duties of three gentlemen so well known and esteemed as the physicians to the hospital. So far as we are aware, there is no precedent in the whole annals of the profession of any physician undertaking for hire the duties of honorary physician to an hospital, when that post had just been resigned by two of his brethren on the ground that the office could not at the time be held with due regard to individual and public duty; still less is there any precedent for such a situation being assumed, without full inquiry being made by the incoming officer of the physicians who resigned. It is much to be regretted that a physician attached to a great hospital like St. Bartholomew's should be the first to create a precedent for doing for hire that which the honorary physicians have from a sense of duty declined to carry out until the conditions were made such as to ensure the safety of their patients, and to provide them with that authority which should not be divorced from responsibility. We would fain hope that most other medical men would not thus blindly commit themselves to a course of action that must surely be deemed at best indiscreet. Neither does it lessen the measure of the indiscretion that the services temporarily rendered by Dr. Godson are remunerated services, nor that he is "at present in entire ignorance of the matter under dispute." It was incumbent on him to be enlightened on *all* the facts before accepting office, and in this judgment we feel we shall be generally supported.

The whole question is as yet only in its initial stages. The decision on the points at issue will be wider than the merely local one of the committee. We have dwelt somewhat at length on it because it must become of general interest ere long.

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## DUBLIN SANITATION.

The disgraceful state of the City of Dublin, which was plainly exposed by the evidence given before the Royal Sanitary Commission, continues without any real earnest effort at its amendment, and appears likely so to remain.

The inevitable result of the abominably dirty, half-drained, and altogether unwholesome state of the city is illustrated in the mortality shown by the Registrar-General's reports of the last six months, but more especially of the last week. We find that the death-rate of the city and suburbs taken together for the week ending May 29th was 37·8, the average of the previous ten weeks after all possible deduction has been made being 35·7.

By way of contrast, the mortality last week in twenty large English towns, including London (in which the rate was 19·0), was 20·1 per 1,000 persons living; in Glasgow the rate was 23·2; and in Edinburgh 24·9; so that the loss of life in Dublin from dirt and insanitation is not much less than double that of other large towns whose crowded populations certainly do not live in the most admirable sanitary condition.

But this statement does not at all represent the real state of Dublin as regards death-rate, for the Registrar-General considers that 9 per cent. ought to be added to the recorded ratio for deaths which are never registered; and moreover, the district upon which the death-rate is calculated includes the exceptionally salubrious suburbs of Kingstown, Rathmines, &c. It may, therefore, be assumed that if the 9 per cent. were added to the nominal death-rate of 37·8, and that cipher further increased by confining the calculation to the city proper, we should have a mortality more probably of 50·0 per 1,000, and should find that Dublin had far outstripped Alexandria, Copenhagen, or any of the well-known centres of endemic disease.

As regards the past week, which, we repeat, was not an exceptionally unhealthy one, we find it stated by the Registrar-General that there were 56 deaths from zymotic diseases registered, being 11 more than in the preceding week, and 26 over the average for the 21st week of the last ten years: they comprise 9 from small-pox, 6 from measles, 14 from scarlatina, 1 each from diphtheria and quinsy, 2 from croup, 8 from whooping-cough, 10 from fever, 2 from diarrhœa, &c. The deaths (9) from small-pox are one in excess of the average number for the preceding five weeks. There were 76 new cases of the disease admitted into the Dublin hospitals during the week, against 32 in the week ending 22nd ultimo; 28 patients were discharged during the week, 7 died, and 124 remained under treatment on Saturday last, being 61 over the number in the hospital on the previous Saturday. The deaths (14) from scarlatina are equal to the number in each of the two preceding weeks, but there were only 13 new cases admitted into the principal hospitals, against 22 in the week ending 22nd instant. The deaths (10) from fever are 4 more than in either of the two preceding weeks. There were 18 new cases of typhus, but only one case of typhoid fever, admitted to hospital; in the week ending 22nd ultimo 11 cases of each type were admitted.

Truly this is a pleasing picture of the dangers in the midst of which the citizens live, yet such is the happy-go-lucky frame of mind with which the public regard sanitation in Ireland that this atrocious state of things is calmly accepted as quite inevitable both by the corporation and the majority of the citizens.

With the revelations of the fearful condition of parts of the city which are before us, it is really wonderful that the loss of life in Dublin is not worse than we have shown it to be. We have had its abominations fully exposed by the witnesses before the Sanitary Commission, and in a small by-inquiry ten days ago we have been forcibly reminded of the revelations there made. The occasion was a Local Government Board inquiry as to the propriety of clearing and rebuilding one site in Dublin under the Artisans' Dwellings Act. Mr. Dudgeon, who surveyed and examined the district, stated that in this area there are 156 dwelling-houses, of which 143, or 90 per cent., are tenement houses; and of these *ninety-one per cent.* are now unfit for occupation. Sixteen are in ruins, 24 are incapable of repair, and only 133 are in a fair state of repair. The number of inhabitants is 1,619, of whom 1,556, or 96 per cent., occupy the tenement houses. Twenty-eight per cent. of the houses are over-crowded, and 36 per cent. of the inhabitants occupied overcrowded rooms; 562 individuals have, on the average, 227 feet of air space, although 301 feet is the minimum fixed by the Public Health Act; and Dr. MacCabe, the Local Government Board Inspector, calculated the density of the population at 450 per acre.

With all these facts before us we are justified in again asking, what has become of the Report of the Royal Sanitary Commission which we have now waited for for nearly twelve months? Six months ago we heard that the Report was ready and only waited on the printer; three months ago that it only waited the meeting of Parliament. We would venture to inquire what excuse there can be for still further shelving this most pressing question now that Parliament has met, and no doubt the printer has done his work.

It certainly needs a convincing explanation, that while the poorer citizens of Dublin are dying by hundreds of dirt and neglect the verdict of the Government Commissioners should be withheld and the subject cushioned, and we hope that either the report itself or the needed explanation will be immediately forthcoming.

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## BROMIDE OF ETHYL AS AN ANÆSTHETIC.

A DISCUSSION on this subject took place at the last meeting of the *Société de Chirurgie* of Paris. Considerable interest attaches to the debate from the eminent position on the Continent of several who took part in it. M. Terrillon opened the subject with his experience. He said he had used bromide of ethyl as a general anæsthetic in fourteen cases. The anæsthesia lasted from eight minutes to an hour. The results obtained were: 1. At the commencement, when he used a large dose of five or six grammes, there was little irritation and less suffocation than in administering chloroform, anæsthesia supervening in about a minute without convulsion. Muscular relaxation takes place in from two to four minutes. In most patients the excitement was less than with chloroform, and instead of clonic there were only tonic convulsions. The face, conjunctiva, and neck, were congested, and a sweat sometimes supervened; the pupils were moderately dilated, the pulse always quickened, and each time the bromide was added the acceleration increased. 2. During the anæsthetic stage the intermittences must be very short, and the napkin not entirely removed. The pulse becomes very rapid and small, 125 per minute. The face is congested and covered with sweat. The respiration, which is quickened by the bromide, is sometimes obstructed by mucus collecting in the pharynx, and breathing is stertorous and roaring. The patients attempt to swallow, and the mucus must be removed by a sponge on a whalebone stem, introduced to the back of the mouth. Thus, instead of chloroformic anæmia, we have congestive phenomena. 3. The waking is very rapid. Patients can answer questions in less than a minute, and have no desire to vomit. Vomiting sometimes occurs during the sleep; most of the patients vomit after administration of the bromide as after chloroform. From these facts, M. Terrillon thinks bromide of ethyl is preferable to chloroform for simple anæsthesia, if it is desired to be rapid, and to last only a short time. If, on the contrary, we require to push it to the point of muscular relaxation, it cannot be so considered. If accidents occur they will probably be in connection with the respiration, and will be such as we may ward off, and which do not take us by surprise, like those due to chloroform. M. Berger thought that some caution was required when the anæsthesia had to be long continued. He had been struck with the ease by which death occurred in animals, which was more rapid in rabbits than with any other anæsthetic. In one case of anæsthesia in man, under M. Gosselin, the bromide of ethyl did not give good results on account of the agitation during the anæsthesia and the subsequent vomiting. M. Verneuil had seen a case where general anæsthesia was produced, even before it was wanted. He was about to remove a small tumour from the vicinity of the nose in a woman fifty years of age, and recourse was had to a spray of bromide of ethyl as a local anæsthetic, but he had scarcely commenced before the inhalation of the vapour caused general anæsthesia. As a local anæsthetic he considered the bromide of ethyl valuable, and had obtained good results from its use. M. Lucas-Championnière had given the bromide in small doses to lying-in women: the results resembled those of chloroform, but were more disagreeable both to the patient and the attendants. M. Nicaise had seen very good effects from local anæsthesia by bromide of ethyl, when it was desired to use the thermo-cautery or red-hot iron.

It is evident from this debate that the use of this substance as an anæsthetic requires further experimental observations. Sufficient has been adduced to show that it has a certain value, but we are not, at present, disposed to accept it as superior to those tried agents, chloroform, ether, bichloride of methylene, or nitrous oxide. A more thorough investigation than appears yet to have been accorded, will place bromide of ethyl in its proper position.

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# Notes on Current Topics.

### The Horse Show.

THE recent Horse Show at Islington was a most unfortunate one so far as the issue it had for two lives; however successful it may have been as a spectacle, or as a financial speculation. One youth was killed by the horse he rode falling during a leap and crushing him underneath itself; another was seriously injured by the pressure of the crowd in fear of a frenzied animal which made an attempt to clear the barrier separating the spectators from the course. The danger attending this exhibition has been shown, again and again, to be very considerable. It is a fair question whether the benefits of the show might not be equally well secured without incurring the heavy risks to life that are associated with it in its present form. At any rate some modification of the conditions of the jumping contest are urgently demanded.

## The Profession at the Levee.

A LEVEE was holden last week on behalf of Her Majesty the Queen, by H.R.H. the Prince of Wales, when the following members of the medical profession had the honour of presentation:—Surgeon George Houlton Bishop, R.N.A. Volunteers, by the Duke of Edinburgh; Surgeon F. E. Barrow, by the Director-General, Army Medical Department; Surgeon F. R. Barker, by the Director-General, Army Medical Department; Surgeon F. R. Cumming, Army Medical Department, by Lord Londesborough; Surgeon W. J. Campbell, by the Director-General, Army Medical Department; Staff-Surgeon James B. Drew, R.N., by the Duke of Edinburgh; Surgeon R. D. Donaldson, by the Director-General, Army Medical Department; Surgeon-General Hunter, M.D., honorary surgeon to the Queen, by the Secretary of State; Surgeon J. G. Harwood, by the Director-General, Army Medical Department; Surgeon W. R. Henderson, by the Director-General, Army Medical Department; Surgeon A. M. Kavanagh, by the Director-General, Army Medical Department; Surgeon H. G. Michael, by the Director-General, Army Medical Department; Surgeon Alexander Oberlin MacKellar, R.N.A. Volunteers, by the Duke of Edinburgh; Surgeon Samuel Osborn, R.N.A. Volunteers, by the Duke of Edinburgh; Surgeon G. T. Thomas, Madras Medical Service, by the Secretary of State; Surgeon-General J. A. Woolfreyes, M.D., C.B., C.M.G., on return from service in South Africa, by the Director-General, Army Medical Department; Surgeon J. Watson, by the Director-General, Army Medical Department; Surgeon T. P. Walsh, by the Director-General, Army Medical Department. There were also present, Sir Henry Thompson, Mr. Erasmus Wilson, F.R.S., Mr. Thomas Wakley, F.R.C.S., Professor Longmore, M.D., Surgeon-General W. Munro, and Dr. W. Alexander, of Halifax.

## Exchanges between Army Medical Officers.

A RUMOUR reaches us from afar, in the actual foundation of which we hesitate to believe for the present; although on the principle of "where there's smoke there's fire," &c., we are by no means free from suspicion that "there is something in it;" that something, the very important proviso said to be introduced by "the authorities" into the working of paragraph 33 of the Royal Warrant of 27th November, 1879, by which exchanges between medical officers therein sanctioned are, as a matter of fact, rendered impossible. According to that paragraph, "an officer of the Army Medical Department shall be permitted to exchange with another officer of the same Department under such conditions and regulations as shall from time to time be approved by us." Well, if the report that reaches us be true, one of the first *conditions* introduced is that officers exchanging with each other shall be left without pay during the time they are respectively in transit to the stations from and to which they exchange. According to the plain reading of the paragraph itself, the Secretary of State for War, who is the interpreter of the Warrant, has the power to introduce any *conditions* he chooses. Still, putting fairness and justice on one side, we doubt very much the *policy* of such an illiberal measure as the one we have indicated, and particularly after all the uncertainty and doubt, and the evil results thus caused to the interests of the service by the constant interference with, and manipulation to which recent Warrants were subjected. If officers in the army are to be thus left without pay between the time exchanges between them are sanctioned, and they join their new stations, by all means let it be so; but let due warning be given of the impending change, and then let it be introduced, to begin with, among those of distinguished cavalry and infantry regiments, not among those of the Medical Department.

## Bromide of Ethyl.

THE *Gazette Médicale de Paris* reports that M. Terrillon stated at the Société de Chirurgie that he had employed the bromide of ethyl about a dozen times in operations with the thermo-cautery. In a minute or two a white patch indicating cutaneous anæsthesia is produced; and on the pulverisation being continued, insensibility of the tissues is produced to the depth of two centimetres. The production of the white patch is not essential, as anæsthesia may exist when it is absent. The results have proved very satisfactory; but in two cases M. Terrillon did not succeed, owing, as he believes, to the pulverisators which he employed having too small a jet.

## Measles in Plymouth.

ABOUT a year ago measles is said to have been introduced into Plymouth by a troop ship. Since then that disease has continued to prevail with varying severity until the week ending 28th May, when the death-rate from this cause suddenly fell from 23 to 2; at one time, during the winter season, indeed, the mortality rate had been 80 per 1,000. There is much reason to believe that had any infectious hospital, or other means of isolation of the affected, existed at Plymouth, that town, and those adjoining, might possibly have been spared, to some extent at least, the epidemic by which they have been visited, although, considering how little is at present known regarding the laws of epidemics, even this much is mere subject of speculation. But with regard to importation by the Indian troop ships, one or two remarks present themselves. That the greatest possible care is taken by medical officers, both at Deolalee and Bombay, that no child or other person labouring under measles embark on board these ships, we have every reason to feel satisfied; but that scarcely a voyage is made from Bombay without measles in greater or less severity occurring, and by no means seldom affecting some adults on board, as well as many of the children, has, unfortunately, come to be a recognised fact. Now, the question arises, how do these outbreaks on board such well-fitted and well-regulated vessels as the Indian troop ships undoutedly are, occur? Is it as a result of children being taken on board while as yet in the incubatory stage of the disease? Is it that an epidemic once having occurred on board, the infection clings thereafter to that portion of the vessel in which families are accommodated? Or is it that the mere circumstance of large numbers of children crowded together during the "overland" voyage is, of itself, sufficient to induce the disease without the necessity for actual *infection* being on each successive occasion received on board? But if the epidemic that has so recently visited Plymouth really was received from on board one troop ship, how comes it that the disease has not yet spread in Portsmouth, where during six or seven months out of the twelve, two, and sometimes three, such vessels land their cargoes of military humanity per month? On some such occasions a measure of isolation is practised there; but to ensure complete "guarantee" in regard to the classes affected is simply impossible, at least, under existing circumstances. We fear, then, that in the case of Plymouth, the spread of the epidemic was due to something else than *importation*; and for that something we would suggest to the local authorities that they look at home.

## Influence of Electricity on Bacteria.

Some new experiments with regard to the influence of electricity on bacteria have been published by Professor Cohn, who adopted the method of sowing with bacteria a sterilised mineral nutritive solution, subjecting them to electric currents, and noting the results. A Marie-Davy flask element he finds to exert (according to strength of current) either no influence on the increase of bacteria, or merely a retardative influence. On the other hand, the current from two powerful elements sterilised the nutritive solution completely at the positive pole in twelve to twenty-four hours, so that afterwards the bacteria introduced did not increase. At the negative pole, the action was weaker, the liquid not completely sterilised. At neither of the poles were the bacteria killed, and when brought into another nutritive liquid they developed normally; on the other hand, yeast cells, and mycelium fungus brought into the liquid that was sterile for bacteria increased plentifully at the positive pole. A battery of five strong elements killed the bacteria distributed in the liquid within twenty-four hours, and sterilised the liquid of both poles.

## An Uncured Pilgrim.

At the last meeting of the Sligo Guardians the following letter was read from the porter:—"I beg to inform you that yesterday I was dragged before the public court of petty sessions, and falsely charged by an uncured pilgrim returning from Knock with stealing a sovereign from him. He illegally claimed and got from the relieving officer a ticket of admission to this house, and when I went to search his clothes I found nothing, but concealed under his armpit was £3 10s. in gold, 5s. 6d. in silver, and 2s. 9d. in coppers. When in Sligo town he trumped up a charge against me of keeping a sovereign of his, and I was summoned for the alleged offence. Fortunately for me a pauper man was present, who could swear the charge was as foul as it was untrue. I trust you will ask the Local Government Board to sanction the payment of my costs." The only result of the poor porter's motion was that he was soundly rated for interfering with the "uncured pilgrim" from Knock, and admonished to be more careful in future.

## Provincial Fellows in the Council of the Royal College of Surgeons of England.

The strong feeling among country practitioners, Fellows of the Royal College of Surgeons of England, that they are very unduly represented on the Council of the College has taken practical expression in the form of a request to Mr. Reginald Harrison, Surgeon to the Liverpool Royal Infirmary, to become a candidate for one of the four vacant seats. The requisition states that "hitherto Liverpool, one of the largest of the provincial cities, and a centre of medical education, has been unrepresented," and proceeds to urge that Mr. Harrison would be an able representative of the extra-metropolitan fellows. The circular is numerously signed, and among the names attached to it are those of Messrs. Rushton, Parker, the late S. M. Bradley, F. A. Southam, Oliver Pemberton, John Postgate, T. Pridgin Teale, &c.

## Collapse Successfully Treated by Subcutaneous Injection of Atropine.

Dr. Gundrum reports the particulars of a case of chronic knee-joint disease, in which hyper-distension of the abscess sac with a carbolic acid solution, strength 1-40 (Callender's method) was followed by symptoms of a most alarming and almost fatal collapse, due to carbolic acid poisoning, as was clearly proved by the abundant formation of carbolic acid crystals in a portion of the patient's urine after evaporation.

A great variety of treatment was tried without success to produce a reaction. The patient was almost moribund. A profuse cold, clammy perspiration, stood out all over his body. The forehead, face and extremities, were as cold as they could well be. The trunk was very cool. The patient lay with his eyes closed, breathing very slowly and superficially. The pulse was perceptible at the wrist only part of the time. In this extremity, Dr. Gundrum proposed the hypodermic injection of atropine as a last resource, having found it useful in several other cases of shock and collapse. Seven drops of a solution, containing one grain to the ounce, were injected into the upper part of the right arm. This was followed by the happiest results.

In fifteen minutes the perspiration was much less, and the skin felt less cold. In twenty-five minutes the whole surface of the body was dry, and the trunk began to feel warm. In one hour from the injection, the hands and feet, as well as the whole body, were warm. The pupils were slightly dilated, and there was slight redness—a feeble blush—about the cheeks, neck, and back of hands, and the lips and ears were of a pale red colour. Entire consciousness rapidly returned, and the patient began to take beef-tea, gruel, &c., &c. He now told those in attendance that he had known nothing since the time the upper abscess had been distended for the third time. (*The Therapeutic Gazette*, Detroit, March 15, 1880, page 60.)

## Small-Pox in Paris.

"The number of persons," says *Nature*, "who die from small-pox is increasing daily in Paris. Statistics prove that 858 died in 1879, and not less than 1,038 in the first four months of 1880." This intelligence might be serviceable to the fanatics who persistently rave against compulsory vaccination, if only they might be hoped to show any sense of the crushing evidence it affords against the nonsense they disseminate. In France, at least, the evil ravages of the disease, when unchecked by the only specific measure available against it, is recognised; and a law has been proposed in the Chamber of Deputies to render vaccination imperative. The committee of investigation have reported favourably on the Bill, and hopes are held out that it will soon become a law of the land. Seeing that there might yet be time to stir up the French people against it, if the whole energies of the united obstructionists who have banded themselves together under the style of the "Anti-Compulsory Vaccination League," were devoted to the immediate propagation of their rubbishing absurdities across the Channel, they might be induced to make the trial. The relief this country would feel from even their temporary absence might not be dearly purchased at the risk of a national misunderstanding between the two countries, while the possibility of the anti-vaccinationists being forcibly converted from the error of their ways under the rigid application of a French *régime* is another consideration to hold in view.

## Inhalations of Benzoate of Ammonium in Pulmonary Phthisis.

Dr. Wagner, of Buda Pesth, writes, in *Med. Chir. Centralblatt*, that he prefers this salt to the benzoate of sodium, on account of its being more volatile, and thus capable of penetrating deeper into the smaller bronchioles than the latter, and also because it decomposes easier, leaving free benzoic acid, the anti-bacterial effect of which is greater than that of either of its salts. He lets his patients inhale until a burning sensation is produced in the chest, when the breathing becomes less laboured, the cough easier, and the appetite increases.

## Underground "Vaults."

There are in London a vast number of so-called "wine and spirit vaults," many of them being bars on the ground level; but many also are so situated on the basement of the houses that the preservation of life and health in them is next to impossible. They serve as taprooms and the cheaper kind of restaurant, though in some few instances they are adjuncts to establishments which, like the Criterion and Gaiety Restaurants, pretend to a higher degree of accommodation. From their nature they are necessarily unhealthy, even to those who remain in them but half-an-hour or an hour at a time. To the unfortunate attendants, however, compelled to remain day after day in a confined, ill-regulated atmosphere, and under artificial light, gas being kept constantly burning, the ill-consequences to health are severe and permanent. In one place of the kind situate in the lower part of a hotel in Fleet Street, which has just recently been almost entirely and expensively rebuilt, young girls are kept habitually behind a bar in a vault, where a short continuance suffices to induce most unwholesome effects in such as are unused to it. In addition, the constant draughts inseparable from the situation, are another danger which has to be faced by the victims compelled to earn a living by enduring them. It is no uncommon thing to see the bar girls suffering acutely from attacks of neuralgia, influenza, and other distressing effects of cold. The constitutional disturbance of the prolonged service they undergo amid the unhealthy surroundings is markedly evident in their appearance. The custom ought not to continue. We shall hope to see it changed ere long.

## "Death in the Frying-Pan."

"A few weeks ago we had occasion to publish some remarks," says *The Ironmonger*, "with regard to certain proceedings which had taken place in Dublin. In that instance the evil complained of existed in an undoubted form, but in connection with very cheap classes of goods which were being given away by sundry enterprising grocers of the Irish capital as an inducement to members of the public to purchase their tea. We have now a much more serious case placed before us—not the worse because it has arisen in London instead of in Dublin, but because the articles in question are sold at a good price in a respectable shop, instead of being the mere 'sprats' thrown out to catch the tea-dealer's mackerel. A correspondent, for whose *bona fides* and responsible social position we can vouch, in a letter printed on another page informs us that when recently in London he bought a 'tinned' wrought-iron fishpan at one of the first West-end shops, the charge made being about 15s.—a sum which should have insured a good and innocuous article. Feeling somewhat suspicious as to the composition of the lining of the stewpan, however, our correspondent narrates that he decided to go to the expense of having it analysed, in order that he might, if possible, avoid the risk of being slowly poisoned. Having removed the inside coating it was sent to Mr. Jones, the public analyst for the county of Stafford. That gentleman, having subjected the materials to scientific examination. made a report giving the following startling particulars:—Lead, 63·81; tin, 30·05; iron, 5·28; and copper, a trace! We have no desire whatever to assume the *rôle* of alarmists, nor do we for a moment wish to involve the good and the bad alike in one condemnation, but we are certainly of opinion that a result such as this is calculated to upset the equanimity of even the calmest persons. By common consent, lead is a slow but deadly poison, and its known use in connection with cooking-utensils is universally and properly tabooed. Here, however, we have an article purporting to be tinned which in reality contains over 60 per cent. of lead, so that the unsuspecting consumer is not only cheated by having an article worth about one-fifth of that which he pays for palmed off upon him, but is subjected to the imminent risk of having himself and family poisoned into the bargain! Inspectors who have hitherto contented themselves with testing our food should at once turn their attention to the utensils in which that food is cooked. We beg to call the attention of the Board of Trade to this hitherto unsuspected source of poisoning, and we do so with the greater confidence now that that influential department is presided over by a gentleman so intimately acquainted with the hardware trade as Mr. Chamberlain the member for Birmingham.

### Metropolitan Asylum for Imbeciles.

On Saturday last the managing committee of the Metropolitan Asylums Board paid their annual visit to the asylum and schools for juvenile imbeciles situate at Darenth, in Kent. Dr. Brewer, Chairman of the Board, was present, and Dr. Fletcher Beach, the Medical Superintendent, undertook the duties of *chaperon* to the visitors. The buildings contain at the present time about 500 patients, and these were put through various exercises, amusements, and singing, all of which evidenced a clear appreciation of the amount of teachable intelligence remaining in these youthful patients, by those whose duty it is to make the burden of their lives hang as lightly as possible under the melancholy circumstances of their existence. These schools are undoubtedly well managed in every respect, and the responsible authorities deserve the congratulations of all interested in the welfare of imbecile children.

### Pharyngeal Tuberculosis ending in Lupus.

At a meeting of the Société Médicale des Hopitaux of Paris, M. Laboulbene showed a woman exhibiting a rare form of lupus of the pharynx which had deprived her of the greater part of the uvula: in this situation was a rapidly spreading, extensive ulceration. She had previously signs of scrofula and besides a severe sore throat two months ago; this angina was succeeded by insensibility of the back of the throat, and lastly by ulceration. There existed at first yellowish granulations on the points actually destroyed, so that one probably had to deal with a tuberculosis in a scrofulous patient, tuberculosis ending in lupus.

There existed in the summit of the lung signs of commencing tuberculosis. This may account for the rapid progress of the disease, less than two months having elapsed from their commencement.

### Asses' Milk in Infantile Diarrhœa.

Professor Parrot called the attention of his pupils lately to this point (*Le Praticien*). Calling attention to the excretions, he remarked that these were very watery, soaking the cloth on which they were received; the solid part consisted of various elements; there was mucus—pure in some cases, in others containing a certain amount of milky substance, more or less digested. The pure mucus is easily recognisable, is consistent, viscous, and slips on the cloth without adhering. The odour is quite different from that of fæces; it is sourish. The colour is characteristic of an intense green, due to the colouring matter of the bile. Some of the motions are very offensive, and are composed entirely of non-digested milk, which rapidly changes in the intestine and takes a repulsive odour.

A sovereign remedy in such cases is asses' milk. It should be given iced, or if the children cannot take it thus, it may be given at the temperature of the room (14°—15° C.); but if possible it is always better to keep it in a bath of ice. There may be added to it a little alcohol in the form of brandy, 15 grammes for a child one year old, 30-40 grammes for a child three years. If the stools are very acid, a little lime water may be given with comfray syrup. We may administer alternately a few spoonfuls of milk, iced, or mixed with brandy, and half-an-hour before or after the mixture of lime water and syrup; any other drink is unnecessary, and might be hurtful.

"I know no better milk than asses' milk," says Professor Parrot, and after this, or in default of it, some goat's milk, and lastly, cow's milk, from which the cream should first be removed.

It is intended to confer the honorary degree of D.C.L. of the University of Oxford on Professor Lister.

Dr. Leader, of Millstreet, is a candidate for the coronership of the East Riding of the county Cork, vacant by the death of Mr. Daly.

Trinity College, Dublin, will receive a valuable legacy in the shape of many rare works in classics and oriental literature, under the will of the late Dr. Kenealy.

Mr. Bryant, F.R.C.S., Surgeon to Guy's Hospital, and author of an excellent Text-book on Surgery, has been elected Examiner in Surgery to the University of Durham.

Mr. R. Barrett, writing in the *Victorian Review*, asserts that nine-tenths of the blacks in Australia die of consumption—a curious commentary on the practice of sending consumptive patients to Australia.

There is at the present moment a fearful epidemic of cattle plague raging in the Island of Cyprus. According to the report of Dr. Heidenstam out of 1,540 animals attacked during the month of May 1,447 had died.

The next anniversary session and dinner of the St. Andrew's Graduates' Association will be held at the Greyhound Hotel, Hampton Court, at 6.30 p.m., on Saturday, June 12th. Dr. Seaton, of Sunbury, will take the chair.

At the election of a member of Parliament to represent the University of London last week, *vice* Mr. Lowe, promoted to the House of Lords, Sir John Lubbock was, on the nomination of Dr. Samuel Wilks, seconded by Dr. Frederick Wood, declared to be duly elected.

By invitation of the authorities at the Royal Indian Engineering College, Cooper's Hill, Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S., recently delivered a lecture "On the Preservation of Health in India." The lecture is in the press, and will shortly be issued in pamphlet form.

At a meeting of the Council of the Poor-law Medical Officers' Association, held on June 1st, it was resolved that a petition should be forwarded to the House of Commons in support of the Medical Charities (Ireland) Bill now before the Legislature.

An examination of candidates for commissions in the Medical Service of the Royal Navy will be held at the University of London on Monday, 9th August, 1880, and following days, at 10 o'clock. Candidates are to attend on 5th August for preliminary examination as to their fitness for the service.

Surgeon-Major John Warren, Army Medical Department, at present serving in Bengal, has been appointed assistant surgeon to the Royal Military College, Sandhurst. Dr. Warren served for a long time in the Royal Dragoons, in which regiment, says the *United Service Gazette*, he was much liked.

A law of compulsory vaccination has been passed by the Bengal Legislative Council, and now awaits the sanction of the Governor-General. It is made applicable in the first instance to Calcutta, but may be extended under certain provisions to other municipalities. The carrying out of the measure is to be entrusted to the health officer for the town.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Wolverhampton 16, Leeds 17, Hull 17, Portsmouth 18, Leicester 18, Birmingham 19, Plymouth 19, London 19, Bradford 19, Sheffield 20, Nottingham 20, Brighton 21, Bristol 22, Sunderland 22, Glasgow 23, Oldham 23, Liverpool 23, Norwich 24, Newcastle-upon-Tyne 24, Edinburgh 25, Manchester 26, Salford 29, Dublin 38.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns, were —in Calcutta 22, Bombay 39; Geneva 28; Brussels 31; Amsterdam 26, Rotterdam 27, The Hague 22; Copenhagen 26; Stockholm 36; Christiania 18; St. Petersburgh 59; Berlin 27, Hamburg 24, Dresden 30, Breslau 29; Munich 43; Vienna 30; Rome 30, Naples 31, Turin 28; Alexandria 42; New York 27 per 1,000 of the populations.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 0·7 and 0·9 in Leeds and Birmingham, to 7·6, 8·3, and 8·4 in Salford, Dublin, and Plymouth. Measles showed the largest proportional fatality in Plymouth and Sunderland; scarlet fever in Salford, Dublin, Norwich, and Hull; and whooping-cough in Newcastle-upon-Tyne and Manchester. The fatal cases of measles in Plymouth, which had been 23 and 2 in the two previous weeks, rose again to 10 last week. Enteric fever showed a proportionally large excess of fatality in Salford. Small-pox caused 10 more deaths in London, 9 in Dublin, but not one in any of the other large towns.

# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—The mortality in Edinburgh for the week ending with Saturday, the 29th ult., was 108, an increase of 20 over that of the preceding week, and the death-rate was 26 per 1,000. No fewer than 55 deaths were due to chest diseases. The city continues to enjoy an immunity from fever.

Death-Rate of Glasgow.—The deaths in Glasgow for the week ending with Saturday, the 29th ult., were at the rate of 23 per 1,000 of the population annually. In the previous week the rate was the same, as it was also in the corresponding week of 1879. The returns for the corresponding period of 1878 and 1877 show a rate of 22 and 27 respectively.

Edinburgh Royal Infirmary.—At a meeting of the managers of this Institution last week, Dr. Andrew Smart, F.R.C.P., was elected Assistant-Physician.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, May 29, says:—The death-rate in the eight principal towns during the week ending with Saturday, the 29th May, 1880, was 22·8 per 1,000 of estimated population. This rate is 0·4 under that for the corresponding week of last year, and 0·9 under that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 15·6 per 1,000, and the highest in Paisley, viz., 28·7 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·3 per 1,000, being under the rate for the previous week. Acute diseases of the chest caused 106 deaths, nearly the same number as for the previous week. Glasgow and Edinburgh appear to have suffered most from these diseases. Of the 10 deaths from violence in Dundee, 8 were of persons who lost their lives by the Tay Bridge accident.

Death of Dr. Thomas Milne.—The death of this well-known and greatly-esteemed Navy surgeon, at the early age of 42, has cast a feeling of deep regret over the district of Cumbernauld, where, though for a comparatively short time, he practised with much success. His has been a life not indeed of great distinction, but of great usefulness in various spheres; and whatever his field of labour, he won in it the regard and entire confidence of those among whom he was called to labour A student of Glasgow University, he took his M.D. degree in 1860; and, having passed the necessary examination, shortly afterwards entered the Royal Navy. In that service the characteristics which had already won for him so many friends, as a student and in private life, rendered him a great favourite. Manly and generous, faithful and fearless, he knew nothing but his duty to those with whom he was associated in many a rough adventure on the deadly coast of Africa, where he encountered many perils under most trying circumstances. While upon one dangerous enterprise with troops in the bush, skirmishing against the natives, without ambulance or any means of conveyance for the wounded, Dr. Milne, at imminent risk, carried his disabled companions one by one on his shoulders out of fire to safe shelter, so saving valuable lives, and deservedly earning the thanks of the Government for his cool intrepidity. But the toil of the pestilential jungle soon told its tale. The climate proved to him, as to many others, more deadly than any weapon of the enemy; and Dr. Milne, having after a time received a good service pension, returned to England. Thence, after some years spent in moving slowly about in quest of health, he came to Glasgow, and on learning that the parish of Cumbernauld required the services of a medical man he took up his residence in that village. But the work of a country doctor is no child's play when conscientiously discharged, and the result was too soon apparent. His constitution, already impaired by hard work abroad, suddenly gave way. Symptoms of heart disease had been for some time threatening, but he made no complaint, though at times he must have suffered acutely; and when, on the evening of the 29th ult., the end came, he was calm and ready.

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# Literature.

## TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

[SECOND NOTICE.]

(*Concluded from page* 335.)

*Diseases &c., of the Organs of Respiration.*—The first two communications of this section—one by J. West, M.B., and the second by P. Coupland, M.D.—relate to diseased states of the lung: and the first is entitled "A Peculiar Degeneration of the Lung of Uncertain Nature." We must say we see nothing in the case to entitle it to any special notice. It seems to us an example of what is now known as fibroid disease; nor do we expect that every example of this kind will be similar to every other. This would be contrary to all experience of morbid anatomy, whether of the lung or other organ. In the case before us the lung felt solid, was of a dark grey colour, and filled with cavities, which latter were traversed by trabeculæ. Nor does the fact that the pneumonia had only attacked the superficial parts of the lobe make the slightest difference in the case. Every one must have met cases where the inflammation was so limited, and it is one of the causes of the difficulty which may arise in the diagnosis during life, for the ear then catches a mixture of sounds which are sometimes very puzzling. There is, however, one fact stated by the author which would lead us to the opinion that at an early period of the case the entire depth of the lobe was attacked by pneumonia, and that is, "the lobe was much enlarged, and marked with furrows by the ribs." This is a state which would not occur except the entire lobe had been involved; and, in fact, our explanation of the case is that pneumonia existed at first and had then gone on to a partial cure, leading to fibroid degeneration. In this view the case is simple and, in our own experience, common. Many of our remarks apply to the second case, which is also one of Chronic Lobar Pneumonia, with its usual attendants. We have read it closely and the impression it leaves on our mind is that it was very similar to the last, except in having some emphysema. Neither do we see anything out of the common, though the author speaks of the case being complicated with granular kidney, and of the patient having been addicted to strong drink, as such. Both these complications are surely frequent to a degree, and when once established are very liable to lead to destructive diseases of the lung, and in various forms just such as were found in the case. But it is not in this aspect we call attention to the two foregoing cases, but because the line of investigation pursued seems to us to leave no fruits behind. Much labour has been given to each case, and more particularly by the aid of the microscope. Still, we fail to see any practical result, and if the cases were twenty in place of two it would be just the same. When the microscope tells us that this morbid specimen is malignant, and that not, or that one has undergone fatty degeneration, and another is free from the change, we can understand it, and the result is in the highest degree practical. In truth, the microscope is now being used too indiscriminately, and a vast amount of labour is thus lost. Much more might be said on this point, but our space forbids.

Farther on in this section we observe cases are given by J. P. Irvine, M.D. and R. D. Powell, M.D., in which tumours in the thorax (two being aneurisms and the third malignant disease) compressed the bronchus on the side in which the tumours existed. This state has been noticed by others, especially by Sir W. Gull, who attributes the changes found in the lung to the nervous supply being interfered with by the tumour. This view is disputed by the authors whose names we have given, who consider that is because the bronchus was compressed that the lung had undergone various changes. We would not hold this side of the question, for it seems to us that a healthy nervous influence has very much more to say to the lungs keeping healthy than any compression of the bronchus could effect. It is known as a matter of fact that interference with the eighth pair of nerves affects at once the functions of the lungs. On the other hand, we are not aware of any facts which prove that compression of the bronchus causes the same result. We observe too that one of the authors in supporting his argument states that the par vagum was healthy up to the spot where it was lost in the tumour. To us it would have been more satisfactory if we had been told that it preserved its normal state through the tumour. There would then have been a sound argument for the views we have been considering.

*Diseases of the Organs of Circulation.*—Though the cases in this section are interesting, they are not of that kind to call for a special notice. The first eight are all congenital. The ninth, by J. Boileau, M.D., is a case of penetrating wound of the heart, involving both ventricles, but not causing death for several minutes after its infliction. The tenth, by J. F. Goodhart, M.D., is entitled "Case of Rapid Enlargement of the Heart." We draw attention to this case because we are not at all sure that the author interprets it rightly. He thinks that as the patient, a lad of 17, had not complained till three weeks before admission, he must have been healthy till that period, and that as his heart was found to weigh nineteen ounces, it had therefore doubled in weight at a very rapid rate. We cannot entertain this view, as we have often known parties work on long after most serious disease of both heart and lungs had begun; so much so as to cause wonder how they did it. Besides, too, the author expressly states that the patient did not work "very laboriously." It would have been more satisfactory, too, had it been stated whether the pericardium was weighed with the heart, as it was found adherent everywhere; also whether the blood was removed from the cavities. All these considerations make us question the view advanced—that the organ had doubled in weight in the course of three weeks. As part of the heart, too, had undergone fatty degeneration, the presumption is that disease had been going on long before the fatal illness. It is worth noting that the inflammation present was of the strumous character, as shown by the presence of small tubercles.

We would direct attention to a very interesting case, No. 16, by S. Jones, M.B., and entitled "Cured Subclavian Aneurism." It is too long to give here, but we may transfer the first sentence, which gives an idea of its character, and shows a tendency to the cure of aneurisms which must be very rare. "The specimen shown was one of cured aneurism of the right subclavian artery, from a man who had undergone spontaneous cure of a left popliteal aneurism, and in whom also a right popliteal aneurism had been successfully treated by compression on the proximate side." This remarkable case extended over a period of nearly twenty years, and the patient finally died of cardiac and aortic disease.

No. 17, by R. Lyell, M.D., is entitled "Progressive Thrombosis of the Veins of one Lower Extremity, with consecutive Embolism of the Pulmonary Artery, from a Case which had previously undergone an Operation." This is a case of some interest. A woman of 56 had a breast removed for scirrhus; ten days after she was attacked with phlebitis of the left lower extremity, which, after a week, had in a degree subsided, when, on awaking from sleep, she suddenly started up in bed, exclaiming she was going to die; she lived about twenty minutes, the pulse being very small, and the lips getting gradually more and more livid. The veins of the lower extremity were plugged with coagula, and a very well-marked coagulum was also found in the pulmonary artery, and was clearly the cause of the sudden death. It would have added to the interest of the case had we been told the state of the coats of the veins themselves, and also whether the heart had undergone any fatty degeneration. It is described as being collapsed and flaccid. We have the idea that cases of this kind are very apt to occur where the circulation is not carried on with its usual vigour. As bearing on this point it is stated that the body was found to be extremely well nourished.

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(a) "Transactions of the Pathological Society of London." Volume XXX., for 1878-79.

*Diseases of the Organs of Digestion.*—No. 1, by N. Moore, M.D., is a case of poisoning by sulphuric acid, of which the patient drank more than half-a-pint a short time before admission to hospital. The patient, a man of 21, lived about two hours after taking the acid. The suffering was very great, but he had no difficulty of breathing. A blackish mass was all that remained of the stomach, the œsophagus ending in a fringe of shreds. The neighbouring parts had suffered more or less, including the diaphragm, abdominal muscles, lungs, &c. Some of these latter parts were hardened and contracted, and the blood was changed into "carbonised masses like bitumen."

No. 2, by A. Doran, is entitled "Perforating Ulcers of the Ilium from Obstruction after Ovariotomy." There are one or two points calling for notice in this case. It seems to us that the patient was not in a state to have undergone the operation. She was ill just before it, if not with typhoid fever, which the illness had been pronounced, at least with a fever during which the temperature varied between 100° and 102°, and even the day before the operation it reached 100·6°. Under these circumstances we think some delay would have been prudent. We also think that the morbid parts might have been reported on by a committee. We would like to have known more of the ulcerations which existed, and whether Peyer's patches, which were not ulcerated at all, were affected in any way different from health. We have seen cases of typhoid fever where nothing but an increased development of these glands was found—not a trace of ulceration at all; and, in fact, after reading this case closely, we get the impression that it was one of typhoid fever complicated with ovarian disease.

No. 5, by N. Moore, M.D., is a series of cases of abscess of the liver, in which ulceration of the colon also existed. Though short, this is a valuable communication, for the results of no less than twenty-four cases are given, and they prove the very close connexion which subsists between ulceration on the mucous surface of the large intestine and abscess in the liver. At the same time we think it right to add that we have seen a frightful epidemic of dysentery, speaking of both its extent and fatality, and yet in which abscess of the liver was so exceedingly rare as not to constitute a part of the morbid anatomy at all. On the other hand, we have seen a number of cases where abscess existed, but where no ulceration was present. From the great prevalence of hepatic disease in India we would expect that the two diseases would be found conjoined there very much more commonly than in Great Britain. Is there any reason, we would ask, why hepatic abscess may not exist *per se*? We think not, even though the common idea is that it can only arise where purulent matter has already been formed.

*Diseases, &c., of the Genito-Urinary Organs.*—No. 1, by N. D. Colley, is a rare case where Protrusion of Orifice of Ureter through Meatus Urinarius in a Female Child was found. This case, too long for insertion here, will repay perusal. Nos. 2 and 3, by De Kraus, of Carlsbad, and communicated by W. M. Ord, M.D. and Mr. Croft, are interesting examples of Cases of Spontaneous Disruption of Vesical Calculi. There can be no doubt in both these examples the calculi were broken within the bladder. When we consider the changes which are so frequently going on in the urine and the varieties which, on the other hand, so often exist in the nature of calculi, we can easily understand how they may disintegrate in the bladder, and so one large calculus might thus break down, and even allow the separate parts to come away by the urethra. We can even suppose it possible that when once broken in the bladder medical treatment might effect their solution, of which the possibility has, we think, been shown in Roberts' able work. No. 6, by A. Morison, M.D., is a very interesting case of Recto-Vesical Fistula, Septicæmia, terminating fatally. An abscess formed between the rectum and bladder, and then made its way into both places. After death a constriction was found in the rectum, and above this point an opening from the bowel into the abscess, and from this latter another which had made its way into the bladder. We cannot give more details of the case here; but it will repay perusal. The patient was about 50 years of age.

*Diseases, &c., of the Osseous System.*—This section contains a series of cases of Disease of the Skull in Congenital Syphilis, by T. Barlow, M.D., and D. B. Lees, M.D. We would notice here, too, an elaborate communication by M. Jules Parrot, who we presume read it before the Society. This communication is in French, and is the most complete account we have seen, and to those interested in the subject we can strongly recommend it. No. 6, by A. E. Barker, is entitled, Incipient Synovitis in Hip-joint. We could have wished the author had given us some more particulars of this case. None of the surroundings of the patient are given; not even her age, nor family history. It is not easy under the circumstances to offer any opinion on the case. Very different is No. 6, by J. H. Morgan, which is an example of Acute Disease of the Hip-Joint, occurring in a boy aged 6. All the points are well described here, and to the surgeon it must prove interesting. The boy died of tubercular meningitis, and so the specimen was obtained.

*Morbid Growths.*—Several pages of this section are occupied by a discussion as to the nature and character of the disease called Rodent Ulcer, which would seem to have been first accurately described by Arthur Jacob, of Dublin, in the year 1827. The cases and remarks are contributed by the late W. T. Fox, M.D., T. Colcott Fox, M.B., E. Bellamy, A. Sangster, M.B., E. G. Thin, M.D., and the microscopic reports by J. F. Goodhart and H. T. Butlin. The entire communications are very elaborate, and the chief point discussed is as to the nature of the ulcer, whether malignant or otherwise, also as to what special texture is first involved. For ourselves, we believe the disease to be allied to cancerous growths. It does not appear that any case is given where a cure was effected, though a great variety of treatment, including both operative proceedings and constitutional treatment, were employed. We may add, a number of drawings are given illustrating the morbid anatomy of the disease as seen under the microscope. No. 4, by J. Gairdener, M.D., of Glasgow, and J. Coats, M.D. (who were introduced by the President), is a case of curious interest, entitled, "A Case of Multiple Tumours, some of which Disappeared under Observation." The patient, aged 52, was very healthy till the tumours began to grow in various parts of the body. They first appeared in the lower part of the abdominal walls, then on the head and shoulders. Pain of a severe and tearing kind commonly attended their growth, and with some of the growths it was observed that they afterwards lessened and even disappeared entirely, a few days being sometimes enough to cause this change. One of the largest of these, measuring four inches by three, and situated close to the crest of the ilium, so disappeared. Nearly a year was passed in this way, when the health began to give way, as shown by languor, and the loss of what had been a "keen appetite." Then followed loss of flesh, and sudden attacks of sickness, but no vomiting, although there was hiccough. At times the suffering was like that caused by calculus in the ureter. The attacks of sickness and hiccough continued to the last. There were about thirty-five external tumours; the largest now being about 2½ inches by 2. In the interior of the body tumours existed in the fat round the right kidney, the supra-renal capsule being healthy. But on the left side it was much diseased; the change being of the character of the tumours elsewhere. We see no notice of the state of the thoracic contents; but think it highly probable the lungs would not have been found healthy. There are one or two points which call for a passing notice in this interesting case. Light might have been thrown on its nature by a microscopic examination of the fluid obtained when one of the tumours was punctured, which it is stated to have been. This has shown in other obscure cases the character of the fluid, whether malignant or otherwise. But again, Is it not probable that the symptoms from which the patient suffered to the last were due to the disease of the left supra-renal capsule? We think so. Of the nature of the case we ourselves have very little doubt. We believe it to have been essentially malignant, and of the character of fungus hæmatodes, which name we would much prefer to that of "sarcoma." It gives us something definite, which that of "sarcoma," meaning only flesh, does not. It is true that this form of cancer is more commonly localised to one part of the frame, as the kidney, lungs, liver, knee, &c.; but we have seen several instances where the morbid structure was diffused, as in the present instance. The presence of the blood-clot, or something like it, which the tumours here presented, seems to us very characteristic of the disease. Neither is it at all strange that some of the tumours which appeared should afterwards disappear. We have observed this on three or four different occasions, when the lung was the chief seat of the disease;

that is, after it had become affected, tumours in and about the clavicle appeared, and then went away again. Something of the same kind, too, we have seen, where genuine cancer had attacked the breast, and then the glands in the axilla got suddenly enlarged, and as suddenly disappeared again. To our minds this seems very like what took place in the case detailed. Such instances have, so far as we have seen, been very rapid in their progress. This entire case will well repay perusal. It is followed by several others, where malignant disease existed, chiefly in children. In one of these, No. 7, by J. H. Morgan, a malignant tumour affected the femur, and the patient, a child of 3½ years, underwent successfully the removal of the limb at the hip-joint. This must be considered a great triumph of surgery. We should like to hear of this case again: that is, we mean after an interval. No. 12, by P. M. Braidwood, M.D., is entitled, "Case of Unilateral Cancer." This is a very interesting case, though too long for insertion here. Its interest lies in the symptoms which presented themselves, and which must have been at first most misleading. The textures chiefly involved were the osseous, which were so softened they could be cut with a knife. The patient was an unmarried lady of 63, and the several diseased masses were confined to the left side of the body. Besides the disease of the bones, chiefly of the pelvis, there were also tumours of malignant growth. No. 15, by S. West, M.D., is entitled "Primary Sarcoma of the Supra-renal Capsule, with Secondary Growth in the Lung." This is also an interesting case, and occurred in a man æt. 57. The symptoms were those that might attend chronic pneumonia; the dyspnœa, however, being very urgent. On examination the right lung was found much affected by malignant deposit, as were also the bronchial glands at the root of the lung. In addition to all this, the right supra-renal capsule was very much enlarged by the same kind of deposit. But there was no bronzing of the skin. No. 17, by John Gay, is an example of "Blood Cyst removed from the Neck." To the surgeon this case will well repay perusal. The tumour, which was the size of an orange, was situated at the root of the neck, and was, in a degree, overlapped by some fibres of the sterno-mastoid muscle. We need not add the important parts with which it was in the closest contact, and which rendered the operation a very critical one. The patient, however, made a good recovery, and lost a cough which had troubled him for a long time before the tumour was removed.

Though we had marked a number of other cases and communications for notice, we find we must now conclude by merely naming some of these. The discussion inaugurated by Dr. Dickinson, on "Lardaceous Disease," is one of much interest, as are all the communications on the relations between diphtheria and diseased milk, by Drs. Power and Smee. These, again, are followed by what may be called the great topic of the day; we mean the relations of organisms to antiseptic dressings; Listerism, as it is called. The communication on this subject, by W. Cheyne, M.B., is well worthy of perusal. A paper by E. Crisp, M.D., on "Rabies in the Dog," is also one of much interest.

We now conclude our notice of this volume, and consider we have said enough to induce others to read it. The nature of its contents render it, we think, the most valuable of the series which has yet appeared. We need say nothing of the way in which the work is brought out and illustrated. It leaves nothing to be desired.

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## ATLAS OF ILLUSTRATIONS OF PATHOLOGY. (a)

No amount of verbal description, however clear, will in any way approach to the educational benefits to be obtained by the actual inspection of fresh pathological specimens, and the nearest approximation to them is certainly a really good coloured plate. Many excellent authorities have maintained that the union of both is best; and there is much to be said for this view, for a good coloured plate may be made to display all the salient features of a particular disease in a manner seldom seen in any particular natural specimen. The great drawback of pathological plates up to this has been their high, in fact prohibitory, price which usually places them out of the reach of ordinary practitioners, and confines them mostly to the libraries of collegiate institutions or of individuals engaged in teaching. The New Sydenham Society have introduced into this department of medicine all the advantages of co-operation, and for a nominal annual subscription of one guinea, a sum within the reach even of every student, have provided the profession with the magnificent Hebra Atlas of Skin Diseases, and are now furnishing an Atlas of General Pathology, of which we will merely say that it is the worthy compeer of its dermatological congener. The first fasciculus was issued last year, and the second, now before us, contains three superb coloured plates illustrative of amyloid disease of the kidney and of the pale flabby kidney, both externally and in section, as well as of medullary cancer of the organ. The plates also illustrate diseases of the spleen, including a remarkable case of rupture of that organ from violence; and Addison's disease of the supra-renal capsules. There are three admirable uncoloured plates of the pathological histology of all these organs; and it is, in our opinion, to be regretted that the descriptions of these plates are not in all cases opposite to them, a procedure which causes some fatigue in reference, but which possibly was unavoidable. Not the least valuable part of the work are the short and exhaustive treatises (modestly termed *résumés*) upon renal pathology by Dr. Greenfield, and upon the pathology of the spleen and of the supra-renal capsules by Dr. Goodhart. Each of these treatises is prefaced by an anatomical or histological description of the organ in question, and has appended to it an ample bibliography. They contain the latest additions to our knowledge of these subjects, and we have seldom seen so much valuable information in so small a compass. For the busy practitioner absorbed in the pressure of daily duty they will prove invaluable; for the evenings of a week would make him master of them and enable him to hold his ground in consultation with anyone. For our own part we have read them with profit and interest. We strongly recommend all our readers who are not in the ranks of this Society to enter forthwith, and the better the Society is supported the more it will be able to accomplish for education.

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# Correspondence.

## CAN A DISPENSARY OFFICER BE A MAGISTRATE?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to the above query in your issue of the 12th inst., while stating truly that dispensary medical officers have been appointed to the Commission of the Peace, you add "that there is no rule or precedent to debar a medical officer from the office," to which, with your kind permission, I will attach a rider, that there exists a strong and deeply-rooted prejudice against them which in most instances prevents the Lord-Lieutenants of counties recommending them, or the Lord Chancellor consenting to adopt the recommendation.

It is well that the cause of all this should be thoroughly sifted, and that a learned, worldly practical, and fairly financially independent body should not suffer disabilities by being excluded from posts of honour to which their intelligence and position entitle them, where there is no hesitation in conferring the honour on persons whose *res angusta domo* are less flourishing, whose general knowledge in many cases that come before them is insignificant as compared with that of dispensary officers, and who always show more independence in fearlessly and faithfully discharging public duties than most people do. It would be an insult to the dispensary medical officers to believe that the host of land agents, publicans, hotel-keepers, and retired petty shopkeepers possess more natural aptitude for administering petty law and justice than well educated medical men, many of whom are graduates of a university; but so the prejudice exists, and what is most painful, is sustained, as I have learned by the reports of the former county chairman. It is sad that a learned body, acting as a sort of secret police, should report the medical men unfitted for the position of J.P. Some time since a dispensary medical officer of independent means and all other necessary qualifications was powerfully recommended to the Lord Chancellor for the Commission of the Peace, and at first the request was refused, the Lord Chancellor giving as his reason that the County Court Chairman had reported against it, and had stated "medical men very *seldom attended except to perpetrate a job*." Eventually the Lord Chancellor, evidently not accepting as wholly true the report, granted the commission.

This is a matter that our medical M.P.'s should fully inquire into, and finally settle, and see that selecting a medical officer of a dispensary was not to be considered a shuttlecock transaction.

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(a) "Atlas of Illustrations of Pathology," compiled chiefly from original sources for the New Sydenham Society. Fasciculus II. London: H. K. Lewis, Gower Street, Agent.

Your obedient servant,

May 15, 1880. EGALITÉ.

## LONGEVITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Report of the Registrar-General for quarter ending March 30, 1880, returns notices of nine deaths of individuals said to have been over 100 years, two of whom are said to have reached the age of 116.

I do not wish to throw the slightest doubt on the *boná fides* of the recorders, but I regret that on a subject of such deep interest they did not favour us with some definite points by which the age might be verified; I know it is not an easy matter, but an earnest attempt at acquiring information will often succeed. I have twice reduced the reputed age by simple inquiry, generally referring the reports to the year 1798 as a stand-point, and thus showed that one person who used to state himself to be 103 could not have been more than 93, and another said to be 100 to be only 84.

In one of the cases recorded by the Registrar of Mount Bellew, it is stated that the woman died at 116 years of age and then her mother died at the age of 114—17 years before. According to my calculation the mother must have been married at 14 years, and her child born when she was 15, a possible but improbable occurrence in this country, even in the palmy days of potatoes. The Registrar of Ballinrobe seems to have taken considerable trouble in the matter; I only wish that he would kindly give us in your pages a *résumé* of the data on which the man's age was based.

I am, Sir, your obedient servant,

Portlaw, May 28. JAMES MARTIN.

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## THE TREATMENT OF GONORRHŒA BY INJECTION OF CHLORAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read the account of Monsieur Pasqua's treatment of gonorrhœa by injections of chloral hydrate, may I venture through your columns to state my experience on the same subject. Three cases is not a large number to form an opinion from, and I would venture to suggest that had the results been so favourable as described the experiments would not have been limited to so small a number. Now the idea occurred to myself twelve months ago that chloral should stop discharge of pus from the urethra, as it undoubtedly does from ulcers. In three cases I used it, and caused *great pain* and inflammation, so that the patients were not disposed to repeat the experiment.

Monsieur Pasqua uses a solution of 6 grains to the ounce; I used 2 grains to the ounce.

Can there have been any difference in the times of application, or can the varying strength of solution have caused the opposite results? The first patient was anxious to abort the attack; the discharge was not abundant, but slightly purulent; as well as I recollect there was much chordée. The other two had copious purulent discharge, but not much uneasiness in passing water until the injection was used.

I think the drug is so useful in arresting inflammation and secretion of pus that it is well worth further investigation, and hope these few remarks may have the effect of causing more careful observation of the effects and times for administration of chloral as a local remedy.

In the treatment of tertiary syphilitic ulcers chloral, in lotion 5 grains to the ounce, appears to destroy the specific action of the secretion, to deodorise and heal the sore. A similar application has proved very useful in healing chilblains which have broken, and also slow-healing abrasions over bony prominences. The cicatrices caused by chloral seem, in the cases I have employed it, to assume the natural colour of the skin more rapidly than those caused by other applications. I have tried in gleet, with apparently very good results, an injection of iodoform, 5 grains in water 1 ounce—inject while the powder is temporarily suspended by agitation in the syringe.

With many apologies for trespassing on your valuable space,

I remain, Sir, yours faithfully,

HUGH A. AUCHINLECK, L.R.C.S.E. & L.R.C.S.I., &c.

35 York Street, June 4, 1880.

P.S.—I shall, on the earliest opportunity, try again the effects, and shall be happy to report to you the results. From analogy, the chloral *should* cure gonorrhœa, but in my hands it has unfortunately not done so yet.

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## THE ANNUAL ELECTION AT THE IRISH COLLEGE OF SURGEONS

TOOK place on Monday last, and was more largely attended than was anticipated, there being a keen contest on the part of Messrs. Nixon, Baker, H. M. Jones, of Cork, and Meldon for a seat on the Council. 124 Fellows voted, and the scrutiny of the votes occupied more than two hours. On declaration of the poll it appeared that the entire of the outgoing Council had been re-elected except Dr. Brunker, Dr. Nixon being chosen in his stead. Dr. Nixon is Surgeon to Mercer's Hospital, and a Professor in the Ledwich School, which institution he now represents in the Council. Dr. M'Clintock was elected to the Presidency, but was unfortunately unable to take his seat, being indisposed. Dr. Chaplin, of Kildare, was chosen Vice-President, and the new Council are as follows:—Messrs. Colles, Porter, Kidd, Elliott, Tufnell, Hamilton, MacNamara, MacDonnell, Barton, Mapother, Jacob, Smyly, Denham, Corley, Swanzy, Stokes, Stoker, Wheeler, and Nixon.

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## THE IRISH MEDICAL ASSOCIATION

HELD its Annual General Meeting at the Irish College of Surgeons on Monday last, and a large number of members, metropolitan and provincial, were present. Dr. J. H. Chapman was elected President, and a series of important resolutions on Poor-law medical superannuation, the abuses of medical relief, public health salaries, vaccination law amendment, and medical reform, were adopted by the meeting after animated discussion.

The Association held its Annual Dinner on the same evening. Of the proceedings at these meetings we hope to give a full report in our next.

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# Medico-Parliamentary.

## HOUSE OF COMMONS.—FRIDAY, JUNE 4.

### MEDICAL OFFICERS OF THE GUARDS.

IN reply to Colonel Alexander, Mr. CHILDERS said that the propriety of preparing a new warrant for medical officers of the Guards was under discussion at the War Office, but considering the great advantages which these officers enjoyed in other respects over the rest of the army medical officers, he could not undertake that their pay and rate of promotion should be identical. There never had been any difficulty in obtaining medical officers for the Guards.

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# Obituary.

## SAMUEL MESSENGER BRADLEY, F.R.C.S.

IT is with much regret that we announce the death of this prominent provincial surgeon, at the early age of 39. Mr. Bradley was Surgeon to the Manchester Royal Infirmary and Lecturer on Practical Surgery in the Medical School of Owens College, where he had previously been the Lecturer on Anatomy. Like many others, his first start in life was as a general practitioner, and he was a man of varied experience. His contributions to medical literature were numerous, his last work being, "On the Injuries and Diseases of the Lymphatic System." His "Manual of Comparative Anatomy and Physiology" has passed through several editions. His writings were not merely medical, but included anthropology, and the "Relationship of Anatomy to the Fine Arts." Indeed he was a prolific writer. Further, he was a lucid lecturer and a good surgeon, and his loss will be keenly felt both in the Infirmary and the medical school to which he was attached. His health had been somewhat impaired of late by the demands upon him, but nothing serious was apprehended when he went to Ramsgate for a little rest. Unfortunately he caught a cold, which developed into pleurisy, and almost before his many friends had realised that he was ill. He was carried off, as too many medical men are and have been, viz., struck down by acute disease, whose onslaught a system weakened by prolonged over-work is unequal to resist. He leaves a widow and a young family to lament his early death.

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## DR. GREALY, GALWAY.

It becomes our melancholy duty this week to announce the death of Dr. Joseph Grealy. Some weeks ago Dr. O'Dea, of Oranmore, was stricken down by fever caught in the discharge of his professional duty, when Dr. Joseph Grealy was appointed to take his place. He was not long discharging the duty until he also contracted the disease, and after a short illness succumbed to its influence on Tuesday last. Dr. Grealy was only entering upon his vocation, and was considered by all to be genial and kind, compassionate and attentive to the poor, and an ornament to the profession to which he belonged. He was only in his 24th year.

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## ST. JOHN'S HOSPITAL FOR SKIN DISEASES *versus* DR. HOGGAN AND "THE MEDICAL PRESS AND CIRCULAR."

### ACTION FOR LIBEL.

This was an application by Dr. Hoggan for leave to have the case removed from the Old Bailey by writ of *certiorari* to the Court of Queen's Bench for trial by a special jury. Mr. Montagu Williams appeared to show cause against a rule nisi for a *certiorari* to remove two indictments against the defendants for libel from the Central Criminal Court into this court, for trial by a special jury. The alleged libel was contained in a series of letters written by Dr. Hoggan, and published originally in the *Standard* and the *Medical Press and Circular.* Very serious reflections were contained in the letters in respect of the management and appropriation of the funds of St. John's Hospital for Diseases of the Skin, of which institution the prosecutor was secretary, Amongst the assertions made were that the management of the hospital had got into the hands of a ring, which had put between £2,000 and £3,000 into their pockets, and that the accounts of the hospital had been "cooked." The managers of the hospital were most anxious that no delay should be allowed to exist in the trial of the case. It would be at once tried if it were not removed, but if the *certiorari* were granted the trial could not take place before November, and might not till next year. The contributions of the public had already greatly fallen off, and it was feared would become *nil* if the *certiorari* were granted. A Royal personage who was patron of the hospital had intimated that if the charges were not refuted she must cease to be patron.

Without calling on Mr. Charles Russell, Q.C., who appeared for the defendants,

The Court held that the rule should be made absolute. It would be necessary to examine the books and accounts of the hospital, and otherwise the case was a proper one to be decided by a special jury.

Rule absolute accordingly.

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**St. Mary's Hospital Medical School.**—The prizes and certificates of honour were presented on Wednesday last by the Right Honourable the Earl of Carnarvon. The following is a list of the successful competitors :—1879, Open Scholarship in Natural Science, Mr. G. W. Hill (£150). 1879-80—Scholarship in Pathology, Mr. A Benson (£40) ; Scholarship in Anatomy, Mr. R. P. Griffin (£40)—Prosectors, Messrs. J. R. Cater and P. P. Whitcombe. *Summer Session,* 1879.—First Year, Materia Medica : Prize, Mr. J. R. Cater ; Hon. Certificates of Merit, Messrs. H. Green, G. Harrison, W. F. Marjoribanks, G. F. Pollard, and W. F. Webster—Botany : Prizes, Messrs. J. H. Spitzly and P. P. Whitcombe ; Hon. Certificates of Merit, Messrs. G. Harrison, W. F. Marjoribanks, and G. F. Pollard—Practical Chemistry : Prize, Mr. J. H. Spitzly ; Hon. Certificates of Merit, Messrs. J. R. Cater and P. P. Whitcombe. Second Year, Midwifery : Prize, Mr. F. J. Ingoldby ; Hon. Certificates of Merit, Messrs. F. H. Butler, T. B. F. Eminson, and B. Thornton—Medical Jurisprudence : Prize, Mr. T. B. F. Eminson ; Hon. Certificates of Merit, Messrs. F. H. Butler and H. Stott. *Winter Session,* 1879-80.—First Year, Anatomy and Histology : Prize, Mr. C. H. Hale ; Hon. Certificates of Merit, Messrs. E. P. Cockey, U. K. Dutt, F. A. Rogers, and Messrs. A. T. Masters and L. Roberts (Anatomy), and G. W. Hill (Histology)—Chemistry : Prize, Mr. E. P. Cockey ; Hon. Certificate of Merit, Mr. T. H. R. Crowle. Second Year, Anatomy and Physiology : Prizes, Messrs. H. Green and A. H. Willoughby ; Hon. Certificates of Merit, Mr. J. R. Carter (Anatomy), Messrs. R. H. S Spicer and W. R. Tytheridge (Physiology). Third Year, Medicine : Prize, Mr. T. B. F. Eminson ; Hon. Certificate of Merit, Mr. E. A. Wood—Surgery : Prize, Mr. T. B. F. Eminson—Operative Surgery : Prize, Mr. T. B. F. Eminson ; Hon. Certificate of Merit, Mr. W. B. Thomson—Pathology : Prize, Mr. T. B. F. Eminson. Third and Fourth Year, Clinical Medicine : Prize, Mr. G. C. R. Bull ; Hon. Certificates of Merit, Messrs. T. B. F. Eminson, R. N. Hormazdji, T. M. King, F. St. G. Mivart, B. Thornton, and E. A. Wood—Clinical Surgery : Prizes, Messrs. F. St. G. Mivart and H. E. Sieveking ; Hon. Certificates of Merit, Messrs. G. C. R. Bull, T. B. F. Eminson, W. B. Thomson, and R. W. Wilson. The Dean reported the success of the students at the University and other examinations, and touched also upon the loss sustained by the school in the retirement of Dr. Farquharson, in consequence of the work entailed upon him by his election to the House of Commons. After the distribution of the prizes his Lordship addressed at some length a very large assembly of ladies and gentlemen. He referred to education as a mere bundle of words unless he who received that education was afterwards capable of bringing it into effect, and said that the medical profession differed in no way from that of the arts of painting and of poetry ; hard grinding over the difficulties of a rugged road to success. Dr. Broadbent proposed a vote of thanks to Lord Carnarvon, and the Dean proposed a vote of thanks to the Governors of the Hospital, to which his Grace the Duke of Grafton replied, and the proceedings terminated.

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## NOTICES TO CORRESPONDENTS.

Subscriptions.—The Publishers respectfully remind Subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

Local Reports and News.—Correspondents desirous of drawing attention to these are requested kindly to mark the newspapers when sending them to the Editor.

Mr. Clarke.—If you can cut the communication in two we shall be happy to find space for it.

Scientist.—You could probably get some for experimental purposes of Messrs. Corbyn, Stacey, & Co., of Holborn, or other manufacturing house of repute.

Dr. W. H. J.—The case is another instance of "the law's delays." It is no nearer a decision than a month since. The case has been removed by *certiorari* on the motion of Dr. Hoggan to the Court of Queen's Bench, and may be months before it is heard.

Dr. Mac E. — Either of the leading London publishing houses will doubtless offer you facilities. It would be unfair for us to recommend one house in preference.

Dr. Slater.—With much pleasure.

### DIPHTHERIA.—A QUERY!

*To the Editor of the* Medical Press and Circular.

Sir,—Would any of the numerous readers of your excellent Journal have the kindness to answer the following question : What is the shortest time, *according to his personal observation and experience,* in which true, unmistakable diphtheria has proved fatal? A brief history of the case, with the treatment adopted, would also very much oblige,

Yours, &c.,

IATROS.

MR. B. T. LOWNE will continue his lectures at the Royal College of Surgeons (England) to-day, and on Friday, at 4 p.m. Subject: "On the Development of Sensory Organs."

A QUACK'S DILEMMA.—Country Practitioner (surprised at the visit of a notorious quack and pill-vendor): "Well! what brings *you* here?" Quack (evidently suffering from disturbed peristaltic action): "Well, Sir, the fact is, I feel rather queer, and"—Country Practitioner: "Then why don't you take one of your 'Pearls of Health?'" Quack: "That's just it, Sir. I think I've swallowed one—by mistake!"—*Monthly Magazine of Pharmacy*.

DR. C. B.—Thanks. Probably in our next.

DR. WEATHERLY will receive a private note.

ROYAL MICROSCOPICAL SOCIETY.—This evening (Wednesday), at 8 p.m., Prof. H. Smith, "On the Life History of the Diatomaceæ."—Mr. S. Holmes: "A New Binocular Microscope with Isophotal Prism."—Mr. W. H. Gilburt, "On the Structure and Functions of the Scale-leaves of Lathraea Squamaria."—Mr. J. W. Stephenson, "On the relative Visibility of Minute Structures when Mounted in Phosphorus, Bisulphide of Carbon, or other Media."

## VACANCIES.

Birmingham General Dispensary.—Resident Surgeon for the Aston Branch. Salary, £170. Also a Resident Surgeon for the Union Street Dispensary. Salary, £150. Apply to the Secretary before June 21.

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board and residence. Applications to the Clerk, Cleveland Street, W., before June 21.

Enniskillen Union, Holywell Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, June 26.

Gateshead Dispensary.—Assistant Surgeon. Salary, £120, with board. Applications to the Hon. Sec. by June 15.

Highgate Small-pox Hospital.—Resident Surgeon. Particulars as to salary, board, &c., of the Secretary, 19 King's Arms Yard, London, E.C.

Kenmare Union, Tuoist Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, June 17.

Lurgan Union, No. 1 Dispensary.—Medical Officer. Salary, £100, with fees, and £21 as Sanitary Officer. Election, June 17.

Manchester, Owens College.—Demonstrator in Anatomy. Salary, £125. Applications to the Registrar before June 30. (See Advt.)

St. Mary's Hospital, Paddington.—Assistant Physician. Honorary. Applications, under cover, to the Secretary, before June 10.

West Riding Asylum.—Clinical Assistant. Board, but no salary attached to the office. Apply to Dr. Herbert Major, Wakefield.

Whitehaven Infirmary, Cumberland.—Resident Surgeon. Salary, £150. Applications to the Secretary before June 25.

## APPOINTMENTS.

ABBOTT, R. T., M.D., Medical Officer to the Bray District of the Rathdown Union.

BRUNTON, J., M.A., M.D., re-elected, for a period of four years, Examiner in Midwifery and Jurisprudence at Glasgow University.

BRYANT, T., F.R.C.S.E., Examiner in Surgery to the University of Durham.

CASTON, T., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Kilskeer Dispensary, Kells Union.

EDGELOW, S. H., M.R.C.S.E., Medical Officer for the Sherburn District of the Scarborough Union.

JOHNSTONE, C. R., B.A., M.R.C.S.E., Resident Medical Officer to the Dudley Dispensary.

NEWMARCH, B. J., M.R.C.S.E., Surgical Registrar to King's College Hospital.

PETTINGER, J. H., L.R.C.P.Ed., M.R.C.S.E., Resident Assistant Medical Officer at the Crumpsall Workhouse, Manchester.

PULLIN, F. R., L.R.C.P., Medical Officer to the Churchstanton District of the Taunton Union.

SMART, A., M.D., L.R.C.P.Ed., an Assistant Physician to the Royal Infirmary, Edinburgh.

STEPHENS, R. F., M.R.C.S.E., Medical Officer to the First District and the Workhouse of the St. Austell Union, Cornwall.

WILSON, D., M.B., C.M., Medical Officer for the Workhouse of the Hudderfield Union.

## Births.

ALDERSON.—June 1, at Southerton House, Hammersmith, the wife of F. Alderson, M.D., of a son.

AVELING.—June 3, at 14 Portland Place, Lower Clapton, the wife of C. T. Aveling, of a daughter.

CARR.—May 27, at the Asylum, Castlebar, the wife of G. E. Carr, M.D., T.C.D., Resident Medical Superintendent, of a daughter.

EDGELOW.—June 1, at Torquay, the wife of W. F. Edgelow, M.D., of a son.

GOWERS.—June 2, at 50 Queen Anne Street, London, W., the wife of W. R. Gowers, M.D., F.R.C.P., of a son

## Deaths.

BRADLEY.—May 27, at the Granville Hotel, Ramsgate, after three days' illness, S. Messenger Bradley, F.R.C.S., of Manchester (one of the Surgeons to the Manchester Royal Infirmary).

GRAYLING.—May 29, at Sheldwich House, Forest Hill, George Grayling, M.D., aged 62.

SAWYER.—June 1, at Cann Shaftesbury, Harriet, wife of R. W. Sawyer, M.R.C.S., aged 33.

STEVENS.—June 1, at London Road, Rosherville, Mrs. Sarah Stevens, widow of C. J. Stevens, M.D., formerly of Chelsea, aged 78.

REPORT ON THE MINERAL WATERS
MANUFACTURED BY
MESSRS. HAMILTON, LONG & CO.
(LIMITED.)
DUBLIN.
By CHARLES R. C. TICHBORNE, LL.D., Ph.D., F.C.S., M.R.I.A.,
Lecturer on Chemistry, Carmichael School of Medicine; late Examiner in Chemistry, Trinity College; Chemist to the Apothecaries' Hall of Ireland; &c., &c.

KALI WATER.—This water contained in the imperial pint nearly 30 grains of bicarbonate of potash, with an excess of carbonic acid gas. It was highly aerated.

LITHIA WATER.—This specimen contained a little under 10 grains of carbonate of lithia in the imperial pint. It was free from calcium salts, and was dissolved in an excess of carbonic acid gas.

SODA WATER.—This water contained in the imperial pint 19 grains of bicarbonate of soda. It is highly aerated.

SELTZER WATER.—This specimen was very faintly alkaline, owing to the presence of a small quantity of carbonate of sodium. Its main ingredient is chloride of sodium, with traces of magnesium chloride.

LEMONADE.—This aerated beverage contained 34 grains of solid matter per fluid ounce. It consists of products from the lemon sweetened with sugar, mainly the essential oil and citric acid. It is perfectly free from lead—an impurity frequently found in this and similar drinks.

GINGER ALE.—This preparation gave 35 grains of extractive matter to the ounce, consisting of citric acid, sugar, ginger, and other flavouring essences.

It will be observed that all the above mineral waters are genuine, and contain the special ingredients appertaining to their names. The Kali and Lithia Waters represent the respective Pharmacopœial preparations in strength, and are therefore reliable remedial agents. So-called Soda Water is frequently merely aerated water. In the Soda Water examined we have a proper antacid preparation in keeping with its name.

The source of the water from which these mineral waters are made is evidently fairly pure, because they were carefully examined for albuminoid ammonia, and were found to be practically free from that substance. Albuminoid ammonia is now viewed as one of the most important indications of sewage contamination.

These mineral waters were carefully examined for lead and other poisonous substances. They were found to be perfectly pure in this respect. This poisonous metal has been found in large quantities in some specimens of lemonade.

See *Medical Press and Circular*, 17th September, 1879.

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MANUFACTURERS AND IMPORTERS
OF
MINERAL WATERS.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 16, 1880.

CONTENTS.

PAGE

ORIGINAL COMMUNICATIONS.

Seven Years' Work at the London Temperance Hospital. By James Edmunds, M.D., M.R.C.P., &c., Senior Physician to the Hospital ... 491
Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department ... 492

CLINICAL RECORDS.

West London Hospital—Cases Illustrating the Use of the Hypophosphites in Pulmonary Diseases. Under the care of Dr. Thorowgood. House Physician Mr. Wright ... 494

TRANSLATIONS.

The Graphoscope as an Instrument for the Diagnosis of Asthenopia. By M. Giraud-Teulon. Translated by Archibald Hamilton Jacob, M.D Dub., F.R.C.S.I., Oculist in Ordinary to His Excellency the Lord Lieutenant of Ireland; formerly Ophthalmic Surgeon to the City of Dublin Hospital and the Dublin Eye Infirmary ... 495

PAGE

DEPARTMENT OF LUNACY.

The Prevention of Insane Self-Mutilation 495
Wonford House Hospital for the Insane ... 496

SPECIAL.

Medical Addresses to the Lord-Lieutenant of Ireland ... 496

LEADING ARTICLES.

The Contagious Diseases Acts — The Memorial for their Repeal ... 497
The Indian and the Army Medical Services ... 469

NOTES ON CURRENT TOPICS.

"The Lancet" and the Dentists ... 500
Dublin Sanitation ... 501
A New Method of Coating Metals ... 501
Redundant Riches ... 501
The Rotundo Lying-In Hospital ... 501
Diseased Meat ... 502
Royal Medical Benevolent Fund Society of Ireland ... 502
Post-card Libels on a Doctor ... 502
Death in Dublin Again ... 502
The Royal Society ... 504
Opiumless Paregoric ... 502
University Honours for Cambridge Visitors 503
Windfalls for Hospitals ... 503

PAGE

Surgeon-General C. A. Gordon, C.B. ... 503
Hospital Sunday in London ... 503
Coroners' Mares' Nests ... 503
Elections at the Royal College of Surgeons England ... 503
The late S. M. Bradley, F.R.C.S. ... 503
Rot ... 504
Prize Essay on Opium ... 404
Woolsorters' Disease ... 504

SCOTLAND.

Another Death from Hydrophobia—Health of Edinburgh—Glasgow Sick Children's Hospital, &c. ... 505

CORRESPONDENCE.

The Inquiry at the York Road Lying-In Hospital ... 506
Sir John Lubbock on the Dental Bill ... 507
Perforation of Ileum from Obstruction after Ovariotomy ... 507
The Treatment of Acute Rheumatism ... 508

LITERATURE.

Treatise on Hygiene and Public Health ... 508
Medico-Parliamentary ... 509
Medical News ... 510
Notices to Correspondents ... 510

# Original Communications.

## SEVEN YEARS' WORK AT THE LONDON TEMPERANCE HOSPITAL. (a)

By JAMES EDMUNDS, M.D., M.R.C.P., &c.,
Senior Physician to the Hospital.

DURING the eighty months that the Temperance Hospital has been in operation 8,651 patients have been admitted. Of these 5,923 described themselves as total abstainers, and 2,728 as non-abstainers. The character of the cases has been just such as at other London hospitals, and an average sample of the indoor cases will be seen in those who now happen to remain under treatment in the beds of the hospital. The practice at the hospital has not differed from that at other London hospitals, except in the fact that alcoholic compounds have been excluded unless prescribed under test conditions. Those conditions are the following:—

1. As a beverage or appendage to the meal table alcohol is never used.

2. As a pharmaceutical solvent alcohol has been superseded. A solution of glycerine and water has answered perfectly as a vehicle for every drug that has been required in the form of tincture. This solution costs about one-fifth as much as the ordinary alcoholic solvent, and tinctures thus made give the true effects of the drug unalloyed by the action of an alcoholic vehicle. The glycerine tinctures are efficient and economical, while they are never taken, surreptitiously or otherwise, as intoxicants.

3. As a medicine alcohol or its compounds may be prescribed by the physician in charge precisely as any other drug. It is only stipulated that in such cases the prescriber records the case at the time in a book kept for the purpose, and that he states the object for which he prescribes the alcohol, and subsequently records also the effects which follow.

While these are the regulations of the hospital I find that during seven years, in point of fact, alcohol has been prescribed only in one case, at the commencement of the hospital work, and in this case half-ounce doses of spirit of wine were administered. My colleague, Dr. Ridge, who was in charge of that case, has since been convinced by fuller experience that the alcohol need not have been prescribed, but at first he was obviously wise in going rather with the balance of professional opinion than otherwise. My other colleague, Dr. Lee, and myself have in no case prescribed any alcohol, and we are both perfectly satisfied with the results.

Among the 8,651 patients 7,791 were out-door cases, and 860, or about 10 per cent., were in-door cases. Of these 860 in-door cases 549 were abstainers, and 331 non-abstainers. Many of the patients who are abstainers come to the hospital because, on falling ill, their illness has been set down to their abstinence, and port wine, stout, claret, &c., have been prescribed. The first question these patients ask is, "Do I need to break my pledge in order to recover my health?" Now, broadly, the cases of this sort which occur among the out-door patients are cases of consumption, cases of indigestion, cases of general failure from over-work, under-feeding, over-growth, over-nursing, and advancing age. The consumptive cases fall at once into the two categories, *i.e.*, those so far advanced as not to be amenable to treatment of any kind, and those which are only in the incipient stage, and which in very large numbers recover under careful treatment. These may practically be classed in their main lines of treatment with the "general failure" cases, and the only way to heal up the damaged lungs is to improve the general health in the first case, and to treat the local lesion as an addendum to the general treatment. Taking all those cases in which defective nutrition is traceable to want of food, bad cooking, injudicious choice of food, decayed or defective teeth, it is obvious that a poor needlewoman, for instance, will do better to spend her seven shillings a week rather upon oatmeal porridge, fat bacon and milk, than upon mutton chops and beer or wine. Such a woman must starve if her narrow earnings be laid out in flesh food and wine, while if mainly expended upon sound well-prepared oatmeal or other breadstuffs, with milk and fat bacon, she will keep in perfect health, and be capable of regular work. Yet we see such cases every day in which the failing health, instead of being referred to injudicious choice of food, is set down to "want of stimulants." All these cases of "general failure" prove, in point of fact, to recover best, not when food-money is diverted to beer and to increased proportion of flesh food, but when the various factors of the failure are indicated and corrected, as described above.

---

(a) Read at the Fourth Annual Meeting of the British Medical Temperance Association.

Diathetic conditions need, of course, also appropriate medical treatment, just as localised lung lesions do. Taking another great series of cases in which imperfect elimination is a considerable factor, the alcohol that has often been prescribed seems to have been emphatically mischievous. I have seen only one case in which a patient who was an abstainer, and had no history of gout in his progenitors, complained of distinct gout. This patient, a man, had been treated for three months for gout in his feet, and when he came to the hospital I examined him curiously. He proved to have no gout, but to suffer from flat feet, on which he had been standing many hours each day. Change of employment relieved him so far as he could be relieved.

Among the 860 in-door cases 13 remain still under treatment in the hospital, and 38 have died, a mortality of 4½ per cent. The cases remaining in the hospital are as follows: amputation of foot (convalescent), cellulitis, acute rheumatism, hip-joint disease, bronchitis, disease of heart, dysentery, debility, hæmorrhoids, dyspepsia and debility, phthisis. Two of these cases had been treated freely with alcohol before coming to the Temperance Hospital, and certainly without benefit. Among the in-door surgical cases there have been Cæsarian section, various amputations, ligature of the common carotid artery at the root of the neck, for aneurism of the innominata, ovariotomy, excision of cancerous tumours, and a full share of other severe cases. Only two deaths have occurred among the surgical cases, one a case of ovariotomy in which peritoneal cancer was found; the other an amputation of the thigh in an aged and unsound man of 72, who had for three weeks before coming to the hospital had mortification of the leg, extending nearly to the knee-joint. In neither of these cases can it be imagined that the use of alcohol would have made any difference in the result.

Without going further into detail I venture to submit that the death-rate of 4½ per cent. among these in-door patients fully justifies their treatment without alcohol.

◆

## SUNSTROKE AS I HAVE SEEN IT IN INDIA

By Surgeon-Major WILLIAM CURRAN,

Army Medical Department.

(*Continued from page* 473.)

A VERY similar account might doubtless be given of the other year, viz., 1876, that I have selected for illustration, but details are wanting, and the story would scarcely be improved by a rehearsal from memory. I must, therefore, fall back on some memoranda I made myself at the time on the spot, and endeavour by their aid to still further uphold or strengthen the position I have been so long contending for. Suffice it here meanwhile to say that the season was an unusually hot and dry one, even for these latitudes; that the horizon was generally obscured by a dense and impermeable haze, and that such moisture as was vouchsafed us appeared either at night, or was otherwise so delayed as to be all but useless. These were its outward and visible features, but there were others of a more impalpable character, such as may not be described in writing, but which one who felt them as I did will never forget. I will introduce with this view, or rather by way of illustration, a little table that was compiled for me by an intelligent young subordinate, of the fatality from this disease that occurred at Nowshera and Attock, two small stations in the Punjab on either side of the Indus, or rather on that and the Cabul River, and then deal with such other local manifestations or surroundings of the disorders as were brought under my own personal cognizance.

As regards Peshawur, where I resided at the time here referred to, and which is always a very hot place in mid-summer, it was more than usually so at the time indicated above. Severe heat prevailed in the early part of July, which culminated in such an exacerbation of intensity on the evening or night of the 9th of that month, as threatened the lives of several, made all most uncomfortable, and actually brought as many as seventeen cases of aggravated ardent fever, or true sunstroke, from one regiment into one hospital within a few hours of each other. The deputy commissioner of the division, to whom all the police returns of the district are rendered, assured me that he had never before heard of so many deaths among natives in it as occurred at this time, and the heat was equally fatal elsewhere in the Punjab and Derajât. Nor is this to be wondered at when we consider the situation and surroundings of the station itself, which is in a mere *cul-de-sac* at the top of a valley of no very great extent. The consequence is an absence of that free play of air which is so essential to health in the tropics, and a most oppressive stagnation.

Hence also that blue haze which resembles fine dust but is, in fact, heated vapour, and which so obscures the sun by day that one sometimes feels as if in the crater of a volcano. Descending in the form of dew at night, it envelopes the place like a shroud, and by preventing radiation renders life at times a burthen to its weary owner. The heat is also intensified by the hills that encompass it round about, and interfere with diffusion. These are composed of slates, limestone, clay-schists, and metamorphosed sandstone, and the malaria of the locality is proverbial. No wonder, then, that the place is very hot, or that outbreaks of sunstroke and other diseases have been heretofore so fatal in it. There is, however, a prospect of relief for the European inhabitants of this unhealthy valley, from the treaty that was lately ratified between the Viceroy and the Ameer of Cabul, which opens to them fresh fields and pastures new in the historic hills of Teera and Lundi Kotal, and this being so, we need not dwell further on the place or its drawbacks, in this connection. (45)

On the whole, then, I am, I think, justified by a review of these personal, as well as of the other facts set forth within, in still regarding persistent dry heat as a main, if not the principal, factor in the production of sunstroke. Other conditions, no doubt, concur, among which protracted sleeplessness or fatigue, as from exposure or watchfulness before the enemy, plays no unimportant part; and I am of opinion that heat has a tendency to accumulate in the system and culminate in an attack of this ailment. A melancholy case in point occurs to me as I write, which happened in the person of a young civilian in the settlement department, who, though obliged by his duties to live a great deal in tents or in the open, made light of the sun, and affected to ignore or despise the precautions that were resorted to by his weaker brethren. Poor fellow! he paid the penalty of his indifference or neglect with his life, and I now regret I did not ply the douche and the purge with my wonted vigour as soon as I saw him. He first consulted me for headache and nausea, on a Sunday morning as I was returning to my quarters after a fatiguing visit to the civil jail and dispensary of the station in which we both resided. I prescribed a simple seidlitz powder and some mild effervescing mixture, when a black draught and iced water to the head and back would have been more appropriate. He exhibited symptoms of drowsiness about 4 p.m., and soon after observed to the friend who sat by his couch, that he fancied the ceiling was receding from him. Insensibility then gradually crept on, the breathing assumed a noisy, sighing, or heaving character, and he died ere I could reach him. A full or plethoric habit, associated as this often is with a short neck and a bloated face, is *cæteris paribus* more conducive to its induction than the opposite conditions of lankiness or tenuity: and heavy consumers of animal food—who often suffer, in consequence, from constipation in the East—are, according to my experience, far more liable to its attacks than are those who live sparingly on more digestible material, and keep their bowels habitually in order.

But of all the conditions that contribute towards this disease intemperance holds, without question, the first place, and I subjoin a table which shows this, and shows also that the ordinary effects of heat are intensified tenfold by excess in this indulgence in the tropics. The effects of intemperance, *quoad* intemperance, *i.e.*, *steady* protracted imbibition, have, however, I think, been on the whole exaggerated, and it is the suddenness or severity of the "bout," rather than its quality or duration, that kills. In other words, it is its "pace" that does the mischief, and unfortunately this pace is often kept up or provoked by the very heat, whose irritation or *ennui* it was expected to counteract or remove. Habitual topers are rarely great feeders, which may account in some measure for their immunity. They are also sly and crafty, and they rarely shrink from an untruth when their interest or safety is at stake. But though such persons often escape, I need

*Return of the Fatal Cases of Sunstroke that occurred among the Troops stationed at these places from the 9th of June to the 12th of July, 1876, inclusive, and no account is taken of a Case or two that occurred before the former Date, at Nowshera, for want of Record.*

| Rank and Name. | | Age. | Service. | | | | General Condition or State of Health of the Sufferers. | Date and Duration of the Fatal Attack. | | Direction of the Prevailing Winds, and Range of Temperature, and Rainfall. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Home. | | India. | | | | | |
| | | | Years. | Months. | Years. | Months. | | Date. | Duration. | |
| Pte. | J. G. | 25 | 1 | 6 | 4 | 6 | Good | 9-6-76 | 4 days. | The general direction of the wind was westerly and south-westerly. The temperature ranged from 88° to 96° in the shade at Nowshera, and from 91 to 100 at Attock, and the rainfall yielded only about two inches of rain during the period. There was only one sand-storm, but a good deal of lightning and thunder. |
| Gr. | W. H. | 27 | 5 | 11 | 3 | 7 | Fair | 4-7-76 | 1 day. | |
| Crpl. | J. T. | 37 | 17 | 11 | 4 | 7 | Bad | 6-7-76 | 1 day. | |
| Pte. | J. — | 25 | " | 5 | 4 | 7 | Good | 7-7-76 | 1 day. | |
| " | T. W. | 27 | 1 | 5 | 4 | 7 | Good | 7-7-76 | 2 days. | |
| " | M. F. | 33 | 15 | 8 | 4 | 8 | Fair | 8-7-76 | 1½ days. | |
| " | T. F. | 26 | 1 | 5 | 4 | 7 | Indifferent | 9-7-76 | 1 day. | |
| Sergt. | E. R. | 34 | 10 | 10 | 2 | 2 | Good | 9-7-76 | 1 day. | |

*Remarks.*—The heat was described by an officer concerned as throughout this period continuous and excessive. There was not a breath of air to cool the heated and oppressive atmosphere, and the clouds were everywhere invisible through the haze that obscured or concealed the horizon. The following summaries of temperature, which are based on other data than those employed within, will shed further light on the situation. No. 1 gives the mean temperature at Attock for the first fifteen days of July, and No. 2 does the same duty for the months of June and July, 1876, for Nowshera.

No. 1.

| Dates. | Ward. | | Ward. | | Verandah. | | Verandah. | | Remarks. |
|---|---|---|---|---|---|---|---|---|---|
| | 6 A.M. | 10 A.M. | 4 P.M. | 10 P.M. | 6 A.M. | 10 A.M. | 4 P.M. | 10 P.M. | |
| 1st to 15th July, 1876 ... ... | 89·66 | 91·66 | 94·00 | 92·73 | 89·20 | 95·40 | 100·00 | 97·8 | There was no rain during these fifteen days at Attock. |

No. 2.

| Months of Year 1876. | Maximum. | Medium. | Minimum. | Rainfal | | Remarks. |
|---|---|---|---|---|---|---|
| | | | | Days. | Amount. | |
| June, mean ... ... | 99·1 | 90·8 | 82·5 | 3 | 3-8ths. | Such rainfall as there was occurred in the form of dew, chiefly during the night, at Nowshera. |
| July, mean ... ... | 102·3 | 95·0 | 87·7 | 5 | 1½ | |

scarcely point out that this kind of indulgence has its own peculiar dangers, and some of the worst cases I have seen were those of men who, though able to perform their ordinary duties, or evade the notice of their superiors, had suddenly exceeded their usual allowance, or lived, it may be, for days together on rum or brandy.

These topers succumb rapidly; they rush head foremost to the grave at such seasons as are here contemplated, and one of the dangers incidental to early residence in India lies in that craving for drink of one kind or another which the climate begets. If while in this state the heat is suddenly increased, the danger of men, circumstanced as I have just described, is enhanced tenfold, and indeed any increase of temperature, however infinitesimal it may be, often brings matters to a crisis with persons of this complexion who might have otherwise fared no worse than their neighbours. But the evil effects of this vice are so fully set forth in the subjoined table as to render any further or more detailed reference to them on my part unnecessary, and having thus dealt with the subject from a general, as well as from a personal, standpoint, I will now turn for a moment to its clinical history and complications, and finally say a word on its pathology and treatment. I am here debarred again by the size of this sheet from using the table referred to in the text. This contained a minute analysis of ten of the worst cases of this kind I saw in my day in the East, and included such typical specimens of the genus toper as are described by Charles Lamb in one of his dramatic pieces. Speaking through the mouth of one of these, he says that, "At noon I drink for thirst, at night for fellowship; but, above all, I love to usher in the bashful morning under the auspices of a freshening stoup of liquor;" and the man of whom such language may be used in Hindostan is doomed *ipso facto*. *He* must succumb to such weather and such a combination as we have been just considering; and I agree with Mr. Arnold when he says, *op. cit.*, vol. ii., p. 76, that "Drink has cost England more graves in the East than all our wars since Clive." But we need not pursue this matter farther; the essay is, indeed, long enough without any such interpolation, and I only introduce the topic at all because such was necessitated by the context, as well as by the unavoidable suppression it explains.

(*To be continued.*)

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(45) See further my paper on "Peshawur Fever," that appeared in the "Indian Annals of Medical Science," No. xxxvi., for July, 1876; and it is almost needless to observe that this paragraph was written before the massacre of the Embassy. I leave it stand, however, as I do not believe that any Government would forego the advantages in this respect that have been so painfully acquired by our arms, and because I have always held that we should have originally gone on to Jelallabad, or stopped short at the Indus.

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# Clinical Records.

## WEST LONDON HOSPITAL.

### *Cases Illustrating the Use of the Hypophosphites in Pulmonary Disease.*

Under the care of Dr. THOROWGOOD.

House Physician, Mr. WRIGHT.

CASE 1.—*Case of Pleuro-Pneumonia and Hæmoptysis treated with Hypophosphite of Soda.*

John L., æt. 23, having decided history of phthisis in his family, was taken on December 21, 1879, with shivering, giddiness, and slight cough.

December 23rd.—He came into the West London Hospital, and then had cough, with scanty rusty-tinged sputum. Pulse, 128; temperature, 103°. Tongue, brown. Left lung, base hard and dull on percussion; voice ægophonic, breath sound distant and bronchial. A few moist râles heard over right back. Ordered an ointment—

Unguenti belladonnæ;
Unguenti hydrargyri, aa ʒiv.

To be applied over left back under a linseed poultice.

℞ Vin. antim., ♏v;
Hst. salin, ℥j. M. 4tis horis.

30th.—Tongue, fairly clean. Temp., 101·5°; pulse, 120, small. Sputa homogeneous, sticky, yellow streaked. Breath sound at left base, high pitched and of metallic quality; voice ægophonic.

26th.—Pure florid blood freely mixed with the sputa. High pitched bronchial breathing at left base. Ægophonic twang in voice. Vocal fremitus nil at left base, but perceptible in front of left chest.

℞ Sodæ hypophosphitis, gr. v.;
Aq. camphor, ℥j. M. ter die.

January 2nd, 1880.—Temp., 99°. Sputa free from all tinge. Physical signs unchanged, save that crepitant sounds are audible at left base. He continued the hypophosphite of soda till February 10th, when he came to show himself, and was, to all appearance well. No cough, good appetite, and gain of flesh. The percussion resonance was not yet quite clear at the left base, but the breathing had lost its high pitched bronchial character, and was distant and weak, but free from abnormal sound. Early in May he was seen and found free from cough, while the breath sounds throughout the chest were normal.

*Remarks.*—The slight amount of cough, and rusty expectoration of very slight duration, coupled with the ægophonic character of the voice sound, and hard percussion note would make one think that here some pleuritic adhesion and exudation had taken place at the time when the man came into the hospital. Beneath the thickened pleura there was doubtless a circumscribed pneumonic patch from which the hæmoptysis probably proceeded. The nature of the attack, coupled with the strong family history of phthisis, made it important to get rid of all trace of inflammatory exudation as speedily and completely as possible, and it was for this purpose that the hypophosphite of soda was steadily and perseveringly administered up to February 10th, when he got a quinine and iron tonic mixture.

CASE 2.—*Indications of commencing Phthisis in Left Lung posteriorly—Improvement under the Hypophosphite of Lime.*

Susan N., æt. 18, sent into the hospital by Dr. Wiltshire, under whose care she had been as out-patient, January 20th, 1880. The patient lost her mother from consumption, and she herself has been ill with cough for one month. Her menstruation has gradually ceased. Never any hæmoptysis. Her pulse is 120; temp., 101°. Voice husky; tongue, small and raw looking. Physical signs indicate no loss of resonance, but the breathing is tubular under left clavicle and jerking under right.

℞ Tinct. digitalis, ♏v;
Hst. scillæ co., ℥j. M. ter die.

January 23rd.—Pulse, 100; temp., 101°. Tongue patched with white fur. High pitched tubular breath sound at left apex. Severe night cough, but very little expectoration. Slight crepitant râle at inferior angle of left scapula, percussion resonance very little impaired. Under the persevering use of the hypophosphite of lime, in 5-grain doses three times a day, this patient improved steadily, but it was not for some weeks that the temperature could be kept as low as 99°, it having usually ranged from 100° to 102°. Crepitant sounds were audible at the inferior angle of the left scapula up to February 24th: At this date there was noted some glandular swelling in the neck. She continued the lime hypophosphite with small doses of cod-liver oil, and on March 10th was able to leave the hospital, having almost lost her cough, and notably gained in flesh.

She was ordered to be careful in her way of living, and to avoid cold and night air; the extent to which she seemed disposed to obey these instructions may be gathered from the circumstance that Mr. Wright last saw her about

6 p.m. on the towing path observing the practice of the Oxford and Cambridge crews during a cold east wind. She was very properly ordered home at once, but we have not heard of her having any return of her chest symptoms.

In this case it may be observed that though the temperature was as high often as 102°, and the pulse seldom under 120, the hypophosphite agreed well, and while taking it her severe night cough diminished, as well as the degree of temperature and rate of pulse. When last examined, however, there was still some little crepitation at inferior angle of left scapula. The digitalis seemed to exercise little controlling influence over temperature or pulse.

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# Translations.

## THE GRAPHOSCOPE AS AN INSTRUMENT FOR THE DIAGNOSIS OF ASTHENOPIA.

By M. GIRAUD-TEULON.

Translated by ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.,
Oculist in Ordinary to His Excellency the Lord Lieutenant of Ireland;
Formerly Ophthalmic Surgeon to the City of Dublin Hospital and the Dublin Eye Infirmary.

*(Concluded from page 475.)*

First Case.—*Simple Muscular Insufficiency.*—If the patient be young and in such a position as to require sight to gain his living, the last of these remedies should be adopted in all advanced stages; but if the patient be advanced in life and in easy circumstances, an operation may not be absolutely necessary, and palliative measures might frequently be taken.

Then, any emmetropic patient, suffering from painful asthenopia induced by insufficient convergence, on being placed before the graphoscope, the book being at the proper focal distance, has only to look straight before him, as he would do if the book, proportionally enlarged, were placed against the wall of the opposite house. He sees it as the healthy eye sees a distant steeple—muscular insufficiency is suppressed with the necessity to converge.

From a palliative point of view all objections to the usefulness of the graphoscope are set aside as far as this case is concerned.

Now for the second case, that of more or less advanced myopia, accompanied (as it almost invariably is) with insufficiency of the internal recti.

The myopic patient on being placed, in the manner already described, before the graphoscope, naturally sees nothing at all, the object—or rather image—being virtually on the horizon; furnish him, however, with glasses suited to his anomaly of refraction, and you then place him under precisely the same conditions as the emmetropic patient, and the graphoscope then alleviates his insufficiency also.

Further, the hypermetropic eye may also derive benefit from this instrument, for in those cases in which hypermetropia is accompanied by insufficiency of the internal recti—cases which though rare occur more frequently than is commonly supposed—if the hypermetropia be neutralised by moving the desk so as to place the book at the proper focal distance, the graphoscope acts beneficially in this case also.

The most important service, however, rendered by this instrument to physicians is that it, in cases of painful asthenopia, which, though generally connected with muscular insufficiency may also arise from irritability of the retina (retinal hyperæsthesia), furnishes a basis for the differential diagnosis of these two pathological conditions, between which it is sometimes so difficult to distinguish. Nothing, in fact, is more difficult than on some occasions to clearly distinguish between these two affections, both having as a common characteristic their principal symptom—*i.e., the impossibility of fixing the attention during any considerable period of time on near objects.* This symptom is also common, as is well known, to accommodative asthenopia, but convex glasses, atropine, and the ophthalmoscope leave no doubt as to the latter.

Although, however, the symptomatology of muscular insufficiency is well and clearly defined, yet it must be admitted that if, as not rarely occurs, it be even slightly accompanied by neurosis, the semeiology becoming intermittent is productive only of doubt and hesitation. One of the consequences of neurosis is the instability of impressions and their muscular reaction; in fact, what we should call caprice if speaking of the moral character; and this instability is reproduced in the manifestation of the symptoms.

Therefore, cases may frequently be observed in which retinal hyperæsthesia, becoming neurotic, shows symptoms of intermittent convergence, a mechanic manifestation which leads to much doubt as to the true seat of disease; the physician hesitating between the retina and the muscular system. In a case of this kind the graphoscope affords an immediate solution of the difficulty. Suppose, for example, that there is anomaly of the retinal sensibility; the graphoscope alleviating muscular anomaly only is without effect, and the patient can read quite as long without it as with it.

Let us suppose, however, that there is, on the contrary, insufficiency of the internal recti; this instrument by suppressing all efforts to converge, eliminates the element fatigue, and the patient reads with ease. The differential diagnosis is therefore established.

The question then arises, are these cases rare?

In the course of the present year (1879) our journal of observations furnishes us with ten cases of asthenopic derangements, the etiological character of which exemplifies the doubts of which I have spoken, *i.e.*, uncertainty as to whether the case be one of retinal hyperæsthesia, or of anomaly in the muscular lengths, or motor forces in connection with accommodation. But of these ten cases, five only have been studied with aid from the graphoscope. The results, in these cases, have been highly satisfactory; three times the patient was able, by means of the graphoscope, to read easily; this being the first occasion for a considerable period of time that it was possible to do so; a result which clearly proved that the retina was intact, and the case one of deficient convergence; twice, by affording no alleviation of the visual derangement, it proved that this derangement was independent of the muscles, and due to irritability of the sensitive membrane.

The legitimacy of surgical intervention in the first case, and its usefulness in the second, was therefore clearly demonstrated. The sequel fully justifies these indications. The graphoscopes in common use have generally too short a focus to be suitable for the physiological applications referred to. The object being brought so near certainly increases the size of the image, but this provokes an unconscious tendency to converge a purely psychical tendency, but one which is opposed to the end in view. For this reason I have adopted a lens with a focal length of fifty centimetres, the mean distance at which this tendency is not felt.

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# Department of Lunacy.

## THE PREVENTION OF INSANE SELF-MUTILATION.

In the Annual Report of the Hants County Asylum for the year 1879, Dr. Manley, the medical superintendent, says: "In my last report I alluded to a female patient who had mutilated herself by biting off portions of two of her fingers. Early in the year when freed for a few minutes from restraint she rushed to the fireplace and put her hand on the red hot coals; but as the nurse was almost as quick as she was, she did not receive any injury. Ten days later, she slipped her hand out of confinement and, whilst the nurse was momentarily absent, bit off the joint of a third finger. Two days after this she bit a large piece out of her cheek, and attempted to bite off part of her tongue. Against these latter modes of self-injury there was but one course to be adopted which, after careful consideration, I felt myself impelled to, not only as justifiable but as my imperative duty. I removed the five teeth with which she had already so mutilated herself, and was still so constant in her attempts at self-mutilation. At the present time, I cannot report any improvement in the woman's mental state, nor any diminution in her attempts to injure herself, for she even now sucks her tongue, her cheeks, and her lips until they bleed." The measure to which Dr. Manley resorted in this case of mutilating in order to prevent mutilation, is of such a character, that it ought only, in our judgment, to be resorted to under the most urgent circumstances, after consultation with several professional brethren, and with their full concurrence. The loss of five presumably sound teeth, to say nothing of the shock of the extraction, is a serious calamity to a woman, who may possibly recover her reason, and should not be inflicted on her until every other expedient to prevent a worse calamity than the loss of these teeth has been tried in vain. It is hard to believe that surgical ingenuity could not have devised some method of preventing the laceration of the cheeks and tongue, in this particular case, without sacrificing the offending teeth, which by the way had accomplished almost as much mischief as they were capable of, before they were removed. It was the brain, and not the teeth, that was primarily at fault, and that organ, although it could not have been removed, might surely have been subjected to corrective treatment, while mechanical contrivances and trained vigilance frustrated its evil designs. This unhappy woman, if she recovers, as we hope she will, will come out of her insanity minus portions of three fingers, a large piece of her cheek, and five teeth, and will probably complain with some bitterness of the treatment to which she has been subjected.

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## WONFORD HOUSE HOSPITAL FOR THE INSANE.

THE Annual Report of Wonford House Hospital for the Insane has just reached us. This institution, which is beautifully situated on an elevation near Exeter overlooking the estuary of the Exe, and which is liberally provided with the appliances necessary for the moral treatment of the insane, offers great advantages to indigent lunatics of the middle classes, who are received into it at rates of board ranging from 10s. 6d. to £2 2s. weekly. The Commissioners in Lunacy, evidently with the view of preventing the hospital from becoming, to any large extent, a retreat for lunatics in affluent circumstances, remind the Committee that the class in this country which has the greatest difficulty in obtaining suitable accommodation for the care and cure of insanity is composed of professional men and others who cannot pay much more, if any more, than one guinea a week, exclusive of clothing. Amongst the patients recently admitted into the hospital have been artists, medical men, farmers, governesses, clerks, commercial travellers, and shop assistants. Dr. Rees Phillips, the medical superintendent, reports in favourable terms on the health of the inmates. Despite the unusually long and severe winter and the wet and gloomy summer, colds and coughs were unfrequent, and there was only one slight case of any acute chest affection. This marked exemption from lung disorder must to a large extent be attributable to the healthful position of the hospital, and the freedom from damp of the subsoil on which it is built. The salubrity of this part of South Devon makes Wonford House pre-eminently fitted for the care and treatment of insane persons in weak bodily health.

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# Special.

## MEDICAL ADDRESSES TO THE LORD-LIEUTENANT OF IRELAND.

DEPUTATIONS from the Colleges of Physicians and Surgeons in Ireland were received by his Excellency Earl Cowper, K.G., the newly installed Lord-Lieutenant of Ireland, on Monday and Tuesday, the 7th and 8th inst. The deputation of the College of Physicians consisted of Dr. Head, President; Dr. Churchill, Vice-President; Dr. Ashe, Dr. Banks, ex-President; Dr. Benson, Dr. Cryan, Dr. Duncan, ex-President; Dr. Eustace, Dr. Gordon, ex-President; Dr. Grimshaw, Dr. Haughton, Clk.; Dr. Haydon, Dr. Johnston, Sir Robert Kane, Dr. H. Kennedy, Dr. Kirkpatrick, Dr. Macan, Dr. MacSwiney, Dr. J. W. Moore, Dr. W. Moore, King's Professor; Dr. Nixon, Dr. Quinlan, J. Magee Finny, Registrar.

The President read the following address:—

MAY IT PLEASE YOUR EXCELLENCY—We the President and Fellows of the King and Queen's College of Physicians in Ireland beg to approach your Excellency with the expression of our devoted loyalty to her most gracious Majesty the Queen, and our cordial welcome to your Excellency on your arrival in this country as her Majesty's Viceroy. Our College, which derives its existence from charter granted by her Majesty's royal predecessors, King Charles the Second and King William the Third and Queen Mary, and which had additional powers conferred on it by her gracious Majesty in 1878, has ever been mindful of the important trust committed to it, and has endeavoured to discharge its functions by furthering the advancement of medical science, and by securing a succession of highly educated physicians for the service of the State. The King and Queen's College of Physicians has at various times tendered its aid and professional information to the Government in devising and carrying into effect measures dealing with the public health. At the present time, when the subject of medical reform is engaging the minds of many, the College will feel it its duty—as it is its anxious desire—to afford every assistance to the Government in any manner which will secure for the public services practitioners well versed in medicine and in the subject of sanitary science. Signed on behalf of the College by the President and Registrar.

The Lord-Lieutenant, in reply, said they had given him a most cordial welcome and presented him with a most gratifying address. He hoped their College, which had now existed for two hundred years, might continue for centuries longer to exercise the same beneficent influence it had up to the present. In reference to the important subject of the public health, they laid just stress on the expediency of securing for the public service practitioners well versed in the subject of sanitary service. To obtain the assistance of the men they seemed to have in view, free from prejudice and ready to grudge neither time nor trouble, was a matter of the very highest importance. For many years to come there would be a large field for the exertions of such men; and it was to institutions such as theirs they must look to secure them.

The deputation from the Royal College of Surgeons consisted of the following:—Dr. Chaplin, Vice-President; Mr. Porter, Surgeon to the Queen in Ireland; Dr. Mapother, Dr. Robert MacDonnell, Surgeon Nixon, Mr. Stokes, Surgeon H. S. Croly, Dr. Jacob, Oculist to his Excellency; Dr. H. Burke, Local Government Inspector; Surgeon Ormsby, Surgeon Wheeler, Dr. M'Namara, Dr. Cranny, Surgeon Smylie, Dr. Ward, Dr. Wharton, Surgeon Tufnell, Surgeon Swanzy, Surgeon-Major Carte, Dr. A. Carte, Professor Bevin, Dr. William Thompson, Dr. Abraham, Dr. P. Little, Surgeon, Kilgariff; Dr. Kelly, Professor Haughton, Dr. Moore, Dr. Lynch, and Dr. Pollock.

Dr. Chaplin read the address, as follows:—

MAY IT PLEASE YOUR EXCELLENCY—We, the President, Vice-President, Council, and Fellows of the Royal College of Surgeons in Ireland, beg leave to offer our congratulations on your arrival in this country as the representative of our beloved Sovereign. We likewise desire to present our most respectful greetings to the Countess Cowper. Our College, established by Royal Charter in 1784 for the special purpose of providing educated surgeons for the service of the public, had until a recent period the exclusive privilege of licensing surgical practitioners in Ireland, but now shares that function with the two Universities. The protection of the health of the community at large has always been a prominent object of our College, and we beg to offer the Government all the aid at our disposal in carrying into effect the many measures of sanitary reform which distinguish the legislation of our own times, being convinced that the highest exercise of medical science consists in the prevention of disease. In conclusion, we venture to express a sanguine hope that your Excellency may be pleased, at no distant period, to honour our College with a visit, and so to judge by personal inspection of its fitness for the responsible duties with which it has been charged by Her Most Gracious Majesy and her Royal predecessors.

His Excellency replied as follows:—Your congratulations to myself and your cordial greeting to Lady Cowper, on our arrival in this country, are most pleasing to us, and to the spirit which prompts them I most cordially respond. The noble profession which you represent, and the inestimable services rendered by its members to suffering humanity in times of peace, and still more marked in times of war, when the courage of the soldier has to be united to the skill of the trained expert, will always render your institution an object of peculiar interest. You may rely upon that interest being felt by me, and I accept with pleasure your invitation to visit your beautiful and well-conducted college. The subject of public health to which you allude is one which every good Government must consider as second only in importance to that of the public safety. It has been, as we all know, much neglected by all Governments until the last few years; but now I am happy to say that the great problem of how to introduce sanitary measures throughout the land, without taking, as has been the case, steps which have to be afterwards retraced, and without unduly interfering with the liberty of the individual, has to a great extent been solved. Your intimation that your minds have been steadily turned in this direction, and that you will feel it your duty to afford every assistance to our Government in this matter is most satisfactory, and I return you my best thanks.

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IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 14, Bradford 14, Brighton 15, Birmingham 17, Hull 18, Sunderland 18, London 19, Leicester 19, Sheffield 19, Bristol 19, Norwich 20, Edinburgh 20, Glasgow 21, Nottingham 21, Salford 21, Wolverhampton 21, Leeds 21, Oldham 23, Plymouth 23, Manchester 23, Newcastle-upon-Tyne 23, Liverpool 24, Dublin 38.

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The Medical Press and Circular

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 16, 1880.

## THE CONTAGIOUS DISEASES ACTS.—THE MEMORIAL FOR THEIR REPEAL.

A MEMORIAL in support of the entire abolition of these Acts has just been sent to the Premier, signed by the officials of thirty associations for the repeal of the Acts in the United Kingdom. The memorialists declare their continued hostility to those laws on the ground of their immorality, inutility, and injustice. Let us, then inquire a little into the nature of the data upon which such very serious allegations are based, following, with this view, the order observed in the Memorial itself.

According to that document, "the Royal Commission appointed by the Liberal Ministry in 1870 to inquire into the operation of the Acts declared in their report that there is no distinct evidence that any diminution of the disease among the men of the army and navy which may have taken place is attributable to a diminution of disease contingent upon the system of periodical examination among the women with whom they have consorted."

It is true that this statement is made in the Report, par. 37, but in the same Report, par. 49, it is stated also that the periodical examination of common prostitutes is the most effectual mode of dealing with venereal disease.

In par. 34, page 10 of the same Report, it is stated that "Mr. Romaine, the late Secretary to the Admiralty, in giving evidence before the Lords' Committee of 1868, said —"Although the time that has elapsed since the present Act came into force is too short for much being said in respect to the results that are likely to be derived from it, there can be no question that up to the present time it has proved of marked advantage, more perhaps in some localities than others." He then proceeds to account for this circumstances as follows:—"The difference in the practical results obtained from the measure in different localities arises mainly from the greater or less accommodation afforded at the various places for carrying out the provisions of the Act, and also, probably, from the unfortunate proximity of certain of the localities included in the schedule to large cities to which the special law does not extend." The memorialists are no doubt aware of the dissent of seven members of the Commission from certain parts of the Report. We solicit their attention to the following extracts from that Dissent, which they will find enumerated on page 21 of the Report of the Royal Commission, vol. ii., namely: "The part of the conclusions to the above Report from which we feel obliged to dissent is the recommendation that the periodical examination of common prostitutes should be given up." Alluding to the statistics upon which the Commission arrived at the opinion quoted by the memorialists, the dissentients expressed themselves in par. 6 of their Memorandum: "We are aware that from different causes the statistics attached to the above report must be received with some degree of caution; and we are of opinion that the Act of 1866 had not been long enough in operation, even where first introduced, to admit of a fair judgment of its effects being formed." Par. 8: "The medical witnesses experienced in the administration of the Acts are nearly all agreed that the periodical examination of the public women is essential to the system. This is the view, it should be observed, of those medical witnesses who have had special opportunities and experience, *and we cannot admit that the impressions or prejudices* of those who had no experience in the administration of the Acts are for a moment to be weighed against such evidence." Par. 9: "We pass over the sudden *increase* of disease (as indicated in statistics) which arose naturally in the first year after passing such Act, and which was of course the result *rather of increased detection than of increased disease.*" In par. 10 we find these particulars: In Devonport and Plymouth there were in the year before the Act 274 cases in 2,481 men; in 1867, after three years of the Act of 1864, that number was reduced to 185; in 1870, the first clear year of periodical examination, the number fell for the same number of men to 85. At Portsmouth, where the original Act was said to have been partially and irregularly introduced, the decrease from 1864 to the end of the year 1868, when periodical examination commenced, was from 538 to 422, or about *one-fifth;* while in 1869 and 1870, the strength of the numbers fell respectively to 289 and 232, or in round numbers, *one-half.* The figures given for that town, Sheerness, Woolwich, and Aldershot, show similar results, and the aggregate of 28 stations, at each of which the average strength amounted to not less than 500 men, the ratio per 1,000 men of primary syphilis is stated to have been in 1865, 120, and in 1870 only 54. Thus, then, as a matter of fact, very great diminution has taken place, and that diminution is authoritatively stated to have resulted from the operation of the Act.

According to the memorialists, "the evidence laid before the Select Committee appointed in 1879 by the Conservative Ministry has shown that the only form of disease in which society at large is interested as likely to affect future generations, and the form in which the army and navy are specially interested as principally causing permanent invaliding, has increased, being higher in the army in 1878 by above 7½ per cent. than it was in 1866, when the present Acts were first put into operation, and higher by above 31 per cent. than it was in 1871, when the Royal Commission reported."

With reference to this statement, we observe that the memorialists omit altogether to state where the above figures, given by them, are to be found in official documents, neither do they quote the data upon which such results are based. We turn, however, to page 48 of the Report of the Select Committee on the Contagious Diseases Acts, ordered by the House of Commons to be printed 10th March, 1880, and there find the following figures, having reference to the periods alluded to by the memorialists—namely, in 1866 the ratio of secondaries per 1,000 strength was 24·77; in 1878 it was 26·64; the difference thus shown being 1·87 per *thousand* instead of 7½ per *cent.*, as stated in the Memorial. In 1871 the ratio of secondaries, according to the same page of the Report, was 20·30; in 1878 it was 26·64, thus showing a difference of 6·34 per *thousand* instead of 31 per *cent.*, as stated in the Memorial. So long as such a discrepancy as these figures show to exist between those given in official statements and in published statements by the memorialists is permitted by the latter to remain unexplained, so long shall we consider ourselves justified in hesitating to accept them as true. We trust, accordingly, that the necessary explanation may be not long delayed by the memorialists. In the *British Medical Journal* of 19th July, 1879, a somewhat similar statement to that now brought forward by the memorialists was thus commented upon, namely: He, that is, the author of the statement in question, "gives a table which shows that the admissions to hospital for secondary syphilis were increased from 23·39 per 1,000 in 1866, to 27·4 per 1,000 in 1876." According to the official figures in the same page the ratios were respectively 24·77 and 27·4, thus making an actual increase equal to 2·63 per 1,000, instead of 3·01 of the former, a discrepancy of no great importance when compared with that which we have already indicated. With regard to the first given ratios, we find it stated in the *British Medical Journal* just quoted that the writer "omits to take any notice of the fact that, excluding fluctuations, there was no increase till after 1873, when Mr. Cardwell issued an order for the stoppage of pay to men in hospital for primary sores or gonorrhœa. Consequently, men with these complaints now try by every means in their power to keep off the sick list, while those with secondary disease, which is not included in the order, apply readily enough. This is generally admitted to be the cause of the apparent increase in secondary syphilis since 1873. But apart from this, secondary dis-case is the least reliable on which to found an opinion as to the efficiency of the Acts, in consequence of the lapse of time after infection at which they appear." So much for that portion of the Memorial.

*(To be continued.)*

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## THE INDIAN AND THE ARMY MEDICAL SERVICES.

WITH reference to recent changes in administration of the Indian Medical Service, the Defence Committee of that service has drawn up a comparative view between it and the Army Medical Department. That comparison includes the following points, namely :—

1. The army surgeon ranks with a captain, the Indian surgeon as lieutenant. In this respect the latter is, undoubtedly, at a disadvantage.

2. The army surgeon-major ranks with lieutenant-colonel from the date on which he attains 20 years' full pay service; the Indian surgeon, from the same date ranks with, but *junior* to a lieutenant-colonel. The anomaly involved in this proviso was for some years considered to be invidious as it affected the army medical officer; it was held to represent an intentionally offensive way of restoring what ought to have been a real benefit; in this light it was looked upon by those most directly concerned, and with the result that might have been expected it hurt and irritated them, at the same time that they could not help looking upon the distinction thus drawn between them and the executive ranks as in a manner placing their own status "below the salt." No doubt Indian medical officers eel strongly that such a brand should cling to them after it has been withdrawn from, or rather cast off by their brethren of the army, and we trust that they too may soon cease to have the grievance herein implied.

3. The greater part of the British surgeon's service will, so it is said, be passed in his native country, or in temperate and healthy climates, such as the Mediterranean and Cape stations; whereas the entire service of the Indian surgeon must be spent in India. This is rather too favourable an account of the sphere of the British surgeon; it omits all mention of such "healthy climes" as those of the West Indies, Western Africa, Hong Kong, and others that could be named. It omits all notice of the fact that many British surgeons, in the whole period of their service, are no longer actually at home than are those of the Indian service, who take the period of leave to which the Regulations entitle them; also that, whereas on home service, the British surgeon is kept at duty nearly his whole time, his Indian brother is able to go where he will, and enjoy himself as best he can.

4. It is said that in India recent orders allot to the British surgeon all the best stations: to the Indian surgeon all the worst. But in reality we fail to see that such is the case, at least to anything like the extent stated. Then again, the duties of a medical officer with a British regiment will hardly bear comparison with those connected with a native regiment; a British surgeon in India is far more frequently moved about than an Indian, and besides this, has at the end of every few years to completely break up his establishment, and quit the country.

5. When in India the British surgeon draws exactly the same pay and allowances as the Indian surgeon. Yes; no doubt in so far as "regimental" pay and allowances are concerned. But the local service has professorships in colleges, surgeoncies of Residences, *civil* surgeoncies, superintendencies of gaols, and many other appointments well paid, and in their nature extremely comfortable—none of which from the nature of things can come within the sphere of the British surgeon. As to remaining in India, that of course is the *sphere* selected by the Indian surgeon. And in many respects it is far more pleasant, far more conducive to the chances of health than such a round of stations and countries as we have just seen falls to the lot of the British army surgeon.

6. The British surgeon is promoted to surgeon-major without examination; the Indian surgeon has to submit to examination. In this respect we cannot but believe the pity is, that examinations in this way have been relaxed at all, and that for the interests of the service the sooner they are re-introduced the better.

7. If the health of the British surgeon break down he is transferred to a home station, or to some climate suited to his case. No change of climate is provided for the Indian surgeon. This picture is surely too rosy as regards the one, too sombre as regards the other. The British surgeon, if while going through his Indian tour of five years, he returns to England in bad health, obtains six months' leave, with the prospect of being placed on half-pay if at the end of that period he is unfit to return to that country. It is indeed stated that under present orders one year's leave may be granted, but we should be glad personally to congratulate *the* man who has obtained this boon. We rather suspect that, as a matter of fact the army surgeon has too often to return before health has been re-established, and thus in a condition little favourable to resist endemic influences to which he has again to be exposed.

8. A comparison is drawn between the rates of half-pay granted to army and to Indian medical officers before they have qualified for a pension; and with regard to it we can only say that it is adverse to the latter.

9. The rank of brigade surgeon lately introduced in the Army Medical Service does not exist in the Indian. Neither is that portion of the Royal Warrant which refers to the grade in question held good as regards the British brigade surgeon so long as he is serving in India.

10. In the British service the proportion to the total strength of its numbers is said to be, of surgeons-general 1·09 per cent., deputy surgeons-general 3·4; in the Indian service, 45 and 2·25 respectively. It seems to us that the comparison ought rather to have been made between the Indian service as it *is* and as it *was*.

11. The rates of pensions of army and of Indian medical officers are compared. After 30 years a deputy surgeon-general in the former receives £638 15s., a surgeon-general £730; of the Indian service £550 respectively, but with the additional sum of £250 and £350 respectively on completion of five years as administrative officers, so that in reality an Indian deputy surgeon-general receives as pension £800 per annum as against the British pension of £638 15s.; the Indian surgeon-general £900 as against £730. Here then we ought decidedly to *level up* the

British service to the more liberal and more appropriate standard of the Indian.

12. The British army surgeon gets a step on retirement after 20 years' service; the Indian only after 25. Let there be equality by all means.

13. In the British medical service there are, on full pay, 2 K.C.B.'s and 12 C.B.'s, or nearly 1 in 50 of its strength; in the Indian medical service 1 C.B., that is, 1 in 666 officers. Very true, no doubt, but on the other hand the Indian service has Knights and Companions of the Star of India, and Members of the Order of the Indian Empire, not one of which is possessed by an officer of the Army Medical Department. We consider that in respect to *honours*, both services are unfairly and invidiously dealt with when compared with the "combatant;" and taking into account their importance to the State, we trust that the day is not far distant when as a mere matter of justice their claims in this respect shall obtain more consideration than they have hitherto been able to command.

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# Notes on Current Topics.

## "The Lancet" and the Dentists.

It is against our rule to refer to the conduct or politics of our medical contemporaries, but we must for once allow an exception and offer some remarks upon the unfair attitude which the *Lancet* has assumed towards the dental profession. It is not needful that we should explain to our readers the present organisation and constitution of this speciality, which, by the unremitting exertions and self-sacrifice of its leading representatives, has progressed within the last twenty years from the conditition of a degraded trade to the position of a legitimate branch of the medical profession. Besides a fair sprinkling of men of high scientific distinction it now numbers in its ranks a large number of well-qualified practitioners, the great bulk of whom hold only the diploma in dental surgery. This diploma is now granted to candidates only after complying with a really well-devised curriculum and passing a fair examination; and no one can dispute that, so far as such regulations can assure it, a man duly qualified with the dental diploma is a good dentist; and, indeed, it is well known to us and to all who have had the opportunity of learning the facts that, take them all together, the licentiates in dentistry are a body of men worthy of the confidence of the public and the profession. Many of the licentiates have done good work in science, and one, at least, is distinguished as a F.R.S.

Of course, we are all agreed that the higher the education of practitioners of every class the better; and it would, no doubt, be a step in advance if every dentist possessed a full surgical as well as a dental diploma. But the practical fact existed that the public demand for fairly qualified dentists greatly exceeded the supply, and the only means of meeting the difficulty, and not allowing the public to remain at the mercy of totally uneducated men was to educate and equip for practice a body of men like the dental licentiates. These hold exactly a similar position in the dental profession to that of general practitioners in the medical. No doubt it would be a step in advance likewise if instead of holding, as a majority now do, the lowest qualifications compatible with a legal right to practise, every general practitioner could boast, for instance, of such degrees as the M.D. Lond. and F.R.C.S. Eng.; yet no one questions the sterling value of the existing general practitioners who are doing, and ably doing, the greater part of the active medical work of the country. We repeat, the dental licentiates are worthy by virtue even of their education alone, of as much consideration from their brethren, whether medical or dental, as any body of men in the profession, whilst, as we have said, their claims are enhanced by their undoubted personal and scientific reputation, so that we think we are justified in going somewhat out of our way to protest against the manner in which they have been treated of late by our contemporary. The *Lancet* has for a considerable period lost few opportunities to decry the dentists, and has ended by offering them a direct and unprovoked insult. It has not only announced that it cannot recognise them as members of the profession—although this recognition has been conceded by the medical corporations and by the legislature—but it has found a pretext to publish the fact that it considers them not fit persons to be admitted to professional intercourse; for to this certainly amounts the declaration that on the grounds of their professional inferiority they cannot be allowed to take part in the discussion of a dental subject in the columns of the *Lancet*. This declaration was made in reference to an invitation addressed by the editor to his readers, asking that they would favour him with their views on the practicability of "extracting teeth and putting them back into the jaw." Now had the editor been aware, as he might have been, of the work going on among the men he so despises, he would have known that this subject was months ago exhaustively and ably discussed at the Odontological Society—a society composed mainly of dental licentiates—and that the discussion is published as usual in the Society's Transactions.

The first contribution from a dentist which the editor's appeal has brought forth, forms a fitting sequel to the words and acts of our contemporary. This is from an M.D. practising dentistry, but as his name does not appear in the Medical Directory, we cannot say of what University he is a graduate. His qualifications, both actual and nominal, are, however, sufficient to satisfy the editor of the *Lancet* that he is a worthy member of the profession of the honour of which the editor is so jealous. As for the contribution with which he favours the *Lancet*, we know not how to treat it, unless to take it as a joke, for it is in both manner and matter an incomprehensible travesty of a scientific composition. We can only suggest that possibly it is published as affording an example of the style of composition which might find its way into the columns of the *Lancet* were they open to the writings of those despised, uneducated dental practitioners whom the editor desires to place under a ban of professional excommunication.

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We learn from *Lyon Médicale* that Prof. Rizzoli, well known by his contributions to surgical science, now a senator and in the seventieth year of his age, has just presented to the city of Bologna, where he resides, the magnificent sum of 1,250,000 francs, in order to found an orthopædic institution.

## Dublin Sanitation.

In our observations of last week upon the enormous death-rate of Dublin, we stated that the apparent mortality, as contained in the weekly returns of the Registrar-General, should be increased by 9 per cent., that being the proportion of deaths which were believed to escape registration, and of which nothing was ever heard. This statement would have been quite correct last year, but is not so now, because the burial returns from cemeteries, provided for by the Public Health Act of 1878, have corrected the under calculation arising from deficient registration, and the figures now published by the Registrar-General are a correct representation of the actual mortality.

This addition of 9 per cent. to the apparent death-rate is, however, not necessary to our line of argument, for even without addition the mortality of Dublin is simply monstrous and most disgraceful to those responsible for the health of the city. Our observations have been accentuated within the last week by a most forcible letter, addressed by the Recorder of the city to the Lord Mayor, upon the crime of the city and its relation to the insanitary surroundings of the poor. The Recorder says :—

> The last judicial statistics show the annual indictable crimes through all Ireland to be less than 7,000 ; of these more than 3,500 are to the account of Dublin city. I hardly think it is creditable to your lordship, to the municipal authority, to the central government—I am sure it is not creditable to me—that these figures should go on from year to year without an effort, thoughtful, persistent, and co-operative, towards amelioration. I have grouped particular classes of crime, not merely as characteristic of the city, but because I believe they flow from the same original—the misery of the homes and habits of the poorer working classes. As it is said that consumption, neuralgia, bronchitis, and scrofula have the same basis of a depraved constitution, so these four social diseases have the same basis of a degraded humanity. Life is not a lovely thing in the squalid room of the squalid tenement house, of which in this city we have streets and quarters full. Here home happiness can be only through good conduct and self-denial ; usually the only joy of life is strong drink, bought at the cost of what would make the home habitable. I know that you, my lord, have taken a lively interest in bettering the homes of the people in the matter of the Artisans' Dwellings Act of 1875, but though five years have now passed, and thousands have been spent by the Town Council, not a single house has yet, I believe, been built under the statute, through no fault of your lordship, as I am well aware. But instead of limiting the powers of the Council to the clearing of areas at an expense made vast by the exorbitance of compulsory vendors, I should wish to see them empowered to provide labourers' dwellings directly by purchasing, adapting, and improving dilapidated houses themselves, and building on vacant areas, of which there are many at hand.
>
> Under the powers of the Public Health Act, if necessarily enlarged, I should be glad to see the spaces in the rears of tenement houses, now ironically called "gardens," consolidated into areas, containing wash-houses, drying places, children's playground, and sanitary accommodation for sexes separately, so arranged as to serve for the entire street or block. Has the excessive crime rate no bearing on the excessive death-rate, 34 per 1,000 against 24 in towns less healthily circumstanced than Dublin ? But I shall cheerfully bear the shame of being thought a visionary or even a fool by many, if I can awake the more thoughtful of my fellow-citizens to the shocking things in the midst of which they live, and to an honest endeavour to make humanity amongst us more human.

## A New Method of Coating Metals.

We understand that Professor J. E. Reynolds, of Dublin, has discovered a new method of coating metals without the use of the electric current. He exhibited some specimens at the Royal Dublin Society last week, and "plated" a brass tube and one of glass with a brilliant, strongly-adhering film of galena, simply by immersing them in the solution. The cost of the process is said to be about one-eighth that of nickel-plating. Some articles have been exposed to the action of the atmosphere for several weeks without the deposit showing any sign of tarnish or rust. The process is protected by patents.

## Redundant Riches.

The Brompton Consumptive Hospital suffers under the affliction of an actual *embarras de richesse*. The annual report, presented to the Court of Governors held last week, shows that the increase in the amount of legacies was exceptional, as it included the balance of Miss Read's bequest. The year's income from all sources was £43,578 9s. 4d., and the expenditure, including more than £16,000 on account of new building, was £33,040 19s. 2d. The works of the new building were rapidly advancing towards completion. The new building will provide 137 additional beds for in-patients, whose admission will entail an increase in the expenditure of £10,000 a year.

*O, si sic omnes !* Happy the institution which—even by spending £16,000 a year on building—cannot get within £10,000 of its income, and which can look without misgiving upon a project for opening 137 new beds at £73 a year per bed.

## The Rotundo Lying-in Hospital.

A strange rumour has been current in Dublin within the last week amongst those who know nothing of the institution that the Rotundo Hospital at Dublin had been closed in consequence of an epidemic of puerperal fever. As in the case of most such reports, there is not a shadow of foundation for this statement, for the hospital has not been closed even for one hour, and, in point of fact, has received an unusually large number of patients within the last six months. The mistake seems to have arisen from a paragraph contained in the Registrar-General's last weekly report to the effect that "no births or deaths have been registered in the hospital since the 16th of April," which statement was interpreted by the uninitiated to mean that no births or deaths had occurred. The fact we believe is that the registrar of the district required the hospital authorities to send a "qualified informant" to his office for the purpose of registration, which the hospital authorities omitted or refused to do, expecting that the registrar would come to the hospital for the purpose. In the case of births the "qualified informant" must be the occupier of the house, who in this instance is the Master of the Rotundo, or else some person present at the birth, who could be no one else but the ward nurse. The attendance of either the master or the nurse once or twice weekly at the registrar's office would be manifestly very inconvenient, and it was felt that the registrar, even if empowered by the law to refuse to do so, would do better under the circumstances to come to the hospital now and then, and thus relieve the authorities of this inconvenience, than to enforce the strict letter of the statute against them. Thus it came about that no births or deaths were registered, and the rumour of which we speak got abroad.

### Diseased Meat.

At Guildhall, last week, a general dealer, near Yeovil, was summoned for sending to London, for sale as human food, a cow's carcase which was diseased and unfit for the food of man. The cow had died on a farm near where the defendant lived, and he bought it for £1 and sent it to London for sale. The inspector said that his attention was called to four quarters of beef which were very wet and inflamed; they were decidedly unfit for human food. The defendant pleaded that he thought the meat was good or he would not have despatched it. Sir Thomas Dakin sent the defendant to prison for one month without the option of a fine.

### The Royal Medical Benevolent Fund Society of Ireland

Held its Thirty-eighth Annual Meeting in the King and Queen's College of Physicians, Dublin, on Monday, June 7. The chair was taken by Dr. Head, President of the College.

The Report was read by Dr. James Little, one of the secretaries, in the absence through illness of Dr. M'Clintock, President of the College of Surgeons. It referred in terms of regret to the loss of some prominent members, amongst them Sir Dominic Corrigan, Henry Maunsell, Dr. Hood, Charles Benson, and Henry Stewart. The total number of applications for relief this year is 115, and exceeds by ten that of any former year since the foundation of the Society. Twenty-two are new applications, of which seven come from medical men, thirteen from widows, and two from orphans. The total amount of cash in the bankers' hands on the 22nd of May, the last day for making awards, was £1,178, out of which £45 10s. is to be funded by direction of the donors, and £1,165 was allocated; which, together with £280 7s. 6d. of anticipatory awards, makes the distribution of the year £1,445 7s. 6d., thus leaving the Society £32 10s. in debt to the honorary treasurer. The report commented strongly upon the want of support given by large numbers of the profession to this Society.

The statement of accounts was submitted by Mr. W. Thomson, the hon. treasurer. The meeting was addressed by the Chairman, Drs. Mapother, Darby, Kidd, Banks, Mackesy, Potter, Macnaughton, Jones, Atthill, Denham, Hamilton, Swanzy; and Dr. Joshua Harvey, late of Cork, having been called to the second chair, the proceedings terminated.

### Post-Card Libels on a Doctor.

The Nottingham magistrates have had before them a charge of libel brought by Mr. Bury, a physician and surgeon of the town, against a draper named Smith. The defendant was a member of a provident society to which the prosecutor was medical officer. About two years ago Smith placed himself under the treatment of Mr. Bury, and the latter finding that the defendant was suffering from a disease which, according to the rules, precluded him from receiving the benefits of the society, declined to give him a certificate. Since that time, Mr. Bury had, it was alleged, been subjected to constant annoyance by receiving a series of unsigned post-cards, in which he was addressed in opprobrious terms, and his conduct characterised as base, cruel, and villanous. At length the prosecutor discovered that these post-cards were sent by the defendant, and the present proceedings were instituted. The defendant, who admitted the charge, was remanded.

### Death in Dublin Again.

The official return for the week ending June 5 gives the death-rate of Dublin as 37·5 per 1,000 of its population, that of London for same week being 19·4, of Glasgow 21·3, and of Edinburgh 20·1. The deaths from zymotic diseases were 11 more than in the preceding week, and 37 over the average of ten years. They comprise 18 from small-pox, 5 from measles, 13 from scarlatina, 3 from diphtheria, 2 from croup, 9 from whooping cough, 9 from fever. The registered deaths (18) from small-pox are double the number for the preceding week. There were 88 new cases of the disease admitted into the Dublin hospitals during the week, being 12 in excess of the admissions in the previous week ending 29th ultimo. We ask again—Where is the Report of the Royal Sanitary Commission which, twelve months ago, laid bare the abominations of Dublin insanitation?

### The Royal Society.

The following is a list of the gentlemen who were elected Fellows at the meeting of the Royal Society on Thursday last:—Thomas Clifford Allbutt, M.A., M.D., F.L.S.; Professor John Attfield, Ph.D., F.C.S.; Henry Francis Blanford, F.G.S; The Rev. William Henry Dallinger; William Turner Thistleton Dyer, M.A., F.L.S.; Lieut-Col. Henry Haversham Godwin-Austen; The Right Rev. Charles Graves, D.D., Bishop of Limerick; Professor David Edward Hughes; Henry M. Jeffrey, M.A.; Professor Frederick M'Coy, F.G.S; J. Fletcher Moulton, M.A.; Professor Charles Niven, M.A., F.R.A.S.; John Rae, LL.D.; Professor J. Emerson Reynolds, M.D.; William A. Tilden, D.Sc.

### Opiumless Paregoric.

Last week, at Sheffield, one Skelton, a herbalist, was charged with selling four ounces of paregoric not of the nature, substance, and quality demanded by the purchaser. The borough analyst certified that the article submitted to him was deficient of alcohol and was coloured with cochineal and wholly destitute of opium. The object of selling it without opium, added Mr. Allen, was, without doubt, to avoid the Pharmacy Act. The defence said that the article was balsam of aniseed and was given in mistake. The Bench, in giving judgment, said that in their opinion this was a very bad case. The defendant did not profess to sell drugs and he was not authorised to sell drugs, but when a person applied to him for paregoric he gave him what was not paregoric, but a compound entirely destitute of the principal ingredient of that drug, and so contrived as to deceive the purchaser. The sale was a wilful violation of the law, for something which was not a drug was sold for a drug. Fined £5 and costs, or a month's hard labour.

## University Honours for Cambridge Visitors.

We understand that it is intended to propose to grant the honorary degree of Doctor of Laws to the following gentlemen on the occasion of the proposed meeting of the British Medical Association at Cambridge in August:—Dr. Paul Broca, Professor of Surgical Pathology in the Faculty of Medicine, Paris; Dr. C. E. Brown-Séquard, F.R.S., Professor at the Collége de France, Paris; Dr. Chauveau, of Lyons; Dr. F. C. Donders, Professor of Physiology at Utrecht; Dr. S. D. Gross, of Philadelphia; Sir William Jenner, K.C.B., M.D., F.R.S.; Sir William Gull, M.D., F.R.S.; Sir George Burrows, M.D., F.R.S.; Mr. William Bowman, F.R.S.; Rev. S. Haughton, M.D., F.R.S., Fellow of Trinity College, Dublin; Mr. Joseph Lister, F.R.S.; Dr. Denis C. O'Connor, President of the British Medical Association; Mr. John Simon, C.B., F.R.S.; Dr. Andrew Wood, M.D., F.R.S.E.

## Windfalls for Hospitals.

The University College Hospital has received £200 from "G. F. H.," and twenty guineas from Mrs. Wakefield Christy. The Rev. Charles Hayes, of St. Mary Church, bequeathed £200 to the Torbay Hospital and Infirmary, Torquay. The Merchant Taylors' Company have given one hundred guineas to the Brompton Hospital for Consumption, &c. Mr. A. G. Price bequeathed £500 each to the General Infirmary and the Dispensary, Gloucester. The Earl of Bessborough bequeathed £200 to St. George's Hospital. The Edinburgh Royal Infirmary and the Leith Hospital have become entitled respectively to £1,000 under the will of the late Mr. W. Muir, of Inistrynich. Mrs. Curr, of Roseville, has left £1,000 to the Dundee Royal Infirmary and £1,000 to the Baxter Convalescent Home.

## Surgeon-General C. A. Gordon, C.B.

Some few weeks since we drew attention to the compulsory retirement of this able officer from the Army Medical Department, pointing out at the same time his long-continued services in almost every clime, and under every conceivable danger and difficulty. It therefore gives us sincere pleasure to receive the following official notification:—"H.R.H. The Field Marshal Commanding-in-Chief has been pleased to confer a pension of £100 a year on Surgeon-General Charles Alexander Gordon, M.D., C.B., and Hon. Physician to the Queen, for distinguished and meritorious service."

## Hospital Sunday in London.

Collections in aid of the Hospital Sunday Fund were made in the various places of worship on Sunday last, according to annual custom. Last year the weather was miserably inclement, and the contributions, although somewhat greater than the previous year, fell far short of expectations. Fortunately, on the present occasion, externals were everything that could be desired, and as several preachers, in their zeal for the cause of hospital charity, spread broadcast the news that wards in our best hospitals were being closed for lack of funds, a larger amount of practical sympathy may be drawn forth than has been shown in previous years. A good commencement was made by the collections at St. Paul's Cathedral exceeding those of last year by 40 per cent. Let us hope it will be so everywhere.

## Coroners' Mares' Nests.

We observe that an English Coroner's Jury has recently decided with all solemnity and admirable wisdom that a child of ten years of age had died of peritonitis *caused by excessive swinging*, the medical witness who has the honour of having started this very novel hypothesis having sworn that he believed the movement of the legs and body in long-continued swinging might and did produce fatal peritonitis. We regret that we are not in possession of this gentleman's name, that we might offer him our congratulations on his originality and imaginativeness.

## Elections at the Royal College of Surgeons, England.

The nomination of candidates for election into the Council of the Royal College of Surgeons are now complete, and they include the following names, the order of seniority being observed in the list:—Mr. William Cadge, Surgeon to Norfolk and Norwich Hospital; Mr. John William Adams, Surgeon to the Great Northern Hospital; Mr. Joseph Lister, D.C.L., F.R.S., Surgeon to King's College Hospital; Mr. Thomas Bryant, Surgeon to Guy's Hospital; Mr. Sydney Jones, Surgeon to St. Thomas's Hospital; Mr. J. Whitaker Hulke, F.R.S., Surgeon to Middlesex Hospital; Mr. Thomas Smith, Surgeon to St. Bartholomew's Hospital; Mr. Berkeley Hill, Surgeon to University College Hospital; and Mr. Reginald Harrison, Surgeon to the Liverpool Royal Infirmary.

## The late S. M. Bradley, F.R.C.S.

The meeting of the Manchester Medical Society, on June 2nd, was wholly devoted to the passing of two resolutions bearing on the lamented loss recently sustained by the Society in the death of Mr. Bradley, the well-known surgeon. These ran as follows: (1) "That this Society has heard with the most unfeigned sorrow of the sudden death of Mr. Bradley, whose loss will be keenly felt, not only by the Society, to whose interests he was warmly attached, and to the debates at which his sparkling eloquence always made him a welcome contributor, but also by the whole profession, of which he was acknowledged to be one of the brightest ornaments." (2) "That the President, Mr. Whitehead, and the honorary secretary, be requested to prepare and forward to Mrs. Bradley, in the name of the Society, a letter expressing the profound sympathy of the Society with her in her sad bereavement, and its deep sense of the irreparable loss which it has itself sustained." These resolutions do but express the profound sense of loss felt throughout medical circles in Manchester at the news of Mr. Bradley's death. To those who enjoyed his friendship, his memory will long be held prominent: our own pages were not unfrequently enriched by articles from his pen, and we can only keenly regret the sad circumstance which has deprived us at once of a brilliant contributor and an enduring friend.

## Rot.

The destructive ravages made among sheep by the prevalence of "rot" during the long-continued wet weather seriously affect the meat supply of the country. In the last epidemic of the disease an incalculable number of animals fell victims to attack, but we are informed by breeders in the grazing districts that the rot has now almost "died out" in places. The importance of a clear understanding concerning the nature, progress, and pathology of the disease cannot well be over-rated, seeing the immense issues at stake. The Royal Agricultural Society of England, appreciating this, has determined on conducting an inquiry into the local causes and treatment of rot, and the life-history of the fluke. A number of other questions were proposed by Prof. Simonds, of the Royal Veterinary College, as being worthy of consideration with these, but the Council have decided against entering on more than the two points indicated at present. Prof. Rolleston, Linacre Professor of Physiology at Oxford, has been invited to take up the question in its purely biological aspect, and we may hope that some beneficial results will follow from the widespread distribution of the information which will be elicited during the prosecution of these fresh labours in an already-opened field of research.

## Prize Essay on Opium.

A prize of £50, with a second premium of £25, should it be deemed advisable to award it, is offered for competition, by essays on the medical means of counteracting the effects of opium-smoking in China. The papers must be forwarded before February 28th, 1881, to Dr. Broadbent, 34 Seymour Street, London. Drs. Risdon Bennett, Sieveking, and Sir Joseph Fayrer will act as adjudicators on the merits of the essays. It may be as well to suggest that though competitors receive no invitation to do other than confine themselves to the Chinese aspect of the opium question, they can with advantage include the consideration of the extent and dangers arising from the consumption of the drug at home, and add suggestions for remedial measures in this country. It is undoubtedly as true, that large quantities of opium are smoked in London now, as it was when "Edwin Drood" existed, and the evil spreading from it as a centre is no less great. There is no indication as to the limits within which essays must be contained. We presume this point will be left to the discretion of writers.

## Woolsorters' Disease.

An identity between this terrible malady and the splenic fever of cattle has been demonstrated by Prof. Greenfield of the Brown Institution, his examination having revealed to him anthrax bacillus, though in a somewhat unusual form. He has succeeded also in inducing the disease by inoculation. The presence of a specific disease germ would seem to be definitely proved to be a necessary preliminary of the disease, and in only certain conditions of special kinds of hair are these to be dreaded. The investigations are by no means yet completed; a check to them has been met with however, in the unfortunate illness of two of the gentlemen conducting them, viz., Mr. Spear, and Dr. Butterfield, medical officer of health for Bradford. It is a satisfaction to know that both the sufferers, in whom dissection wounds following a post-mortem examination in a case of the disease, are progressing to recovery. Mr Spear has been under the treatment of Dr. Greenfield in St. Thomas's Hospital.

The honorary degree of D.C.L. Oxon., has been conferred upon Professor Lister, of London.

We hear that the honorary degree of LL.D. Cambridge, is to be conferred on Dr. Haughton, of Dublin, at the next Congregation.

The Conversazione of the Society of Arts will be held on Wednesday, the 16th instant, at the South Kensington Museum.

Dr. J. Mandeville Nash, of Drumkeerin, in the county of Leitrim, has been appointed to the Commission of the Peace for the County.

Dr. Samuel Chaplin, the recently appointed Vice-President of the Irish College of Surgeons, has been appointed to the Commission of the Peace for the county Kildare.

Mr. C. H. Dowling, a Dublin dentist, has been awarded £1,750 as compensation for personal injuries sustained by him in a collision on the London and North-Western Railway at Menai Bridge last December.

An epidemic of St. Vitus's dance has lately occurred at a convent of the Ursulines in Ohio, which was of such severity as to necessitate the closing of the school for girls which was connected with the institution. Very few of the nuns or the girls escaped, and in many the disease was so well established as to cause permanent injury.

With reference to the alleged outbreak of pleuro-pneumonia amongst the cattle in Epping Forest, the Chief Inspector of the Veterinary Department of the Privy Council Office, who was directed to investigate the case, has reported that he exhumed and made a post-mortem examination of nine animals which had been slaughtered as being affected with pleuro-pneumonia, and failed to find a trace of the disease in any of them.

In the principal foreign cities the annual rates of mortality, according to the most recent weekly official returns were—in Calcutta 21, Bombay 33; Paris 28; Geneva 29; Brussels 22; Amsterdam 23, Rotterdam 28, The Hague 18; Copenhagen 27, Stockholm 27; Christiania 15; St. Petersburgh 53; Berlin 27, Hamburg 26, Dresden 28, Breslau 31; Munich 47; Vienna 31; Buda-Pesth 42; Alexandria 39; New York 28, Brooklyn 20, Philadelphia 19, and Baltimore 22 per 1,000 of the populations. Small-pox caused 54, and enteric fever 37 deaths in Paris.

The death-rate from the seven principal zymotic diseases in the large towns last week ranged from 1·0 and 1·1 in Hull and Birmingham, to 5·5 in Norwich, 7·7 in Plymouth, and 10·1 in Dublin. Measles showed the largest proportional fatality in Plymouth, Sunderland, and Oldham; scarlet fever in Norwich, Dublin, and Bristol; and whooping-cough in Liverpool, Salford, Bristol, and Bradford. The fatal cases of measles in Plymouth, which had been 2 and 10 in the two previous weeks, were 9 last week, making 318 that have been recorded since the middle of November last. Three fatal cases of diphtheria were returned in Leeds. Small-pox caused 8 more deaths in London, 18 in Dublin, but not one in any of the other large towns.

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**Another Death from Hydrophobia.**—This terrible disease has become alarmingly prevalent of late, and it is matter of no surprise that rabid dogs, or dogs manifesting a tendency towards this disease, are being carefully looked after. A young miner named Morran died recently at Upper Ballochney, near Airdrie, in terrible agony, from hydrophobia. About two months ago Morran was bitten on the mouth by a dog which was running about the country in a rabid state, but he paid little attention to the wound, which speedily healed up. He was able to attend to his work, and appeared to be in his usual health. The disease was ushered in by pains in the head, accompanied with spasms. Drs. Rankin and Cullen, from Airdrie, visited the patient, but nothing could be done save the ministering of soothing remedies.

**The Health of the City of Glasgow.**—Dr. Russell's report for the fortnight ending 29th May, 1880, states that during this period there were 522 deaths registered, as compared with 608 in the preceding fortnight, a decrease of 86, representing a death-rate of 23 in place of 27 per 1,000, or 25 in place of 29·7, according to his estimate of the population. As compared with the corresponding fortnight in 1879 there is an increase of 37 deaths, which arises from the prevalence of whooping-cough and enteric fever. The number of deaths from pulmonary diseases was 166 in place of 186, representing a death-rate of 7 in place of 8 per 1,000 living, and constituting 31 in place of 30 per cent. of the total deaths. The number of deaths from fever was 25 in place of 38—viz., 24 from enteric fever, and 1 undefined. In children 35 deaths from whooping-cough took place, 9 from measles, and 8 from scarlet fever.

**Health of Edinburgh.**—For the week ending with Saturday the 7th inst., the deaths in Edinburgh fell from 108 to 84, and the rate of mortality was 20 per 1,000. During the previous four weeks no deaths from fever were recorded.

**Paisley Infectious Diseases Hospital.**—The furnishing of Bladda Hospital, erected in Paisley for patients suffering from infectious diseases, has just been completed. The hospital, which has been built by the local authority of the burgh, is under the management of the directors of the Paisley Infirmary, and now forms a near and valuable adjunct to that institution. The four wards of the establishment, capable of accommodating 44, and on pressing occasions 60 persons, giving 1,100 to 1,500 cubic feet air space to each, are excellently constructed, and the interior presents a light, cheery aspect, with their oaken floors, white walls, and open ceilings of varnished pine roofing, supported by light iron girders. The mahogany tables, birch chairs, and neat iron bedsteads, covered with white linen, wear somewhat a homely and pleasant, instead of the ordinary hospital look, and give the rooms altogether an inviting appearance. A short distance from the hospital, but with a separate entrance, stands a building converted by the municipal authorities into a reception house for those taken for a few weeks out of the houses from which patients suffering from infectious diseases have been removed. Fumigating, cleansing, and drying apparatus are in like manner to the hospital fitted up in out-houses, which are also provided with a comfortable bath-room, where the infected clothes are left by intending inmates, who are furnished with fresh clothing prior to entering the receiving-house. Altogether it would be impossible to imagine a better public hospital.

**Registrar-General's Report.**—According to the monthly returns of births, deaths, and marriages for May, 1880, there were registered in the eight principal towns of Scotland the births of 3,940 children, of whom 1,996 were males and 1,944 females. A comparison of the deaths registered in the eight towns shows that during May the annual mortality was at the rate of 20 deaths per 1,000 persons in Greenock, 22 in Aberdeen and in Edinburgh, 23 in Dundee, 25 in Leith and Glasgow, 34 in Paisley, and 38 in Perth.

**Glasgow Science Lectures Association.**—The Annual General Meeting of this Association was held on the evening of the 10th inst., in the Religious Institution Rooms, Dr. Fergus presiding. The annual report of the committee, submitted by the Secretary, Mr. Smith, stated that the income for the year was £333 4s. 2d., and the expenditure £370 19s. 2d., showing a deficit of £37 15s. The committee believed that the public taste for such high-class lectures as the Association provided had not at all diminished, and hoped, from the arrangements they had in prospect, that next session would be a most successful one. Sir William Thomson was re-elected President of the Association.

**Glasgow Sick Children's Hospital.**—On the 8th inst. a general meeting of the subscribers to the Hospital of Sick Children for Glasgow was held in the Religious Institution Rooms, Mr. James Campbell, of Tillichewan, presiding. The Hon. Secretary, Mr. MacGeorge read the report of the Committee, which stated that they had been unable to come to an agreement with the Western Infirmary, and had purchased a site for £2,200, at the corner of Scott and Buccleuch Streets, on which to erect an hospital. The report was adopted, and a committee appointed to see the plans completed. We have repeatedly pointed out that the rapid increase of special medical institutions is a question of capital gravity to the profession. That which, however, is on the aggregate proper, is so in the particular. So while the right of a multitude of influential men to found an hospital is admitted, the right of a single individual cannot be disputed. But is there not ten times too much "charity" both for the public and generally speaking an underpaid profession?

**Montrose.—Royal Infirmary and Asylum Board.**—The Annual Meeting of this Board was held on the 8th inst., Provost Japp presiding. The abstract of accounts read showed that the profit on the Asylum for the year had been £1,731 1s. 9d., while in favour of the Infirmary there was only £1 5s. 10d. During the year £1,745 had been expended on renewals and repairs. The farm and garden showed a satisfactory result, the yield of milk for the year being 11,683 gallons. The report of the Infirmary stated that there had been 204 admissions during the year, of which 73 were from Forfarshire, 11 from Kincardineshire, 18 from Caithness, 10 from Shetland, and 8 from other counties. The recoveries were in a ratio of 37 per cent. The death-rate for the year was 8 per cent. on the average number resident.

# Correspondence.

## THE INQUIRY AT THE YORK ROAD LYING-IN HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Anxious as I am that all the facts connected with the affairs of the General Lying-in Hospital should receive the fullest investigation, an anxiety proved by the motion I made at the first meeting of the committee of investigation now sitting, that its meetings should be public, and that the medical periodicals should be invited to send reporters, I regret to be obliged in any way to discuss them while they are still *sub judice*. It must be obvious to your readers that it is impossible for me to speak freely of this unfortunate affair during the sittings of a quasi-judicial committee, of which I am a member. You have, however, admitted into your columns a statement of the facts under investigation, the impartiality or otherwise of which I shall leave your readers to judge of, in which certain statements of an absolutely inaccurate character, personal to myself, are made, and on these I must ask your leave to say a few words. You say: "Under the advice of Dr. Playfair, the appointment (of the matron) was authorised by the governing body of the institution, directly in the face of an emphatic remonstrance from the acting medical staff." On this I have to say :—

1stly. The matron was actually appointed (May 21st, 1879) by the committee of management, which is the practical governing body of this, as of every other hospital, before any remonstrance, emphatic or otherwise, had been made with regard to her. If you allude to the formality of her appointment being ratified by the general body of governors, of that I know nothing, since I am not a member of that body, and certainly never presumed to advise it one way or another.

2ndly. One of the two members of the visiting staff, this is in evidence, thought the matron an eligible candidate, and I am informed that proof is to be brought forward that he not only thought from previous acquaintance that she was an eligible candidate, but that he strongly recommended her. Be this as it may, he had certainly frequently discussed with me the qualifications for the office, and had never hinted at anything but the warmest approval.

3rdly. She was not, in any proper sense of the word, my nominee. She was simply a lady whom I thought well suited for the post, and whom, from pure kindliness, and from no other motive, I mentioned as such to several members of the committee. The vacancy was advertised in the usual manner, and I am informed that the present matron was selected by the committee because her testimonials were considered the best submitted to them.

4thly. I was totally ignorant, at the time I made the recommendation, of the rule that the matron should be a single woman, or a widow without encumbrance; nor was it any business of mine, since I was not a member of the committee of management, nor even a governor of the hospital, and had nothing to do with its laws and regulations.

About the time the matron was appointed I received, simultaneously with the other members of the medical staff, an application from the committee of management to say whether or not it would be dangerous to the patients if the matron's children were permitted to reside with her, in her private room, during their school holidays. As I understood it, there was no question of their living in the hospital at any other time. To this I answered that I did not think the granting of such permission would be a source of danger to the patients. Your informant seems pretty well acquainted with the affairs of the hospital, and yet he has not mentioned the important fact that my colleague, Mr. Lister, the consulting surgeon, was also applied to at the same time, and in the same way, and gave precisely the same opinion. Subsequent events may have proved the unsoundness of this advice; but I need not be ashamed of it, since exactly the same advice was given by the greatest living authority on such questions. It is needless to say had Mr. Lister acted and advised without concert or consultation with me; yet one of the visiting physicians (Dr. Fancourt Barnes) committed himself to the flattering opinion to me that Mr. Lister was acting under my influence, a charge which Mr. Lister, of course, promptly denied. I give the answer from the shorthand report, so that there may be no mistake on this point.

*Ans.*—"I believe you asked Mr. Lister to write that letter."

I mention this because it seems to me to be very characteristic of the spirit of reckless assertion and groundless assumption as to my conduct and action, of which, I submit, I have grave reason to complain, and with which, I am afraid, the writer of your article is not altogether untainted.

In commenting on the arrangements made for carrying on the work of the hospital after the acting staff had resigned, you say: "This inexplicable and uncalled-for departure from the usual customs in hospitals was carried out at the suggestion of Dr. Playfair, the consulting physician." This statement, permit me to say, is absolutely the reverse of the truth; what occurred was this. Immediately after the acting staff had resigned, the chairman of the committee of management called on me to say that it had been proposed to try and secure, pending the forthcoming investigation, the services of some physician entirely unconnected with the questions at issue, and in order not to give him any claim to subsequent appointment, to offer him an honorarium for his work. It was further explained to me by the chairman that it was not considered desirable to offer the work to Dr. Moullin, the out-patient physician, partly on account of the distance at which he resided from the hospital, and partly because he was considered to be hardly of sufficient standing in the profession to justify his being appointed senior physician to the hospital, to which, it was thought, his being placed in charge would give him a claim. The chairman then asked me to name to him some obstetric physicians to whom he might apply, to see if they would undertake the work proposed. I gave him a simple note of introduction to two gentlemen, without expressing any opinion on the merits of the proposal, and very injudiciously, as I now see, to save time, I personally conveyed to a third the wishes of the chairman, but without pressing on him in any way their acceptance, as I am sure he will willingly testify. The very same evening, on thinking the matter over, I saw how open this course was to animadversion, and I wrote to the chairman of the committee of management, pointing this out, saying, "It might, therefore, be a matter of consideration for you whether it would not be wiser to ask Moullin to do the work for the present." It will be seen, therefore, that it is not true that the suggestion was mine; and so far from its being so, that within twelve hours of its being made to me, I pointed out to the chairman that he ought to reconsider it. It is not my place to defend Dr. Godson's course of action, which he is himself well able to do. Nor could I do so without referring to disputed questions, which at the present stage of the inquiry I wish to avoid.

It would not be honest in me, however, if I did not say that I did and do approve of it, and my reasons for doing so I am ready to give afterwards if necessary.

In the wild statements which are being freely bruited about regarding me, no mention is ever made of the fact, of which I challenge contradiction, that in arranging what could best be done in this unhapppy state of affairs, my colleague Mr. Lister and I have acted in perfect harmony, and in precisely the same manner; but the phials of wrath are emptied on my head alone. The only thing I have done, *ex proprio motu*, is that I made myself the channel through which the wishes of the chairman were conveyed to Dr. Godson. Even this, however, I communicated to Mr. Lister, and I have his authority for saying that my action in this matter meets with his approval. Hitherto, I make bold to say, I have not been considered unmindful of the dignity and honour of my profession; and I have the utmost confidence that I shall prove to demonstration, before the committee of investigation now sitting, that I have never said or done a single thing during my connection with the General Lying-in Hospital which was disloyal to my colleagues or inconsistent with the strictest code of professional ethics.

I am, Sir,
Your obedient servant,
W. S. PLAYFAIR.

31 George Street, Hanover Square, W.

[It affords us much pleasure to insert these explanations of Dr. Playfair, as the writer of the leading article referred had no personal interest in the question whatever, although insinuated in the foregoing letter. Our anxiety in this, as in every other matter affecting the honour and dignity of the profession, is to arrive at the truth by admitting both sides.—ED. M. P. & C.

## SIR JOHN LUBBOCK ON THE DENTAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe that in the address of thanks of the newly-elected Member for London University he speaks of the Dental Act in the following terms :—

"The Bill has recently been subject to some adverse criticism, arising, I think, from misapprehension. It has been said that the Bill gave persons who had not a proper qualification the right to call themselves surgeon-dentists. This is quite a mistake. The Bill did nothing of the sort. It is also said that under the Bill persons were able to place themselves on the *Register* without sufficient qualification. This, however, is confined to those who, before the passing of the Bill, were actively engaged in dentistry. The clause was drawn on the lines of the Medical Act (1858), and Parliament would never consent to deprive persons actually practising of their right to do so. The Bill was brought to me by Mr. Tomes, President of the Dental Reform Association ; was supported almost unanimously by the dental profession, and had been submitted to and approved by the three great surgical colleges. Under these circumstances, I think you will agree with me, that having the sanction of the recognised medical authorities, I was fully justified in considering that I acted in accordance with the wishes of the medical profession. I know that there are still some few who object to the Bill, but even doctors will, we know, differ. I believe their objections are founded on misapprehension, and hope that eventually they will themselves admit that it has worked well."

I can fully believe that the honourable baronet believed that he was gratifying the surgical profession, and doing something meritorious when he passed the Act ; and I think that the discredit attaching to that deplorable legislative mistake must rest with the Dental Reform Association who misled him, and with the General Medical Council and the Colleges which put their *imprimatur* on the Bill without reading it or consulting the dental surgeons upon its provisions. Nevertheless, as one of those who protested against the measure from first to last, I feel bound to point out that Sir John Lubbock's assertions, which I have above quoted, are wholly erroneous ; and that the faults of the Act cannot be excused on the ground which he puts forward in its defence. To show this, I beg you to print the following letter, addressed by me to the *Standard* some weeks ago, in reply to a letter by Mr. Tomes, but, I believe, suppressed by that journal :—

*To the Editor of the Standard.*

Sir,—Permit me very briefly to state a few facts in reply to the letter of Mr. Tomes, published in your journal, in which that gentleman submits that Sir J. Lubbock is "entitled to the gratitude and support" of the medical graduates of the London University for passing the Dentists' Act. The facts I desire to state are as follows :—

*a.* That by that Act every person of any grade whatever, educated or not, was given liberty to enrol himself as an officially and legally recognised dental practitioner on the declaration, by himself, respecting himself, that he is "*bonâ fide* in the practice of dentistry."

*b.* That, under the permission thus given, 4,806 persons obtained admission to the profession of dentistry, of whom only 531 possessed any recognised medical, surgical, or dental qualification whatever ; 2,707 were *soi-disant* dentists who presented no evidence of competency but their own opinion of themselves ; and 2,049 were chemists and chemists' assistants who, presumably, had no real knowledge of dentistry at all.

*c.* That by section 3 of the Act, any of these chemists' assistants, or self-dubbed dentists, may use "any name, title, addition, or description implying that he is registered under this Act, or that he is specially qualified to practise dentistry."

It is held that this phrase includes the title of surgeon-dentist, and thus Sir John Lubbock has given the right to use this name to nearly 5,000 persons who do not pretend to have had any surgical education whatever.

*d.* That the admission of these unqualified thousands was effected by Sir John Lubbock intentionally and avowedly to disarm the opposition of the chemists and druggists, and done in spite of the most energetic protests on the part of the surgical profession.

Finally, I take leave to deny, unequivocally and emphatically, that there ever was a precedent for this buying off of opposition by the wholesale annexion of uneducated vested interests.

The Medical Act admitted no one save the holder of a recognised diploma, or a person who had been over forty years in actual medical practice. The Pharmacy Acts of England and Ireland admitted no one but an examined pharmaceutist, and I am not aware of any legislation, medical, legal, or ecclesiastical, which ever proposed to confer an official guarantee of competency upon a multitude of persons, the great majority of whom would, I imagine, not pretend to any qualifying education whatever.

This Sir John Lubbock has done, and it may be doubted whether thereby he has acquired a claim to "the gratitude and support" of the medical graduates.

Surgeons find themselves now officially and legally bracketed as practitioners with over 4,000 persons who don't possess and never did possess any recognised guarantee of their competency, and a majority of whom are, admittedly, altogether ignorant of surgery in any form. So be it.

We must bear our wrongs, having no remedy for them, but it is really too much to ask us to "kiss the rod," and return humble thanks to Mr. Tomes, Sir John Lubbock, and the Dental Reform Association, who made dento-surgical practitioners of this motley multitude.

I am, Sir,
Yours, &c.,
ARCHIBALD H. JACOB,
M.D. Dub., F.R.C.S.I.

23 Ely Place, Dublin,
June 12, 1880.

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## PERFORATION OF ILEUM FROM OBSTRUCTION AFTER OVARIOTOMY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the review of the thirtieth volume of the Transactions of the Pathological Society of London, which appeared in the last number of the MEDICAL PRESS AND CIRCULAR, I find that the reviewer, in referring to my account of a specimen of perforating ulcers of the ileum from obstruction after ovariotomy, attributes the ulceration to typhoid fever. It is true that a medical man, when first called to see the patient from which the specimen was taken, believed that she was suffering from that complaint. On further investigation it was found that the illness commenced with rigors and severe abdominal pain, and a fortnight later Mr. Manser detected a *large* fluctuating abdominal tumour. As the cyst must clearly have existed for more than a fortnight, and as the patient was a lady's maid, accustomed to active work, and the onset of her sufferings was very sudden and severe, that gentleman naturally interpreted the case as acute inflammation of the cyst. Its suppuration, and the close adhesions to the lower part of the ileum, discovered during operation, all tended to confirm this diagnosis. I carefully examined the mucous membrane of the ileum during the post-mortem examination, and found that Peyer's patches were normal in appearance. The nature of the ulcers is minutely described in the communication, and reference is made there to two similar cases.

Dr. Bantock, agreeing with Mr. Manser as to the nature of the complication, operated as soon as possible, in spite of the high temperature, since such cases when left alone become more and more complicated from imminent danger of rupture of the cyst, and also from the certainty of increase of adhesions. Since it happened that the cyst was suppurating, the operation was not performed a day too soon.

The perforated portion of intestine, now numbered 1201 B, in the pathological series of the Museum of the Royal College of Surgeons, may be contrasted with the examples of typhoid perforation in the same collection. Beyond the fact that holes exist both in the specimen under discussion and in the typhoid series, they present no other feature in common.

I am, Sir, yours faithfully,
ALBAN DORAN.

51 Seymour Street, W.,
June 11th, 1880.

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## THE TREATMENT OF ACUTE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was very much interested by your excellent epitome of Dr. Greenhow's papers on the treatment of acute rheumatism, and the criticism which the papers elicited, as well as your editorial thereon.

It is, however, to be regretted, for the sake of therapeutical advancement, that there should be such conflicting testimony on the part of such competent observers; yet I am inclined to think that a good deal of the success or failure in the treatment of rheumatic fever with salicin or the salicylates might depend, in great measure, upon whether or not there has been made a judicious selection of suitable cases; by suitable I mean cases occurring in robust individuals, and in whom there was no previous existing state of ill-health. I consider salicylic acid a marked depressant, and just as in sthenic disease our treatment is antiphlogistic, whilst in asthenic cases of the same nature it must be stimulating and supporting, I am inclined to think that salicin and the salicylates ought not, on account of their depressing effects, to be employed in the treatment of rheumatic fever occurring in a weakly, debilitated subject, but should be confined exclusively to cases occurring in otherwise strong and healthy persons.

Within the past fortnight I was called upon to attend a young lady, æt. 20, whom I found suffering from acute rheumatism, and who had not for some time previous been in her usual state of good health. The case was a well-marked one, but presented nothing unusual from the ordinary run. Before treatment the heart was strong, and both sounds well accentuated. At ten o'clock in the morning I gave her the following mixture—

℞ Acid. salicylici, ʒij;
Soda bicarb.,
Sp. chloroform., aa ʒss.;
Sp. æth nit.,
Sp. ammon. aro. aa ℥ss.;
Mist. camph. ad ℥vj. M.

and ordered two tablespoonfuls to be taken every three hours. When I saw her again at nine o'clock in the evening the temperature and pulse were very much reduced, and she had almost perfect immunity from the excruciating pain she had suffered. The amelioration of these symptoms was not followed by any nervous phenomena. As the mixture would not last throughout the night I repeated it, and as there was so much improvement, I ordered it to be taken only every four hours. On my return the next morning I found she had taken but one more dose of the medicine, as it produced distressing vomiting. There was no epigastric pain complained of, but the heart's action was so much enfeebled, and the sounds so indistinct that I should at once have discontinued the mixture, though the patient had had no aversion to it. There was no subsequent material increase of either the temperature or pulse, but as the pain and thirst returned, though in a very much less degree, I had to fall back upon the alkaline treatment, and although I gave an ounce of the bicarbonate of potash in the twenty-four hours for two successive days, yet there was no return of the gastric derangement. Under the alkaline treatment the heart's action gradually became stronger and the sounds clearer, but a regard for my patient's interest withheld me from returning to the salicylate in order to observe whether the same cardiac failure would occur again. The patient made a good recovery, on the seventh day I discontinued treatment, and on the eighth she was up and moving about.

Now, in this case, the effect of the salicylate in reducing the temperature and pulse was very marked; but the cardiac failure which it produced leads me, so far as an individual case goes, to agree with Dr. Greenhow that it produces serious, and I believe, permanent changes in the heart. The aversion which the drug caused in the patient was insuperable, and the gastric disturbance was clearly traceable to its use, for there was no return of the nausea or vomiting, although I gave large doses of the bicarbonate. The progress of the case leads me, however, to differ from Dr. Greenhow when he says the drug has no influence over the duration of the disease, for I believe the shortness of my patient's illness was due to the beneficial impression the drug so rapidly made on the disease at its outset; so that when I began with the alkaline treatment I had the disease checked, and on following up my advantage over the enemy I was enabled to easily overcome, in fact, I had only to treat as it were an abortive attack. I am so well pleased with the result that the next case of rheumatic fever I am called to I intend to follow the same line of treatment, viz., to begin with a few doses of salicylate (the harm lies in its prolonged use) in order to relieve the pain and reduce the temperature, and then having eased the patient's suffering, to resort to the bicarbonate.

Yours, &c.,
J. McIlroy.

Portglenone, June 5th, 1880.

# Literature.

## A TREATISE ON HYGIENE AND PUBLIC HEALTH. (a)

THE literary activity of the medical writers of the nineteenth century found a fresh field in hygiene or public health, and we have, as its outcome, a large number of works dealing with the subject in almost all its ramifications. English medicine has hitherto had one classic work or text book, and to the late Dr. Parkes is due the credit, of not only being one of the most active pioneers in sanitary reform, but of having produced a work which has formed a fount of inspiration for succeeding writers.

It is easier to improve than to invent, and thus we need not wonder that better books are produced based upon the experience of the men who have gone before, after bequeathing the labours of their lives in the shape of facts, suggestions, and ideas, which only require a skilful and cunning head and hand to utilise and turn into account. The everlasting law of change and progress is thus fulfilled. The older writers pass away, but their results remain to us under the shape of new and enlarged forms: from the small seed first planted by them a fertile and luxuriant crop is obtained.

It is no discredit to the late Dr. Parkes to say that in the present treatise we have a work which not only may take a place beside his "Hygiene and Public Health," but which must even supersede it, for from the very large seed he planted, we need not wonder at a larger growth, or that from his one volume two should have been developed. With this necessary prelude we have great pleasure in introducing to the notice of the profession in England this American work on "Hygiene and Public Health" as we regard it as one of the most important contributions to sanitary literature yet published in the English language, and we have no hesitation in saying that it should find a place in the library of every sanitarian. It extends over two large volumes, the first comprising 792, the second 657 pages. The first volume is devoted to individual hygiene and habitations, with an introduction, including prefatory remarks, causes of disease, jurisprudence of hygiene, by Dr. John S. Billings.

The principle of division of labour has been adopted, and special subjects are treated by writers who have devoted special attention to them, so that we have thereby the matured and ripe experience of the leading American hygienists.

The first subject in "Individual Hygiene" is that of Infants, and Dr. Jacobi, Clinical Professor of Diseases of Children of the College of Physicians and Surgeons, New York, has undertaken this portion. This section of itself stamps the work. We have seldom read a more able or exhaustive paper condensed in so few pages. The young practitioner is often sorely perplexed by many minor questions concerning breast milk, weaning of infants, infants' artificial foods, wet nurses, and the rest. During his career as a student he has not much time to attend to all these points; in practical life they are of the utmost importance. Midwifery is the keystone to successful general practice. The practitioner who is well-informed and who pays attention to all the minute details of the lying-in room, the feeding of infants and their hygiene, is almost certain to secure a large practice, *cæteris paribus*. Dr. Jacobi's contribution places this knowledge within his reach.

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(a) "A Treatise on Hygiene and Public Health." Edited by Albert Buck, M.D., American Editor of Ziemssen's "Cyclopædia of the Practice of Medicine," Instructor in Otology in the College of Physicians, New York, &c. Two vols., large 8vo, pp. 792 and 657. New York: W. Wood & Co.; London: Sampson Low & Co. 1879.

We may particularly mention as worthy of perusal the paragraphs on "Infant Feeding;" and we notice with pleasure a drawing of a feeding bottle which, under the name of "Biberon Pompe," was first introduced to the notice of the profession by Dr. Jacobi in 1877, though it was invented in France. The ordinary feeding bottle is imperfect, because the child draws in too much air; moreover, many children are unable to supply the requisite degree of suction. The biberon pompe obviates this; we recommend it to the notice of some of our English instrument makers.

"Food and Drink" form the next section, ably treated by Dr. James Tyson, Professor of General Pathology and Morbid Anatomy at Pennsylvania. His paper is very well illustrated and is an excellent compendium of our existing knowledge, though it does not come up to the standard of our English medical literature on the subject, for as is well known to all English hygienists, we have an *embarras de richesses* in this direction.

Dr. Brayton Ball next treats of physical exercise; and a paper by Dr. Arthur Van Harlingen concludes the part devoted to individual hygiene.

The second part deals with habitation; and soil and water are first considered, the writer being Dr. W. H. Ford, President of the Board of Health for Philadelphia. This is an able contribution to a most important subject, and will be found particularly useful to the practical sanitarian as it is liberally illustrated by useful drawings.

The atmosphere necessarily comes next, and the first volume concludes with a paper by Dr. F. Browne "On the General Principles of Hospital Construction." Though this is a short article it embraces the leading principles to be kept in view in selecting site, in choosing materials, construction, internal arrangements, ventilation, &c., of these necessary adjuncts of civilisation. We must defer to another occasion our notice of the second volume.

We have said sufficient to excite the interest of hygienists, and when we add that the work is well and beautifully bound, printed in a clear and readable type, and produced at a reasonable rate, we have no doubt that copies will soon be found in the libraries of all medical men who like to have their shelves covered by useful and practical works.

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## Medico-Parliamentary.

### HOUSE OF COMMONS.—Wednesday, June 9.

#### MEDICAL RELIEF IN SCOTLAND.

In answer to Dr. **Cameron**, Mr. **Gladstone** said—The question as to the allocation of the grants in aid of medical relief in Scotland was one of great importance, and her Majesty's Ministers were very anxious to approach that subject as soon as they might be able.

#### COUNTY LUNATIC ASYLUMS.

Mr. S. **Leighton** rose to call attention to the subject of county lunatic asylums:—"That the care of the insane is a subject of imperial obligation; that the placing of insane persons not of the class of paupers in the category of paupers on account of their insanity is inexpedient; and that the cost of maintaining lunatic asylums is an unfair burden upon the ratepayers." He remarked that there were no fewer than 70,000 prisoners in England, 6,000 in Scotland, and 18,000 in Ireland, who were detained by the authority of the State for reasons of public safety.

Mr. **Dodson**, President of the Local Government Board, said with regard to the suggestion that Government should take over all the pauper asylums, and that they should be maintained out of the imperial funds, he thought it was an error to assume that it came to the same thing as supporting them out of the rates. They would find that in the course of a very few years they would be taking out of the second pocket more than they were taking out of the first. The duty of the Central Government was to see that lunatics were properly cared for, and that they did not become dangerous to the public. But the Central Government was not bound to go further, and it was a *non sequitur* to say that the imperial funds should be called upon to maintain the asylums. The law required that the friends of pauper lunatics should contribute, as far as possible, to their maintenance in the asylums, and that was done to a considerable extent. Last year the contributions for that purpose amounted to £67,000. If the asylums were taken over by the State, local interest in them would cease, and it did not follow that the position of the lunatics would be improved. It was certain that the contributions of friends would not be so closely looked after by the central as by the local authority, and a larger burden would be thrown on the taxpayer than was thrown upon the rates. If the institutions, whether workhouses or asylums, were to be maintained out of imperial funds, imperial management must follow. Under these circumstances he could not assent to the motion before the House.

Mr. S. **Leighton** expressed himself extremely dissatisfied with the reply given on behalf of the Government on this subject, as it did not at all refer to the question in its broad, imperial aspect, the light in which he had presented it to the House.

The motion of the hon. member was by leave of the House withdrawn.

#### CRIMINAL LUNATICS.

Mr. R. **Paget** then rose to draw attention to the inconvenience of sending criminal lunatics to county asylums, and to move that a Select Committee be appointed to inquire into the laws relating to the custody and maintenance of criminal lunatics, idiots, and chronic lunatics.

Mr. A. **Peel**, on behalf of the Government, said that, broadly stated, there were four classes of criminal lunatics: First, those who were called the Queen's pleasure lunatics, who had been either found to be insane, or were acquitted as insane; secondly, those who were under sentence of penal servitude; thirdly, those of a milder type of crime who were under sentence of imprisonment merely; and fourthly, those lunatics who were under commitment for trial. These four classes were sent to different localities, Broadmoor, Woking, the pauper asylum of the jurisdiction where found, and the asylum of the district where the crime was committed. He thought it was a very fair question whether the practice prevailing at Woking should not be extended, and criminal lunatics be sent to special quarters, where provision was made for their reception. With regard to Broadmoor, it was a question well worthy of consideration whether that asylum should not be used exclusively for the very worst class of dangerous criminal lunatics. As to that part of the resolution which referred to chronic and harmless lunatics, there was some doubt on the point whether counties could combine for the purpose of dealing with that special class, but if they could be separately treated in that way, a great improvement would be effected. In March, 1879, the late Home Secretary appointed a committee, which he hoped would be reappointed, in order that it might go into the entire question.

### Friday, June 11.

#### ANIMAL VACCINATION.

On the motion for going into Committee of Supply,

Dr. **Cameron** rose to call attention to the practice of animal vaccination, and moved, "That as cowpock lymph direct from the calf, commonly known as animal vaccine, is of at least equal value as a prophylactic against small-pox with the ordinary humanised lymph, and as its use affords an absolute guarantee against the propagation of those human diseases occasionally invaccinated with humanised lymph, this House is of opinion that to meet the objections to vaccination founded on the possible communication of other disease through that operation, a supply of animal vaccine should be provided by the National Vaccine Establishment for the use of those who prefer it to the ordinary lymph."

Dr. **Farquharson** supported the proposition.

Mr. **Mitchell Henry** said that small-pox had decreased in proportion to the extent to which vaccination under the present compulsory system was practised. He strongly deprecated the bringing forward of this motion from year to year.

Mr. **Dodson** said he did not think that the opponents of compulsory vaccination had made out such a case against it as would justify the House in overthrowing the present system. He was prepared, on behalf of the department, to say that they would make arrangements by which animal lymph would be supplied as stock as well as humanised lymph to regular practitioners who might desire it. But they must proceed with the greatest caution, taking care of established cases of cow-pox. With regard to the demand which had been made on the department with regard to the supply of humanised lymph, he could assure the House that the greatest care was exercised to supply only the purest lymph. It was obtained from trustworthy persons, and microscopically examined before being sent out, in order to make sure that no blood was mixed with it; blood being that which if anything was calculated to introduce those terrible diseases which had been spoken of. He was not prepared to agree with any of the amendments on the paper. The appointment of a Royal Commission as summoned by the member for Banbury (Mr. Samuelson) would tend to cast an amount of doubt on our vaccination laws which he was not at present prepared to consent to; he was, however, prepared to accept one of the recommendations of the Committee of 1871, and to sanction the abolition of the cumulative penalty. He trusted the House would be satisfied with the proposals of the Government, and that the resolutions would be withdrawn.

Dr. Cameron thereupon withdrew his resolution.

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**Royal College of Surgeons of England.**—The following Members having passed the required examination on May 27th, 28th, and 29th, have been admitted Fellows of the College :—

Battle, Wm. Henry, L.S.A., Potter Hanworth, Lincoln.
Boon, Alfred Pearl, L.R.C.P. Lond., St. Kitts, West Indies.
Giles, Geo. Michael James, M.B.Lond., Alexander Square, N.W.
Hayward, Thomas Ernest, M.B.Lond., Tewkesbury.
Howlett, Edmund Henry, L.R.C.P.Lond., Upper Norwood.
Margerison, Richard, Cromwell Road.
Paddle, Jas. Isaac, L.R.C.P.Lond., Albert Street, N.W.
Pickering, Charles Frederick, L.R.C.P.Lond., Bristol.
Saunders, Arthur Rich, Kingston, Jamaica.
Takaki, Kanehiro, L.R.C.P.Lond., Tokio, Japan.
Webb, John Rheece Wynn, L.R.C.P.Lond., Shrewsbury.

## NOTICES TO CORRESPONDENTS.

Dr. Bernard Kelly's paper shall appear in an early number.

Volunteer Surgeons.—The annual dinner of the medical officers of the Volunteer Force will take place in London at the Criterion on Monday evening, June 28, Surgeon-General Munro, C.B., A.M.D., in the chair. Applications for tickets must be made before June 25.

Dr. Dudgeon.—Your letter was held over for want of space. The printer has been instructed to send you proof. You can then make the necessary correction.

Royal College of Surgeons of England.—To-day, and on Friday next, at 4 p.m., Prof. J. Hutchinson will lecture on "Some of the Surgical Bearings of Gout and Rheumatism."

Lunatic will find the subject referred to in another column.

A Candidate.—The next examination will be held in July. Write to Mr. Trimmer at the College for details.

Dr. M. P. S.—The case came before the Judges in the Court of Queen's Bench last Monday week. You will find a report of the proceedings in our last week's issue and in the *British Medical Journal;* the latter, however, is not quite accurate.

Midwife.—The next examination of the Obstetrical Society of London will be held on Wednesday, July 14. Applications must be sent in before June 30.

### NITRATE OF SILVER.

*To the Editor of the* Medical Press and Circular.

Sir,—I shall be glad if you will kindly answer the following queries :

1. Is there any risk in giving argent. nitrat. in ¼-grain doses thrice daily for any term under three months?

2. Is the blue line on the gums a pathognomonic sign of threatened skin discolouration?

3. Has any means been discovered whereby argent. nit. can be given for several months without incurring risk?

4. Would the chloride of silver formed by decomposing the nitrate with Na. Cl. be as useful internally as the nitrate, and less likely to discolour, or is this misfortune true of all silver salts?

Yours, &c.,

Newtown. F. C. F.

[1. The risk of discolouration when giving nitrate of silver appears increased during bright sunshiny weather, and, unfortunately, when the discolouration commences, it is beyond our power to check it. The ¼ of a grain is an exceptionally small dose. 2. There occurs with several metals when given internally and absorbed, a "gum-line;" it is not necessarily associated with the cutaneous discolouration. 3. No mode known by which the risk of discolouration can be prevented. 4. The chloride does not appear useful internally. If absorbed in any way it would probably discolour the skin after a time.—Ed.]

Dr. Wagner.—Early in June, 1881; we do not remember the exact day, nor who is the hon. sec. We will get more definite information and write you a private note.

Mr. J. E. Bridges.—Dr. Greene published similar views in 1873 in these columns.

W. F. S.—The autumn is generally considered the best season for publishing medical books. Either of the houses named may be relied on; the latter will probably be found the least expensive.

Dead Drunk.—An extraordinary occurrence has taken place at Egremont, a populous suburb at Liverpool, on the banks of the Mersey, between Seacombe and New Brighton. It appears that a day or two ago the supposed dead body of a man was found lying on the shore, and was in due course conveyed to the dead-house, the supposition being that the man had been drowned. Having been deposited in the mortuary, the body was left for some time while inquiries were made. The police then returned; and one of them commenced to search the clothes of the supposed corpse. Scarcely had he begun to do so, however, when the "corpse" came rapidly to life, and rising up on the table, called out in a somewhat vigorous tone, "What are you doing!" It is stated that the searcher was so astonished and alarmed at the spectacle of the "dead" man thus coming to life, that he ran away from the chamber in terror, whereupon the "corpse" began to follow. It was ultimately found that instead of having been drowned the man had simply got very drunk, and had fallen helpless on the beach at the spot where he was found.

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### VACANCIES.

Abbeyleix Union, Durrow Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, July 2.

Birmingham General Dispensary.—Resident Surgeon for the Aston Branch. Salary, £170. Also a Resident Surgeon for the Union Street Dispensary. Salary, £150. Apply to the Secretary before June 21.

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board and residence. Applications to the Clerk, Cleveland Street, W., before June 21.

Claremorris Union, Ballindine Dispensary.—Medical Officer. Salary, £3 per week, with travelling expenses. Election, June 18.

Enniskillen Union, Holywell Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, June 26.

Liverpool Dispensaries.—Assistant Resident House Surgeon, to visit Out-patients. Salary, £108. Applications to the Secretary by June 21.

Manchester, Owens College.—Demonstrator in Anatomy. Salary, £125. Applications to the Registrar before June 30. (See Advt.)

Manchester Royal Infirmary.—Assistant Surgeon. Honorary. Applications to the Chairman on or before June 28.

Middlesex Hospital.—Aural Surgeon. Honorary. Applications to the Secretary on or before June 19.

Naas Union, Clane and Timahoe Dispensary.—Medical Officer. Salary, £125, with fees, and £15 as Medical Officer of Health. Election, June 28.

Whitehaven Infirmary, Cumberland.—Resident Surgeon. Salary, £150. Applications to the Secretary before June 25.

Wigan, Royal Albert Edward Infirmary.—Senior House Surgeon. Salary, £100, with board. Applications to the Secretary before June 30.

Wolverhampton General Hospital.—Surgeon. Honorary. Applications to the Secretary on or before June 28.

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### APPOINTMENTS.

Boyd, D. O'C., L.R.C.S.I., L.R.C.P.Ed., Medical Officer to the Multifarnham Dispensary, Mullingar Union.

Davies, H., M.R.C.S.E., L.S.A.L., Medical Officer of Health for the Llanybyther District of the Lampeter Union.

Gaffney, C. B., L.R.C.S.I., L.K.Q.C.P.I., Resident Surgeon to Mercer's Hospital.

Hartt, C. H., L.R.C.S.I., L.K.Q.C.P.I., Assistant Medical Officer to the Workhouse and Infirmary of the Greenwich Union.

Limrick, O. E. B., L.K.Q.C.P.I., House Surgeon to the Liverpool Dispensaries.

Logan, F. T. B., M.R.C.S.E., Medical Officer for No. 1a District and the Workhouse Hospital of the Bedminster Union.

McClelland, J., M.D., M.R.C.S.E., Medical Officer of Health for the Toxteth Park Urban Sanitary District.

Macewen, F. A., M.B., House Surgeon to the Alnwick Infirmary.

Osborn, W. H., M.R.C.S.E., House Surgeon to the Queen's Hospital, Birmingham.

Pullin, T. H. S., M.D., M.R.C.S.E., Medical Officer for the Church-Stanton District of the Taunton Union.

Roxburgh, R., M.B., Physician to the Weston-super-Mare Hospital and Dispensary.

Sweeting, R. D. R., M.R.C.S.E., Medical Superintendent of Fulham Hospital.

Whitford, W., M.D., C.M., Medical Officer to the Fifth District of the Liverpool Parish.

Wilson, W., M.B., C.M., House Surgeon to the Cumberland Infirmary.

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## Births.

Cordner.—June 4, at Aughnacloy, co. Tyrone, the wife of Louis M. Cordner, L.K.Q.C.P.I., of a daughter.

Sparrow.—June 10, at 99 Ashsted Road, Birmingham, the wife of W. W. B. Sparrow, L.R.C.P.Ed., of a son.

## Marriages.

Ryan—Parker.—June 9, at St. Mary's Church, Hampstead, C. E. Ryan, L.R.C.S.I., of Tipperary, to Mary Vincent, eldest daughter of Henry Watson Parker, Esq., of Heath Hurst, Hampstead.

## Deaths.

Evans.—June 3, at Mynd House, Gloucester, suddenly, Thomas Evans, F.R.C.P.L., Consulting Physician to the Gloucester Infirmary, aged 75.

Grealy.—June 1, at Galway, Joseph Grealy, L.R.C.P.Ed., L.R.C.S.Ed., aged 24.

Harrison.—June 3, at Nicholas Street, Chester, John Harrison, Esq., J.P., F.R.C.S., aged 71.

Henriques.—June 5, at Upper Berkeley Street, London, Amos Henriques, M.R.C.S.E., in his 69th year.

M'Cullough.—June 4, at Clonmany, co. Londonderry, Patrick M'Cullough, M.B., C.M. Univ. Glasg., Medical Officer, Clonmany Dispensary.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 23, 1880.

## CONTENTS.

PAGE
Lectures on some of the Surgical Aspects of Gout and Rheumatism. Delivered at the Royal College of Surgeons, Monday, June 14. By Professor Hutchinson, F.R.C.S. .......... 511

### ORIGINAL COMMUNICATIONS.

Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department .......... 513

### CLINICAL RECORDS.

Mercer's Hospital, Dublin. Under the care of Mr. E. S. O'Grady, F.R.C.S.I., M.B. Tapping followed by Severe Inflammation and Suppuration—Tapping followed by Extensive Gangrene—Large Pericæcal Abscess—Sloughing of Perinæum — Urinary Extravasation — Cleft Palate—Osteotomy .......... 515

### DEPARTMENT OF LUNACY.

On the Care of the Insane and their Legal Control .......... 516
PAGE
The Mineral Waters of Europe—Analytical Reports on the Principal Mineral Waters. By Charles C. R. Tichborne, LL.D., Ph.D., F.I.C., President of the Pharmaceutical Society of Ireland, &c. With Notes on their Therapeutical Uses. By Prosser James, M.D., M.R.C.P. Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital 518

### TRANSACTIONS OF SOCIETIES.

Obstetrical Society of London—

Fœtal Monstrosity—Retroflexion of the Uterus—Pathological Anatomy of Erosion of the Cervix—Encephalocele—Uterine Tumour .......... 518
Extra-Uterine Fœtation, with Results .. 519
Sixty-seven Cases of Uterine Distortion or Displacement .......... 519

### SPECIAL.

Our Water Supply .......... 520

### LEADING ARTICLES.

The Contagious Diseases Acts — The Memorial for their Repeal .......... 521
The Credit-fee System of Irish Medical Education .......... 522
Vaccination .......... 523
The Indian Medical Service .......... 524
PAGE

### NOTES ON CURRENT TOPICS.

Fellowship of the Royal College of Surgeons of Surgeons .......... 525
Provincial Credulity .......... 525
Guy's Hospital .......... 526
Annual Summary of Births, Deaths, &c. .. 526
The British Medical Association .......... 526
Report of the Dublin Sanitary Commission 527
Coming Election at the Royal College of England .......... 527
Dublin Sanitation .......... 527
The Cooling of the Body after Death .......... 527
Home Hospitals Association .......... 528
Belladonna Poisoning treated by Chloral.. 528
Bogus Diplomas .......... 528
Metropolitan Hospital Sunday .......... 528
Compulsory Vaccination in France .......... 528
Scotland .......... 529

### LITERATURE.

The Spectroscope in Medicine .......... 529

### CORRESPONDENCE.

Sir John Lubbock on the Dental Bill .......... 530
Temperature of the Breath .......... 531
The York Road Lying-In Hospital Controversy .......... 530
The Causes of Epidemics of Measles .......... 531
Notices to Correspondents .......... 532

# Lectures

ON SOME OF THE

# SURGICAL ASPECTS OF GOUT AND RHEUMATISM.

*Delivered at the Royal College of Surgeons, Monday, June* 14.

By Professor HUTCHINSON, F.R.C.S.

## Lecture I.

Mr. President and Gentlemen,—It may appear at first sight a work of supererogation on my part to deliver a course of lectures on the surgical aspects of gout and rheumatism before such an audience as the present, and my presumption will seem the greater when we consider the numerous splendid monographs which have been written on these subjects, and the way in which they have been treated of in larger standard works. I need only mention the names of such authors as Dr. Garrod, Dr. Fuller and Dr. Robert Adams, of Dublin, and it would seem almost impossible to say anything worth listening to on a subject which they have treated of so fully and so ably. But it is characteristic of such workers that, whilst they themselves directly advance our knowledge of a subject, they also afford the means of further advance to others by offering suggestions and opening up fresh ground for investigation, and thus a careful perusal of these works suggested certain questions to my mind and points on which I felt considerable doubt, and it is the results of my attempt to answer these questions which I now desire to bring before you.

Doubts began to arise in my mind some twenty years ago as to the relationship of several maladies (such as iritis, joint disease, lumbago, eczema, psoriasis, &c.) which were conjectured to be associated with gout and rheumatism; were they connected with one of these diseases, or with both? and what were the special characteristics of gouty or rheumatic iritis or eczema? or were there no such distinctive features? I found that there were no data extant which would enable me to arrive at a satisfactory explanation on these points; the various authors expressed very different opinions. So I set to work to collect evidence for myself, and then I was met by the further difficulty, What must I accept as evidence of gout or of rheumatism, and what was rheumatic gout? Was it a chronic form of gout or a mixture of gout and rheumatism, or a distinct disease?

Accordingly, about twenty years ago, I began to take notes of all cases bearing upon gout or rheumatism, and tried to ascertain what maladies could be allocated to one or the other disease. At first I carried on the inquiry in a desultory sort of way, but about ten years ago I began to prosecute it more industriously. I visited the special hospitals for diseases of the eye and skin; I also visited the hospitals at Bath and Buxton, in each of which more than a hundred patients suffering from all forms of gout and rheumatism may be found at any time. I took notes of the cases in the wards of my medical colleagues at the London Hospital, and lastly, I collected evidence at the London workhouses, where a large number of chronic cases may always be found. In this way I tried to avoid getting erroneous results from working in too narrow a field and from dealing with a special selection of cases, such as those which would present themselves at Moorfields, or at Blackfriars. Having arranged my notes I had them all printed, but the book was unfortunately destroyed by a fire at the printer's: I am, however, having it reprinted from some proofs which were in my possession, and when the work appears you will be enabled to judge of the data on which the results which I am about to put before you are founded. Meanwhile, I trust that you will bear in mind that in these lectures I can only give a very brief summary of these results, and shall in most cases be obliged to content myself with stating the conclusions at which I arrived without entering into the evidence by which they are supported.

It may seem scarcely necessary to waste time over the definition of such terms as gout, rheumatism, &c., to such an audience as this, but my experience is that a great many misunderstandings arise from omitting to ascertain before entering on a discussion that we use certain words in exactly the same sense. I will, therefore, state as briefly as possible the meaning which I attach to some of the terms which I shall have occasion to use most frequently.

*Arthritis* means etymologically inflammation of any joint, but in practice it has become restricted to a particular form of inflammation, affecting many joints, attended by more or less effusion, which soon passes away, and rarely goes on to suppuration.

*Arthritic Diathesis* is the state of health predisposing to this form of disease: this predisposition generally exists throughout the lifetime of the individual. It is often hereditary, but may be acquired. This term *diathesis* used to be too much employed; it is now I think too much discarded: with regard to gout and rheumatism there is certainly a constitutional predisposition which cannot be better expressed than by this word diathesis.

*Gout:* Some have demanded that the term shall not be applied to any disease except it be connected with the deposit of urate of soda. This seems to me to be limiting the term too much. A man may deserve to be called witty though he may not always be brilliant, and so there are states of health which may not always be accompanied by deposit of urate of soda, but which tend to it. There are certain symptoms which are quite as conclusive of the presence of gout as the existence of tophi, *e.g.*, sudden attacks of inflammation, affecting single joints, attended with great pain, œdema, and glossy skin, and which pass off readily. And I think we must go further and accept other conditions besides this; if, for instance, we can prove of a disease that it occurs almost solely in the children of the gouty, though we may be unable to find tophi in them, and though they may even have no such tendency at that time, I think we may fairly consider that disease to be gouty. But this, I am aware, is debatable ground.

*Rheumatism:* Here our ideas centre round rheumatic fever, in which many joints are affected, in which the joints are painful and more or less swollen, but without the glossiness of skin, and which terminates spontaneously without suppuration. To this we must add the liability to heart inflammation and to sweating. But this term also we must not limit too closely; the typical attack of rheumatic fever is only the central idea. If we can prove, for instance, that certain diseases occur chiefly in some members of families in which other members are liable to rheumatic fever, I think we may call these diseases rheumatic.

*Rheumatic Gout:* What is popularly known as rheumatic gout is rheumatism occurring in the hands and feet, and remaining persistent, without any deposit of chalk. Medically we attempt to define the term more accurately than this, but when we come to examine closely we find that it includes two large groups of cases. Dr. Adams, in his splendid work, the labour of a life and one worthy of the trouble bestowed upon it, recognised this distinction. The disease may be either constitutional or local; in the first all the joints of the body are affected, both small and large; in the second, one joint only is attacked. But although the distinction is generally well defined the two groups do occasionally merge into one another, and it seems therefore convenient to include both under one heading.

*Rheumatoid Arthritis* includes the same classes which Dr. Adams described as rheumatic gout.

*Arthritis Deformans:* This is a term I would utterly discard. It is an example of the very objectionable practice of taking an exaggerated form of a disease and giving it a distinctive name, without taking into consideration the links which connect it with other diseases. Cases of so-called arthritis deformans bear the same relation to cases of ordinary rheumatoid arthritis that a giant does to an average man, and there is just as much reason for special nomenclature in the one case as in the other.

*Nodi Digitorum:* This term appears to have been first used by Heberden, though the exact form of disease to which he meant to apply it is a little doubtful. It is now used to indicate the ovoid enlargement of the joints of the fingers which is common in old people; it is due to enlargement of the articular ends of the phalanges, and is attended with no pain.

*Morbus Coxæ Senilis:* This was a term introduced by Dr. Adams in the early part of his investigations, but which he discarded afterwards when he found that the morbid changes which he first noticed in the hip were not confined to it, but occurred in all the large joints.

*Morbus Arthritis Senilis*, or *Morbus Senilis Articulorum*, are the terms which Dr. Adams substituted for the preceding, but the remarks which I made with regard to the use of the term arthritis deformans would apply here also, since the cases which he described under this head are only advanced and exaggerated forms of ordinary rheumatic gout.

I need say little about the importance of the subject in reference to surgical practice. Rheumatic disorganisation of joints may greatly complicate the diagnosis of fractures and dislocations. Many cases have occurred in which a slight injury to a joint has been followed after a time by obvious deformity, and the surgeon has been accused of an error in diagnosis, though the result has really been due to rheumatic gout which has been excited or rendered active by the injury.

Then there is the fact that the greater number of cases of iritis are not associated with syphilis, as was formerly thought to be the case, but with arthritis. Glaucoma, again, is often so connected. There seems to be reason to think that contraction of the fingers is of rheumatic origin. Eczema and psoriasis have long been thought to be intimately related to these constitutional states.

Next I must say a few words respecting the clinical characteristics of the diseases which come under the arthritic type. They are generally said to be non-suppurative, painful, occurring in paroxysms, prone to relapses and much affected by season and changes of weather. All this is true to a certain extent, but must not be too strongly insisted upon. Rheumatic joints may suppurate acutely; the pain in rheumatic gout may be severe, but sometimes only slight, although the amount of disorganisation may be very considerable. Gout is commonly paroxysmal, but many gouty people have only occasional twinges and are never laid up; whilst rheumatic gout is said not to be paroxysmal; but this is liable to exceptions, and definite exacerbations of the disease are by no means uncommon.

We must now turn our attention for a few minutes to the pathological anatomy of these diseases and their connections.

*Rheumatism* has generally, as regards the joints, no pathological anatomy; there is of course, for a time, acute congestion of the vessels, but this all clears away, and the change is so rapid and so complete that some have actually asserted that rheumatic inflammation of joints is not strictly inflammation at all.

*Rheumatic Gout*, on the other hand, causes extensive pathological changes in the articular ends of the bones, in the cartilages, and in the synovial membranes. According to most authorities this disease is characterised by eburnation of the bones and by outgrowths from them and from the synovial membranes, but never by deposit of urate of soda, and any case in which this deposit is found must be excluded.

Whilst the one characteristic feature of the *gouty* joint is the presence of this deposit, we find it in the cartilages and in the synovial membrane, but we find no absorption of cartilage and no changes in the ends of the bones. Rheumatic gout is then the only one of the three the pathological anatomy of which needs any detailed description. In this disease all the constituents of the joint undergo extensive changes. The synovial membrane is, in the early stages, acutely congested; then round the margin of the articular surfaces there is a development of a sort of fringe on the edge of the membrane, this becomes more marked, until at last pedunculated masses are formed. These masses occasionally play a very important part in surgical pathology, for cartilage may be developed in them; they may then become detached, and in this way "loose cartilages" originate.

The cartilage may become altered in one of two ways. In some cases it becomes at first thickened and somewhat fibrous, then it splits and breaks up, wears away where the articular surface is most pressed upon, and leaves a bare surface of bone; this is the most common change. But there is another form of the disease in which there is no eburnation of the bone and no fluting of the articular surfaces, but instead of this the cartilage is found to be ulcerated in patches. Dr. Adams describes this form of the disease very correctly, and I have met with two cases which fully confirm his description. The first was that of a man named Thompson, of advanced middle age, who had been crippled for years, and died in one of the London workhouses. His body was brought to me for use in demonstrations of operative surgery, and on examination we found every joint in the body affected in the same way—the cartilage was absorbed in patches, exposing a rough and highly vascular surface. About the same time a man named Tretton was admitted into the London Hospital for erysipelas. He also had been crippled for years, and had been twice to Bath. Whilst in the hospital he got an attack of acute suppuration in one knee, and I was obliged to remove the limb. We then found the knee and all the other joints in the leg to be in exactly the same state as those of the other patient. This man was about 40 years of age; he had been ailing for six or eight years. The operation was performed ten years ago, but the patient is still living, though of course a helpless cripple. I should add that he has one brother in the same state as himself, and another not much better.

In Tretton one or two joints were anchylosed, and in Thompson, one, and in this we found slight eburnation of the articular surfaces, and slight outgrowth round the margin; not a well-developed lip, but quite enough to indicate the connection of this form of the disease with the more common form. As to the changes in the *bones*: these are first, increased vascularity and softening; then the articular ends expand, and become altered in shape. "Lips" form at the edge of the cartilage, outgrowths of bone which are very characteristic of the disease; finally, as I have said, the articular surfaces become dense and polished. This is the ordinary progress of a chronic case; but there are various exceptional phenomena which must be mentioned, since cases presenting these unusual features have received special names, as if they were examples of a distinct disease, instead of being only very chronic or very exaggerated specimens of the disease we have been describing. Thus anchylosis of joints sometimes occurs, as it does also rarely in true rheumatism. Ligaments may become softened and sometimes absorbed, especially the inter-articular ligaments of the knee and hip-joints, and more or less displacement of the articular surfaces may result.

In rare cases the synovial capsule may become thickened, and the vascular fringe may ossify. Then again, at an early age of the disease, excessive secretion of fluid may take place in the joint, the ligaments thus become stretched, and a loose joint results.

As I have already said, most authorities assert that the one characteristic change found in true gout is the deposit of lithate of soda. But are we justified in considering this to be the sole evidence of the disease. Dr. Adams gives a chapter on "mixed forms of disease." Dr. Garrod devotes another to prove that they do not mix, but are perfectly distinct diseases. How, then, are we to decide?

I think I can place before you evidence stronger than has ever before been brought forward to prove that the diseases do frequently co-exist. Sir Benjamin Brodie was of opinion that gout and rheumatic gout were not distinct diseases, and he described a specimen, which I have here, lent by the authorities of St. George's Hospital, a knee-joint, in which, together with well-marked lips and eburnation of the articular surfaces, there is also abundant deposit of lithate of soda. I have here also a similar specimen from the museum of the London Hospital, and a third from the Middlesex, the deposit in which was examined by Dr. Bence Jones, and found to be true lithate of soda; and, as I find that specimens like these may be found in most of the London museums, I doubt whether such cases can be very rare, and I am inclined to think that the connection between gout and rheumatic gout is closer than it has been generally believed to be.

# Original Communications.

## SUNSTROKE AS I HAVE SEEN IT IN INDIA

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

(*Concluded from page* 475.)

So much has been already said as to the circumstances under which sunstroke obtains in India, as to deprive anything I might further add in this direction of all novelty, and render it expedient for me to confine myself, as far as possible, to what I saw of it myself. Fortunately, too, this is my own earnest wish, indeed, my sole justification, for entering on the subject at all, at this length, and little that is absolutely new can be said of a disease that has been known since the days of the Shunamite, or that distributes its favours so equally to the poor as well as to the rich, in the mud-hovel as in the palatial hospital and barrack-room. It spares, as we have seen, neither age nor sex, though females suffer much less frequently from it than males, and exposure and intemperance are especially provocative of its assaults. It also selects by preference the weakly, or those whose stamina have been impaired by a present or previous illness, and it supervenes more frequently on the so-called Ardent, than on any other form of fever. It is more fatal among new-comers than among those who have had some seasoning, or who have learnt, from experience, how best to adapt themselves to the requirements of the climate; and it is particularly fatal to those beef-eating and dram-drinking Europeans, who are obliged to march or take the field in India during the hotter months, *i.e.*, from April to June in Oude and the north-west, or from May to September in the Punjab, and in a much lesser degree during the rains in either. (46)

Though prone to come, like the thief in the night, it rarely takes its victims altogether at a disadvantage, though some of the deaths due to its agency, that I have seen, have been among the quickest or most startling of those that have come under my notice. (47). On the other hand, the signs of its approach are often well-marked and equally suggestive. They are also frequently susceptible, if taken in time, of being modified or even averted, and there is no doubt but that the irritability of the bladder, which was so strongly insisted on by Longmore, may sometimes be turned to good account in this direction. Its value has, however, I think, been, on the whole, exaggerated, even from a precautionary point of view, and its peculiar designation or character will ever militate against its employment as a warning in a barrack-room. Anyhow, I never yet met an instance of its having been so employed in India, and many of those who recover from sunstroke say that they had previously experienced no inconvenience from their bladders. But the effects of great heat, like those of other exhausting agents, are so liable to be influenced by habit, temperament or constitution, as scarcely to admit of any, even an approximative classification, much less of any minute particularisation or definition. It is certainly not easy to gauge the measure of their fatality, and what one regards as excessive in this respect, another might say was not so. There is, in short, no hard and fast line within or beyond which life may be said to be absolutely safe or endangered in the tropics. Much depends on the individual himself, on his peculiarities or idiosyncrasy, and a weak heart or a fit of indigestion may precipitate a result, under the conditions contemplated above, which might be indefinitely delayed, or evaded altogether, under others.

As regards the mode of dying in this disease, and the division of the seizure itself into cerebral and cardiac, I am of opinion that death begins always in or from the brain, and that the pulmonary lesion so often associated with it, is secondary to or consequent on irritation or rather paralysis of that organ. So thinking, I see no room or occasion for the distinction introduced by Morehead, or for the designation of "sun-syncope," which is, I understand, sometimes used in this connection by American physicians. (48) Cases do, no doubt, often occur in which a sudden faintness amounting almost to syncope, and characterised by extreme pallor, nay, even lividity of the face and lips, is the prominent feature; but such cases are, to say the least, not common, and even if they were they would only point to the severity of the shock, and not to its origin or seat. Moreover, the heart was probably enfeebled, if not actually diseased, *ab initio*, in such cases, and no positive reliance can, I think, be placed on the appearance of the face, either way, after death from this illness. It is often flushed, indeed the sufferer has sometimes a "boozy" (49) look, and the conjunctivæ are usually injected or suffused. Again, headache followed by drowsiness, or ending in insensibility, is a common precursor or accompaniment of a threatened attack of heat-apoplexy; it need not precede or accompany any manifestation of cardiac failure. General convulsions, though not always present in sunstroke, are yet sufficiently so to indicate its cerebral origin, and twitchings of the mouth, &c., which amount almost to the same thing, are rarely, if ever, absent from the fatal cases. The condition of the pupil, which is, generally speaking, at first contracted and afterwards dilated, points in the same direction, and nausea or vomiting is more frequently associated with a cerebral than with a cardiac lesion. So does the action of the heart itself, for it is halting and embarrassed or tumultuous and confused, thereby showing that the controlling stimulus or guidance of the brain has been withdrawn.

Finally, the quality of the breathing, which at first, slow and laborious, or quick and gasping, in unison with beats of the heart, or the severity of the shock, generally ends, according to the duration of the attack, in becoming stertorous or actually whiffing, the involuntary escape or discharge of the fæces, while the urine is retained, seem to me to exclude the operation of the heart, as a leading, if not the primary factor in the production of these phenomena; and there can be no doubt at all as to the relative parts that coma and convulsions play in the closing struggle. But a few typical cases will probably shed more light on the situation than aught I could further advance in connection with it, and these must, for the sake of space, be condensed to the utmost.

Case I.—Sergeant C. C., æt. 23, a muscular but rather bloated-looking man of free but not actually intemperate habits, and who has been indulging to excess of late, was, to all appearance, in perfect health on the morning of his seizure, June 1st, 1865, at Cawnpore. He was even seen smoking in the verandah of his barrack-room about 3 p.m. He had, however, been previously heard to make some remarks about not feeling quite well, and he complained to a comrade about noon of headache, drowsiness, and nausea. After returning from what he called his turn in the verandah, he lay down on his cot for the purpose of sleeping off the uneasiness he felt, and when seen again his breathing was so noisy or stertorous, his face was so pale and livid, as to attract the attention of his comrades, and he was immediately sent to hospital. He was here found to be quite insensible, and the usual restoratives, such as cold affusion, stimulating enemata, friction of the surface, and mustard to the legs were resorted to in vain. He died within fifteen minutes of his arrival in hospital, and on examination of the body ten hours afterwards the face was found to be suffused and puffy, the back was dark and discoloured, and the axillary temperature was still abnormally high. The superficial cerebral structures were all considerably congested, the bloody points were all larger or more numerous than usual, and there was about one ounce and a-half of serum in either ventricle. The lungs were generally, though but slightly, congested, and they presented some evidence of old cheesy deposit towards their apices. The heart appeared to be unaffected, but the endocardium was freely smeared with fluid blood, and the reaction of the liver-tissue was decidedly amyloid. The bladder was empty and firmly contracted; and this is all I find in my notes about this examination.

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(46) The following Table (which is taken from Dr. A. Smith's "Fever and Cholera from a New Point of View," p. 41, Calcutta, 1873) showing, as it does, the months between 26th March, 1871, and 25th March, 1873, in which the total deaths from fevers, cholera, and sunstroke or heat-apoplexy, occurred among British troops in the Bengal command, testifies in the same direction, and is, so far, worthy of reproduction here. Dr. Smith had peculiar opportunities of knowing all the facts of the case, seeing that he was all this time Statistical Officer to the Surgeon-General B.T. in India:—

| DISEASES. | From March 26 | April. | May. | June. | July. | August. | Sept. | October. | Nov. | Dec. | January. | Febru'ry. | To March 25. | Total. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Simple Continued Fever | ... | 5 | 2 | 1 | 2 | ... | 5 | ... | 1 | 1 | ... | ... | ... | 17 |
| Intermittent " | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | 1 | ... | ... | 2 |
| Remittent " | ... | 9 | 6 | 8 | 7 | 9 | 11 | 6 | 5 | 4 | 1 | 3 | ... | 69 |
| Enteric " | 1 | ... | 1 | 5 | 7 | 8 | 4 | 4 | 4 | 3 | 4 | 1 | ... | 42 |
| Total | 1 | 14 | 9 | 14 | 16 | 17 | 20 | 10 | 10 | 9 | 6 | 4 | ... | 130 |
| Cholera ... ... | ... | 8 | 1 | 2 | 1 | 2 | 3 | ... | 11 | 1 | ... | ... | 1 | 24 |
| Sunstroke, or Heat-apoplexy ... ... | ... | 1 | 1 | 9 | 1 | 3 | 3 | ... | ... | ... | ... | ... | ... | 18 |

(47) *Apropos* of the suddenness with which life is sometimes brought to a close in this disease I may quote the following. Describing the state of the weather at Hyderabad, a writer in one of the papers for April, 1877, adds: "I still have to chronicle another very painful occurrence that took place here. On Wednesday, the 25th current, a sergeant was married; on the bridal party returning home, the bridegroom complained of a very severe pain in the head, and bled profusely from the nose. The apothecary was at once sent for, who suggested that he be taken to hospital, where he succumbed. The poor young widow was about a quarter of an hour married when death unmercifully snatched him away, unheeding the cries of the unfortunate young wife. Heat-apoplexy is said to be the cause of death, which was no doubt brought on by an indulgence in spirits, and exposure to the sun on the day of the wedding." I am indebted to the officer under whose charge the following case occurred for the particulars of it, which run as follows: "A sergeant who attended the firing party over the remains of a comrade who had died of sunstroke, expressed an opinion that he would not return alive from the funeral. He fell down accordingly insensible at the grave about 6 p.m., the weather being at the time very close and sultry, and was, when brought back to hospital, in a comatose condition. The usual measures, including ice to the head, a blister to the nape of the neck, and quinine hypodermically, were employed, but to no purpose, for he died about 10 p.m., and on section the membranes of the brain and the bases of both lungs were found to be in a state of intense congestion." The *Pioneer* of June 21, 1878, is responsible for the following story: "On Sunday, at Lucknow, a sergeant-major of the Royal Artillery, who was at church parade in the morning and gave orders regarding the funeral of a man to be interred that evening, succumbed to heat-apoplexy. He was buried in the evening at the same time as the man of his battery about whose funeral he had given orders in the morning;" and as I had charge of this battery on its return from India, and believe that the case in question was a typical one, I reproduce the particulars of it, as these were set forth in the case-book by Dr. Murray, who witnessed and recorded them: "Sergeant-Major T. S., æt. 34, 15 3-12 years' service (was) a man of intemperate habits, who had been out of sorts for the last three days . . . . was sent to hospital at 7.30 a.m. He was comatose and convulsed in both the upper and lower extremities on his arrival there; the axillary temperature was 108°, while the pulse was 136, and the skin was only moderately warm. The pupils were at first contracted, but became afterwards dilated, and the motions were passed involuntarily. Ice was applied to the head and sinapisms to the calves, and the temperature had fallen at 7.50 to 103°; it fell to 100° at nine, and then varied much; semi-consciousness was at one time restored, and he required restraint to keep him in bed, but the paroxysms returned, and he died convulsed at 11.12 a.m. On section, six hours afterwards, the cerebral membranes were congested, but the brain substance itself, though preternaturally firm, was otherwise normal, and it weighed 3 lb. 14 oz. Both lungs were intensely congested, but crepitant, and cut sections of them floated in water. The right cavities of the heart contained imperfectly coagulated black blood, and its walls were hypertrophied. The connective tissue of the liver was found, under the microscope, to be greatly increased, and the superficial cells of the acini were found to be infiltrated with fat. . . . The blood was everywhere fluid, and of a dark colour."

(48) Dr. Austin Flint has, I understand, enunciated some new views on the subject of thermic or thermal fever, which I have been unable to procure.

(49) Lithgow describes as follows (*op. cit.*, pp. 244-5) the death of three Dutchmen who indulged in "a daily swallowing down of strong Cyprus wine without mixture of water," and who, "the season being cruel hot, and their stomachs surfeited with burning wine, on the fourth day, long before noon, the three were dead; and yet I thought they had no sickness, *the red of their faces remaining pleasant*, their eyes staring always on mine, and their tongues perfect, even to the last of their breath."

(*To be continued.*)

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# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

### Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B.

(*Continued from page* 452.)

THREE cases, illustrating possible, though rare, complications which follow simple tapping of hydrocele, happened curiously enough to be inmates of the hospital together. (a)

*A. Tapping followed by Severe Inflammation and Suppuration.*—The admission of a delicate-looking man, æt. 30, an umbrella-maker, with chronically enlarged glands in the right groin, was necessitated four days after tapping a hydrocele on the same side in consequence of the sore being in a state of acute inflammation. Free incision evacuated some ounces of purulent fluid, after which the parts repaired kindly, radical cure resulting so promptly that the patient, who was also the subject of bad cleft palate, was fit to be operated on for the latter trouble sixteen days after the tapping. (a)

*B. Tapping followed by Extensive Gangrene.*—A carpenter, three days after a right hydrocele had been tapped, presented himself with the scrotum swollen to the size of a penny loaf, the entire anterior surface being in a state of slough. Free incision through the dead structures gave exit to over a pint of very fœtid fluid. The testicle was much enlarged; for a couple of days the cut had to be prolonged well up nearly to the external ring in consequence of the enlarged testicle acting as a kind of ball valve, and preventing the escape from above of a very copious offensive secretion. Once the large slough separated, the scrotum was prompt to repair, the exposed testicle speedily covered in, and cicatrisation was complete in three weeks.

*C. Ditto, ditto.*—A small-sized man, æt. 67, a skinner, had to be taken into the house five days after tapping in a very similar plight to that of the foregoing case, save that the testicle was not enlarged. Repair was more rapid, the patient being able to get up in nine days. The trouble was on the right side also, the case being almost a fac-simile of that of the preceding.

*Large Pericæcal Abscess.—Extensive Gangrene of the Scrotum.* (b)—A labourer, æt. 37, admitted for a large swelling in the right iliac fossæ. The appearance conveyed much the idea as if a twist loaf were here under the integument. The man's pulse was 160; tongue brown, much sordes on the teeth, with the general appearance prostrate in the extreme. He had come in from the country, and no history was obtained further than he had been bad for three weeks. The integuments on the lower part of the belly were œdematous, and pitted on pressure. The abdomen generally was tympanitic, the prominent part of the swelling being markedly so. Moderate redness extended to the scrotum, which was slightly œdematous. Free incision practised over the centre of the swelling evacuated over three pints of sanious and peculiarly fœtid fluid, large bursts of fæcal smelling air coming therewith, which and similar fluid continued to flow in gushes. On the next day all the scrotum, except a very small portion posteriorly, strictly speaking the perinæum, was seen to be in a state of pronounced gangrene. For days the patient remained in a most critical way, the fluid spoken of frequently escaping (especially when patient moved or coughed), as well as immense sloughs of areolar tissue; he was delirious, and required abundant stimulation. As the scrotal slough slowly separated, portions being clipped away day by day, both testes lay exposed. The wound cleaned, and the little posterior remnant or stump of the scrotum, daily carefully supported and drawn forward, extended with marvellous rapidity, (c) and aided by the cicatrisation of the healthily granulating wound, the formation of a new scrotal envelope was not long delayed. Such was nearly complete, when the man, now rapidly regaining health and strength, was taken home by his friends after a stay of 30 days in the hospital. The abdominal incision still remained open as a fistulous opening, from which a few drams of healthy pus, daily lessening in quantity, yet discharged.

*Extensive Sloughing of Perinæum and Ischio-rectal Fossa;* —occurred in a tall and strongly-made man, of temperate habits, well-known in musical and theatrical circles. Twelve days previous to admission he was detailed as a member of an orchestra to a country ball. The day had been a persistently wet one, and, lightly clad, he had, on leaving the train, to drive for some miles in heavy rain on an outside car, seated on soaked cushions. There was no opportunity to change or dry his wet garments, in which he had to remain nearly the while night seated in a chilly part of the room. Two days later he became "feverish," and began to suffer excruciating pain in the perinæum. The use of the catheter was now occasionally necessary. On admission to Mercer's a large mass of grey blackish hue, and of indescribable fœtor, occupied the left ischio-rectal region, extending far over on the central perinæum; it was already considerably advanced towards separation. An extruded portion larger than a turkey-egg was clipped away, and allowed some idea to be formed of the great depth and extent of the dead portions. The man responded well to tonic and stimulant treatment, with "warm" or alcoholised dressing and fermenting poultices locally. Portions, varying in size, of extruding slough were daily clipped away, nearly all the dead tissues being so got rid of in six days, when, too, the patient's general health showed tangible signs of improvement. The huge cavity henceforward steadily assumed a more wholesome appearance; it began to granulate, and healthily and rapidly to contract. Twenty-six days after admission patient was allowed to sit up. Five days later he returned to his home, and subsequently attended the hospital as an extern. Repair continued progressive. The use of the catheter had been occasionally necessary during the earlier part of his stay in hospital; there was no stricture, and at no time had there been any escape of urine from the wound.

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(a) Respectively admitted March 25th, April 2nd, and 12th. All these cases had been repeatedly tapped before. Possibly their concurrence was simply a coincidence, but likely was connected with some special atmospheric condition, for the period was one when wounds generally were not doing healthily, and numerous cases of cellulitis, paronychia, anthrax, and allied affections presented at the extern department. The same instrument, one of small size, served in all the cases, and was cleansed as usual on each occasion of its employment. It was used before, during, and after the occurrence of these cases with many other patients, both in private and hospital practice, in none of whom did anything untoward occur.

(a) *Vide post.*

(b) Under treatment concurrently with the three preceding cases.

(c) Quite equalling the descriptions given of the rapid recovery after extensive operations for aggravated elephantoid trouble in India, &c.

*Urinary Extravasation—Rapid Recovery.*—A healthy tinsmith, æt. 38, the subject of chronic stricture, was admitted with extensive extravasation, but only of a few hours' duration. The trouble involved the perinæal and scrotal regions, and was sequent on some sportive exercises during an alcoholic festivity. The usual incisions were made in the affected regions, and the cuts, which bled freely, plugged with strips of lint wrung out of turpentine; subsequently frequently-renewed poultices being applied. An unusually small quantity of slough was discharged; the different wounds promptly granulated, and the patient left hospital in twelve days with them all nearly healed; a No. 7 catheter could now be passed with facility.

*Cleft Palate—Osteotomy.*—This patient has already figured in the first of the hydrocele cases reported in the present issue. He had single hare-lip, had been operated on in the hospital with good success several years previously, when a deformed alveolar border was corrected. The operation for the palate trouble (which was of rather a severe type, the cleft, a wide one, extending well forward to the alveolar arch) was undertaken sixteen days subsequent to the tapping of the hydrocele. After the edges of the fissure were pared, the horizontal plates of the supermaxillary and palate bones were cut through by the chisel on both sides. When the bony structures were broken in, the anterior portions came nicely together, but to enable the posterior part of the cleft to be satisfactorily approximated the palati-glossi and most of the muscular fibres of the soft palate had to be divided on both sides. The long wound was accurately adapted by seven silver wire sutures; it did charmingly, the patient being discharged in a fortnight with all soundly healed, the sutures having been withdrawn two days previously.

*(To be continued.)*

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# Department of Lunacy.

## ON THE CARE OF THE INSANE AND THEIR LEGAL CONTROL.

THE interest in private lunatic asylums excited some time ago by the publication in a contemporary journal of a series of anonymous articles, the authorship of which has since been avowed by Dr. Bucknill, ex-Lunacy visitor in Lunacy, has been reawakened by the appearance of these papers in a collected form, issued by Messrs. Macmillan. (*a*) To the work in its new dress a preface is attached, in which the observations and conclusions of the author are summarised, and further elaborated. As dealing with one side of the question, the manual is undoubtedly an able contribution to the literature of the subject of which it treats, but it cannot be said to be in any sense of the term a fair or even accurate representation of the actual facts as they are. The public are rightly supposed to be intelligently and deeply interested in the care and control of the insane, seeing that any member of it may almost without notice be driven to special retreats prepared for those of unsound mind. It is therefore highly desirable that popular impressions should be an adequate, and at the same time unmagnified reflection of the things that be; that highly-coloured imaginative pictures should not be presented; but that the judgments of the general public should be unerring guides in the determination of opinions, that these may be productive of the confidence ensuing on a correct appreciation of existing details. It is much to be regretted that up to the present time contemporary newspapers, medical ones even included, have shown no hesitation in giving to their readers sensational accounts of the life and sufferings supposed to be common to lunatics detained under supervision. They have shown no unwillingness to give prominent place to statements and descriptions so utterly and strangely misleading that it is as difficult to conceive the ignorance which passed them as that which originated them. The course of recent events has demonstrated the truth of the few protests that have been uttered against the wholesale incriminations of Dr. Bucknill and his school, and at the present moment instances will readily occur to the reader to substantiate much that will be said against the accusation laid to the charge of private asylums.

The unsatisfactory nature of all one-sided evidence is shown by the prejudice it creates in the minds of those who are unfamiliar with any other than the distorted picture presented to them. In any matter of importance the evils following from this are many and severe; they are demonstrated in the constant expressions elicited when discussion is evoked, and they are all the time as valueless as they are harmful. The influence of single views is always adverse to truth; in the most convincing fashion is this so with regard to the estimate formed by Dr. Bucknill of the private asylum system in this country. Impressed through our own experience with the untenableness of his arguments, and feeling that a grave injustice was being done to a highly respectable class of men by the manner in which they were condemned unheard; and being, moreover, certain that much damage has been done to an essential and well-conducted class of institutions, by the publication of Dr. Bucknill's strictures, we determined to appoint a special commissioner who should visit and report on the conditions under which private asylums are conducted, and to make a truthful statement of the circumstances surrounding the care and legal control of the insane. The results of these investigations will be laid before our readers in a series of special articles, and the emphatic contradiction they offer to many of the one-sided utterances hitherto expressed by the aspersors of private asylums, will, we trust, be accepted by the public in opposition to the views it has had so repeatedly imparted to it.

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(*a*) "On the Care of the Insane and their Legal Control." By [illegible] Charles Bucknill, M.D. Lond., F.R.S. London: Mac[illegible]n & Co. 1880.

The end and aim of Dr. Bucknill seems to have been to crush out all licensed establishments, and put in place of them state institutions, and a few places where only a small number of patients would be received. On this last point he is singularly inconsistent in argument. The utmost amaze will be felt that anything so palpably weak as the grounds on which he bases his conclusions on this point can have presented itself to a mind so accustomed as his to weighing evidence. He insists, firstly, that evil in crowded houses, and those in which a considerable number of patients are under control, is to be feared from the temptation the proprietors of asylums are under to detain, unduly, patients who are fit for discharge. He then immediately argues, this drawback cannot exist in those places where three or four patients are under treatment. The illogical nature of this conclusion is so palpable, that for it not to have struck Dr. Bucknill himself must remain a mystery indeed. The proprietor whose income is derived from, say forty patients, will, supposing he is influenced solely by the *auri sacra fames*, feel the loss of the fortieth part of his income less keenly than that following the discharge of any patient who makes one of a much smaller number. In proportion as the number of patients is reduced there must be increased risk that they will be illegally detained when convalescent, if the possibility of such an untoward occurrence in admitted. Dr. Bucknill's proposition is therefore to ameliorate the evils existing by offering inducements for their continuance a hundredfold strong. The plan is marked by an ill-balanced argumentation no less apparent throughout this declamation. Neither is he alone in offering untenable suggestions, and drawing impossible pictures. The deepest astonishment must have been created by the appearance in a recent issue of the *Daily Telegraph* of a leader on the subject of private asylums such as might have been written of them in the days anterior to Lord Shaftesbury's noble interposition on behalf of the miserably persecuted insane. Incredible as it seems, the writer of the article we refer to is evidently under the impression that scenes of cruelty are the regular accompaniments of detention in a madhouse; that broken ribs and heedless murders are of everyday occurrence in them, and that their proprietors are incarnate devils, whose wickedness is ably seconded by a depraved staff of diabolical torturers. It is sad, indeed, that so little intelligent appreciation of the nature and work of private asylums has yet found its way into the public mind. The densest ignorance of both prevails, not only among the general people, but even amid those who hold the authoritative position of public instructors. The writer of the *Telegraph* article shows himself wholly uninformed of the actual routine of private asylums; he falls into the most perplexing errors on matters of detail; and especially does he prove himself merely a theoretical speculator, whose views of the institutions he denounces, parrot-like, are derived from the hypothetical romances in which scenes long past, and now nowhere to be found repeated, are described. The author of "£10,000 a Year" has said again and again that he could find no parallel of his pictures under the existing laws, and Dr. Browne, who is triumphantly declared by the *Times* to be allied in denunciation of private asylums with Dr. Bucknill, has unhesitatingly condemned the strictures passed by the latter gentleman on establishments which Dr. Browne considers immeasurably superior to the public institutions extolled by the reforming school.

On particular points, Dr. Bucknill, and the leading organs of the lay press, are agreed in a common misunderstanding. One of these is the question of inspection of asylums; according to the misrepresentations put before the public, these are but rare, and can be always anticipated by the proprietors, who, the *Telegraph* goes the length of saying, lay regular plans for discovering the times at which visits will be made. This was emphatically declared to be false in every instance that has been carefully investigated by unbiassed observers. In greater detail the truth of our assertion will be explained hereafter; for the present it is enough to say that the charges of underhand dealing brought against asylum proprietors by certain organs of opinion, are as unfounded as they are disgraceful in themselves. Again, the *Telegraph* in almost culpable ignorance of fact, explains that inspection cannot be a safeguard against undue detention; and that it is to the interest of proprietors to withhold the liberty of patients who have become sane. The briefest experience of maniacs would have sufficed to show the writer the extreme fallacy of the views he holds, and only a short stay in any asylum would have effectually destroyed his unbelief in the efficiency of inspection. In place of the four visits which the most liberal theorist who has written for public edification on this question records that the patients receive officially, no less than nine *statutory* visits are paid to every licensed house in the country. In addition, every patient is at *all* times freely at liberty to communicate by letter, sealed by himself and posted immediately, with the Government Commissioners in Lunacy. And even the wild productions addressed to lofty and imperial personages are likewise forwarded for official inspection by the asylum proprietor. In addition, at the visit of the Commissioners, any patient demanding a private interview is at once closeted alone with the official, who carefully investigates all complaints laid before him, and patiently listens to all that is said by even the maddest lunatics. More than this, too, no one *can* be detained by the *manager* of an asylum if the friends demand his release. The utmost the owner can do is to declare the lunatic unsafe to be at large, and following this an official examination determines the course of action to be taken. As a matter of fact, scores of patients are annually discharged as cured, who ought never to be released, and this it is, paradoxical though it seems, that is chiefly to blame for the ignorant prejudice against private asylums.

We cannot here do more than roughly indicate the lines on which the Special Report will be drawn. That it will be exhaustive, may be accepted, and we trust it may be of service in removing the feeling of uneasiness aroused by the proceedings of the antagonists to the system.

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A MOVEMENT has been made in the Pharmaceutical Council towards establishing an enforced curriculum as preliminary to examination for pharmaceutical candidates. At least, a committee has been appointed to investigate the relations of pharmaceutical education and examination.

# The Mineral Waters of Europe.

## ANALYTICAL REPORTS ON THE PRINCIPAL MINERAL WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., Ph.D., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

## WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

### INTRODUCTORY.

So much has already been written on mineral waters and spas generally, that the following articles might seem superfluous. But there is good *raison d'être* from at least three or four points of view. The extraordinary commercial aspect which the importation of mineral waters has assumed within the last ten to twenty years, and the ever-recurring claims for the patronage of the profession for new importations, renders it necessary to discover how far the so-called genuine spa waters represent the original springs. Most of the analyses produced are those which have been issued by the proprietors of the springs, some of them very old and specially selected, and out of date. Now it is well understood that all spring waters are subject to change as regards their chemical composition, and this is much more marked in those waters which are heavily loaded with salts. The loss of carbonic acid gas in the bottled condition will also bring about great changes in the general composition. The natural change which sometimes takes place in the water at the fountain head is illustrated by the analyses of Hoffmann and Muspratt, in connection with the Harrogate waters, in which a marked alteration in a certain spring was evinced in a few years. Another reason for the re-examination of the most important of these mineral waters is the progress which the whole subject of water analysis has undergone within recent years. The spectroscope has given us facilities for the qualitative estimation of rare elements not possessed by the chemists fifteen years ago. Thus the writer of the present article detected, for the first time, in 1868, by the aid of the spectroscope, considerable quantities of lithia in the Schwalheim waters, although these waters had been analysed by Liebig six years previously. Without advocating homœopathic doses, we must acknowledge that in a mineral water, particularly those that are drank copiously, small doses may, and in many cases do, wonderfully modify the therapeutic action.

Another point in the analyses of mineral waters seems to have been practically ignored. Many of these waters, particularly sulphuretted waters, are sometimes merely the result of decomposition attending the decay of organic matter. The result may, therefore, be a water which outside those constituents which gives rise to its dignity as a mineral water, resembles sewage in its general character and properties. The writer has examined such a water, and found it was with considerable difficulty that the barrier erected by faith could be broken through.

It must never be forgotton, however, in considering the composition of mineral waters, that as regards the arrangement of the elements by the chemist there is a great deal of theory. This is the chief reason that the more complicated spas cannot be imitated artificially. The chemist evaporates down a certain bulk of water, and we will say correctly estimates the relative amounts of acids and bases present, and then arranges them in his statement according to their known chemical affinities; but so many changes have already taken place during the act of evaporation, that the arrangement he is authorised in mapping out does not represent the true arrangement which previously existed in the natural waters, more particularly as the loss of the gaseous products have materially changed the structure of the fixed salts. This is one of the difficulties which is always felt in water analyses, and never more so than in the examination of some of the complicated spa waters.

In an interesting little book (now quite out of date) published in 1856 by the late Prof. Aldridge, called a "First Trip to the German Spas," the author falls into this error in supposing that such waters can be made artificial with impunity. No more difficult problem is really presented to the practical chemist.

### THE THERAPEUTICS OF MINERAL WATERS.

It should be clearly understood at the outset that the therapeutical observations in these reports are to be applied chiefly, if not entirely, to the bottled waters as found in the market. The several hygienic agencies which are brought to bear on the patient who visits the springs, and exercise no little influence on his health, are therefore to be omitted from our consideration, and we are to direct attention only to the action of the waters when taken in the same manner as other articles of our materia medica. This can now be more satisfactorily done than heretofore in consequence of the new analyses here published. It is with these before us that the therapeutical notes are penned, and without discarding previous information, the indications afforded by considerable experience of the medicinal use of the waters will no doubt be modified by these new analyses, since they show us the composition of the waters at the time they are consumed.

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# Transactions of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 2, 1880.

DR. W. S. PLAYFAIR, President, in the Chair.

### FŒTAL MONSTROSITY.

DR. CHALMERS showed for Dr. M. Laurin a fœtal monster in the seventh month. There was a single head, and the bodies were united in front as low as the umbilicus. The monster presented by the feet, and was expelled by the natural forces.

### RETROFLEXION OF THE UTERUS.

Dr. CHAMPNEYS showed a specimen of a retroflexed uterus in which the wall on the concave side of the curve was much thicker than the other.

Dr. GRAILY HEWITT pointed out that at the early stage of the affection thickening might occur at the concave side of the bend, but later on there was atrophy.

### PATHOLOGICAL ANATOMY OF EROSION OF THE CERVIX.

Dr. GALABIN showed microscopic sections of two totally different forms of erosion. The first closely approximated to true ulceration. Epithelium was entirely lost, as well as the normal papillæ, and the tissue resembled granulation tissue. It was bounded by intact squamous epithelium toward the os as well as on the other side. The second resembled an extension outwards of a surface resembling the interior of the cervical canal, but with hypertrophy of tissue in a villous form, as described by Ruge and Veit. The apparently eroded surface was covered with cylindrical epithelium.

### ENCEPHALOCELE.

Dr. CLEVELAND showed a full term child the subject of a large encephalocele, from the practice of Mr. G. S. Walker, of Kilburn. The mother had a severe mental shock about a fortnight after quickening. The tumour was about the size of a cocoa-nut. The child lived 44 hours, and died of inanition.

### UTERINE TUMOUR.

Dr. T. CHAMBERS showed a tumour, diagnosed as fibrocystic, of the uterus, which he had that day removed with the ovaries by abdominal section antiseptically. The incision was 12 inces. The broad ligaments were transfixed and tied, the cervix enclosed in the author's parallel clamp, the tumour cut away, the cervix afterwards transfixed and tied.

One artery was not controlled by the clamp, and required a separate ligature.

Dr. Bantock said that in applying a parallel clamp to the cervix, the tissues at each side containing numerous vessels could not be sufficiently compressed to prevent bleeding. Some circular pressure was necessary. Moreover, he had found that however tight ligatures might be at first, they became loose after a time on account of the nature of uterine tissue. He was inclined to recommend Koeberle's serre-nœud, the constricting force to be applied gently, and increased from day to day.

Dr. Charles H. Carter on

### TWO CASES OF EXTRA-UTERINE FŒTATION, WITH RESULTS.

The first patient, aged 38, was admitted as an urgent case of extra-uterine fœtation. She was in a very critical state, pulse 150. There was a tumour towards the right side as high as the umbilicus, and continuous with a soft doughy mass occupying the pouch of Douglas. Menses had ceased, and she had supposed herself pregnant in December, 1878. In April, 1879, she was in St. Bartholomew's Hospital under Dr. M. Duncan, with supposed retroversion of the gravid uterus, and an attempt was made to push up the swelling. At the end of August she passed a large substance by the vagina, and was re-admitted in September. Extra-uterine fœtation was then diagnosed, the fœtal heart having been heard on her first coming to the out-patient room, but afterwards ceasing. The uterine probe entered six inches into the abdominal hardness, and the point felt as if less than the thickness of the unimpregnated uterine wall covered it. The patient left against advice. A fortnight before her admission under the author, on January 13, 1880, she was seized with abdominal pain. A superficial abscess, pointing near the umbilicus, was opened on the 26th, and fœtid pus and débris let out. On February 12 a piece of bone was felt by a probe, the opening was enlarged, and the fœtus extracted. The placenta did not come away with the fœtus, and the discharge was very offensive for three days. A discharge took place *per vaginam* on the 23rd, and the patient afterwards quickly recovered. The second patient, aged 34, was admitted in June, 1879, for what was supposed to be pelvic cellulitis. The uterus was fixed, and there was a swelling on the left side up to about an inch above the iliac crest. She went out October 8, the swelling being smaller. At the end of October some fœtal bones were passed *per rectum*, and she was re-admitted in December. Discharge of bones went on until May, when some large flat pieces were nipped in two and extracted. The author thought that if he had diagnosed this case in the earlier stage, he should have been justified in endeavouring to evacuate the cyst through the abdomen.

Dr. Poole asked if the hand introduced into the rectum would not have been useful in the second case. He thought that the small female hand, or that of a medical man of small stature, might be turned to useful account.

Dr. Champneys asked if the fluid had been examined for bacteria in the first case. It seemed to be one of septic intoxication as opposed to septic infection, in which living and prolific element was introduced.

Dr. Godson said that the first case illustrated the difficulty of diagnosing between a retroverted gravid uterus and extra-uterine fœtation, and the importance of not using too much force in attempting to replace.

Dr. Gervis referred to the aid in diagnosis to be obtained from noticing the hardening of the fundus of the retroverted uterus.

Dr. Carter, in reply, said that the incision was not made with strict antiseptic precautions, though the cavity was frequently washed out with carbolic lotion. He had not examined the fluid for bacteria.

Dr. Graily Hewitt on

### SIXTY-SEVEN CASES OF UTERINE DISTORTION OR DISPLACEMENT TREATED DURING SEVEN YEARS.

This was a report of cases treated during seven years, from May, 1872, to May, 1879, at All Saints' Institution for Ladies suffering from Illness, 127 Gower Street. The patients were governesses, ladies dependent on their own exertions in various ways, wives of curates, &c. Age varied from 18 to 30. The cases comprised various forms of uterine displacement, associated often with great weakness, with a slow but disguised form of starvation, and more or less complete inability to work or move about in the ordinary manner. In several cases the patients were bed-ridden; in others power of locomotion so impaired that employment had to be relinquished; in others the malady, though not so severe, had been found intractable. Great weakness, more or less inability to walk (uterine dyskinesia), and general mal-nutrition were coupled with various degrees and forms of uterine distortion and displacement, causing pain on locomotion, sickness, menstrual irregularities, &c. The 67 cases are resolved into two classes—A, 45 of anteversion or flexion; B, 22 of retroversion or flexion. (A). 30 single, 15 married. Severity of some of these may be judged of by the time required for treatment. One, a case of chronic invalidism, was under treatment 15 weeks at intervals spread over 13 months. Another, whose most distressing symptom was obstinate sickness, was cured satisfactorily only after 2¼ years, and spent 25 weeks in the institution. A completely bed-ridden case, with hysterical symptoms of long standing, was under treatment over 1 year 30 weeks in the institution. The cure was finally complete in these cases. Other similarly obstinate cases were mentioned. In one case of chronic anteflexion not long under treatment, circumstances prevented a return for further treatment, and after upwards of a year the affection proved fatal. (B). Retroversion, or flexion cases · 14 single, 8 married. One patient required 14 weeks' treatment, chief symptom being sickness. In another treatment was afforded at intervals during over two years; the uterus was much retroflexed, and the ovaries dragged downwards; locomotion, impossible at first, was finally fairly restored. One was a case of almost complete paraplegia complicated by a spinal injury, but the power of locomotion was greatly affected for the better under treatment. Of the whole 67 a very large proportion were restored to health and usefulness. The treatment adopted was as follows:—The patients were kept recumbent, in dorsal position in cases of forward displacement, in semi-prone position in cases of backward displacement. In most of the cases, semi-starvation being recognised as existing, sometimes of some years' standing, food easily assimilable was frequently given, sometimes every hour. In case of sickness nutrient enemata. Some cases required months of careful dietetic treatment to restore general strength. To restore uterus to proper condition simple measures were employed. In some positional treatment, such as prone, or dorsal, or knee-elbow positions, systematically and frequently. But in most cases other measures were necessary. In cases of forward displacement the cradle pessary, in backward, the Hodge pessary were employed. The sound was used at intervals to aid in restoring uterus to proper shape when the uterus was found hardened in its distorted shape. The sponge-bath, frictions of the skin, great care to prevent constipation, were other subsidiary measures. The principle adopted was to gently elevate the fundus uteri, to straighten the canal, to avoid what was likely to interfere with mechanical restoration, to nourish the frame and harden the tissues by careful feeding, and thus harden and set the uterus in its normal shape. The cases offered—1. Strong evidence of the connection between the health of the body generally and that of the generative organs, especially of the uterus, and they show that if the strength be not adequately sustained during the growing age, the uterus is liable to suffer, and to become weak and incapable of resisting the physical strain and tension of an ordinary active life. It was quite easy to trace in the early history of the cases this almost universal predisposition. These considerations showed that local uterine treatment cannot be expected to be permanently successful unless measures be taken to remedy the extreme general weakness. The physical change most evident in the uterine tissues in cases of prolonged insufficiency of food in softening and loss of tonicity. 2. A second general conclusion is the remarkable frequency with which these patients were affected with physical powerlessness or incapability of locomotion varying in degree. This peculiar symptom the author has termed "uterine dyskinesia." It was present in a marked form in almost all the cases, and in most it was the prominent symptom. Physical exertion produces a temporary exaggeration of the existing internal malady, gives pain, and is thus given up; hence a helpless invalidism in many cases. This physical inability is not imaginary or fanciful, though often erroneously so considered. 3. Another general remark is as to the frequency of sickness or nausea as a troublesome symptom and complication in these cases. The cases prove that distortions and displacements of the uterus, when aggravated or increased temporarily or persistently in particular exertions are liable to produce an exceedingly troublesome form of sickness or nausea. This is a reflex symptom. A secondary effect is starvation. Later on the stomach itself becomes diseased, and the power of secreting gastric juice is more or less lost.

Dr. **Gervis** had seen cases in which the postural method had been adopted for many months with only the result of impairment of the patient's health. He would fear that, if fully carried out, it would benefit the position of the uterus only to the damage of the patient's general health. Dr. Hewitt spoke of leaving pessaries undisturbed for several months. He thought they ought to be removed at moderately short intervals for the sake of observing the position of the uterus, as well as for cleanliness. His belief as to flexions was that their importance largely depended upon the amount of obstruction induced by them in the cervical canal. He had for some time treated very few cases of anteflexion with pessaries, but rather by dilating the cervical canal with uterine bougies, with a very satisfactory result.

Dr. **Routh** thought Dr. Hewitt's remarks as to general treatment valuable. He believed that uterine disease, as a cause of mental symptoms and even insanity, was often overlooked. But he could not concur with the practice of keeping patients so long reclining, and thought that general debility and other symptoms were likely to be aggravated thereby. He differed also as regards the use of the cradle pessary, from which he had never seen any good result. He had seen serious inflammation follow its use in less experienced hands. In the case of anteflexion he believed that nothing short of an intra-uterine stem would cure the patient. If his own variety of it, or that of Dr. Wynn Williams were used, the patient might be allowed to go about, and the stem kept in five or six months.

On the motion of Dr. Bantock, seconded by Dr. Rogers, the discussion of Dr. Graily Hewitt's paper was then adjourned until the next meeting.

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# Special.

## OUR WATER SUPPLY. (a)

That our water supply is occupying a considerable share of attention on all sides is evinced by the number of books just now issuing from the press. Mr. Balfour Browne, Registrar to the Railway Commissioners, and author of a work bearing on the compulsory purchase of Companies' undertakings, has evidently mastered the interminable details of the numerous Acts of Parliament bearing on the London water supply, and compressed them within a small compass; whilst Mr. Ekin, a Fellow of the Chemical Society, addresses himself to the chemical side of the question, and furnishes a *brochure* which will be found particularly serviceable to officers of health, and will enable them to form a correct judgment of the suitableness or otherwise of any potable water they may meet with. Mr. Balfour Browne dwells on the injustice committed by former Parliaments for having handed over the most densely populated city in the world to the tender mercies of trading companies, and whose first object, he says, "naturally was that their undertakings should be profitable to themselves and their shareholders, irrespective of other considerations." Nevertheless the necessity of a supply of pure water has now become a recognised fact in the public mind, and whatever steps are taken to secure this, we trust the present Parliamentary Committee will have no hesitation in coming to the conclusion that rivers exposed to contamination by sewage, as the Thames and Lea, shall henceforth and for ever be abandoned. The river Thames drains two and a-half million acres of land, most of which is highly cultivated and loaded with manure. In addition, it is the natural receptacle of tons of sewage, still poured into it by many large and increasing towns situated on its banks. In times of flood the water comes down in a filthy and polluted state; and it is, therefore, impossible to believe that the Water Companies can draw pure water from so foul a source. Mr. Balfour Browne believes, when it is fully understood, that upwards of seventy-three thousand deaths have been traced during the past nine years to an infected water supply, the public will determine to look for a purer water supply. It is a well-established fact that enteric fever is always more or less prevalent somewhere in the Thames Valley above the Companies' intake. Nevertheless, certain advocates of dirty water hold the dangerous doctrine that a few miles of running water will free Thames water of the contagious germ of intestinal epidemic disease; whilst men conspicuous for their eminence, as Dr. Frankland, are stronger than ever in their opinion that there is no river in England long enough to effect the complete oxidation of organic matter dangerous to health. Numerous well authenticated cases prove the soundness of this conclusion. Twenty or thirty, or even fifty or sixty miles make very little difference to specific germs; and it has been conclusively shown that if a spoonful of infective sewage should be let into the Thames at Oxford it may poison some persons in London. At all events, the well-known and well-established instances of Caterham and Lansen are striking evidence on the point, and should serve as a warning to those who would trust to irrigation and filtration as a means of purifying water, whilst it upsets the theory advanced by certain chemists that water containing less than a certain proportion of organic impurity is "practically wholesome and fit for drinking," quite irrespective of the source whence it is drawn. We, on the contrary, go far in the opposite direction, and, with those who say that animal excrement, becoming mixed in the smallest possible proportion with water, no amount of filtration will either remove the contagium or render it safe as a potable water. Then, as to chemical analysis determining so grave a question as to whether water is or is not injurious to health, this is equally illogical. This is a point that the observant physician, or the man who relies upon physiological tests, can alone settle. That chemistry should fail to decide so delicate a question is not to be wondered at, seeing that the microscope has hitherto failed to detect the specific germs or elements of typhoid, scarlet, or malarious fever. We are therefore driven to conclude that the germinal elements of this or that disease is of that extreme minuteness that it entirely eludes the best known means at command for detection. This is the conclusion arrived at by our authors Messrs. Browne and Ekin, whose books are trustworthy on the question of a pure water supply.

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The death-rate last week from the seven principal zymotic diseases in the large towns ranged from 0·8 and 1·2 in Leeds and Portsmouth, to 7·3 and 7·6 in Norwich and Sunderland, and 10·8 in Dublin. Measles showed the largest proportional fatality in Sunderland and Plymouth; and scarlet fever in Norwich, Bradford, Sunderland, Dublin, and Sheffield. Two deaths were referred to diphtheria in Plymouth. Small-pox caused 10 more deaths in London, 13 in Dublin, and one in Bradford, but not one in any of the other large towns.

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We regret to learn that in consequence of lack of funds, the committee of Charing Cross Hospital have been compelled to issue a notification of the closing of 30 beds. This is unfortunately not an isolated instance, necessitated by the depreciation of land and depression of business during the last few years.

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Sir Josiah Mason's Science College, Birmingham, will be opened on the 1st October next, with an Introductory Lecture by Professor Huxley. The classes will include courses of Biology, by Professor T. W. Bridge, M.A., F.Z.S.; Chemistry, by Professor Tilden, D.Sc., F.R.S.; Physics, by Professor J. H. Poynting, M.A.

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(a) "Water Supply." By J. H. Balfour Browne, Barrister-at-law. Macmillan and Co.

"Potable Water: How to Form a Judgment on its Suitableness." By Charles Ekin, F.C.S. Churchill.

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# The Medical Press and Circular

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 23, 1880.

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## THE CONTAGIOUS DISEASES ACTS.—THE MEMORIAL FOR THEIR REPEAL.

(*Concluded from page 499.*)

LET us refer to the statistics on these points contained in the Army Medical Report for 1878. They are summarised at page 19 of that volume, and are as follows:—"For the four years (1860-63) preceding that in which the first Contagious Diseases Act was passed the average rate of prevalence of primary venereal sores at a group of stations, each of which was successively placed under the Act, is 130, and that for gonorrhœa is 135 per 1,000 of strength. At another group of fourteen stations (originally selected for comparison because at the time the stations comprised in it were large ones—that is, had not less than 500 men), the rate of prevalence of primary venereal sores is 116, and that for gonorrhœa is 129 per 1,000 of the strength. In the next period shown (1864-69) the Act was applied successively at each of the stations in the subjected group; in 1865 it was in operation at three stations, in 1866 at four, in 1867 at five, in 1868 at eight, in 1869 at ten, in 1870 it was in operation at all the fourteen stations. During this period the average rate of prevalence of primary venereal sores fell to 87 per 1,000 of the strength in the subjected group; in the contrasted group of large stations it fell to 108 per 1,000 of the strength. The result therefore is that the subjected group of stations, which before the application of the Act had a rate of prevalence 14 per cent. higher than the unsubjected group for the period of its partial application, has a rate of prevalence 21 per cent. lower than that of the unsubjected group. In the third period shown (1870-78) the Act was in force for the whole time at every one of the stations in the subjected group, and the average rate of prevalence of the disease fell to 44 per 1,000 men, an average rate identical with that for the period 1870 to 1877: at the unsubjected group the rate fell to 101 per 1,000 men, an average rate *higher*, however, by 4 per 1,000 men than that for the period from 1870 to 1877." Comment on these figures is superfluous.

The memorialists "would remind you that from 1870 to 1879 inclusive, 9,667 petitions, bearing 2,150,911 signatures, were presented to the House of Commons in support of the entire and unconditional repeal of the Contagious Diseases Acts, and of these 70,000 signatures were sent from towns subject to the Acts. These petitions were signed by some thousands of the clergy of the Church of England;" and then the Memorial goes on to enumerate various other classes by whom they were supported, adding that "one of the petitions was signed by nearly a quarter of a million of women resident in the United Kingdom." *Place aux dames!* See the quotation already made from the Dissent against Parts of the Report by the Royal Commission of 1871, par. 8, namely, "The medical witnesses *experienced* in the administration of the Acts are nearly all agreed that the periodical examination of the public women is essential to the system. This is the view, it should be observed, of those medical witnesses who have had special opportunities and experience, and *we cannot admit* that the *impressions* or *prejudices* of those who have had no experience in the administration of the Acts are for a moment to be weighed against such evidence." Bless their little hearts!

With regard to clergymen, we find this statement, namely: "The vicar of Portsmouth, the vicar of Dartmouth, testify *very* strongly in favour of the moral and physical results of the Acts in those towns; the magistrates, *clergy*, and influential inhabitants of the towns of Plymouth, Stonehouse, Devonport, and Dartmouth; the town council, the *clergy*, and leading inhabitants of Winchester; the magistrates and *clergy* of Dover; the board of guardians of Farnham; at all of which places the Acts are in force, also expressed their opinions *very strongly in favour of the Acts*, and urged on the Board of Admiralty and Secretary of State for War *the necessity for their continuance.*" The evidence of the vicar of Portsmouth, dated 22nd July, 1878, as to the effects of the Acts upon health and morals, is particularly valuable. It is to the effect that the result of the Acts has been "most beneficial;" that since their introduction the number of brothels has "decreased by very nearly one-half; that is, from 263 in 1865 to 133 in 1876;" that the number of *private houses* in which prostitutes lodge or are received "is gradually diminishing, having been 160 in 1865 and 115 in 1876;" that "with regard to soldiers and sailors especially, they are in a much better state of health, and therefore not only less expensive, but better able to do their work to their country than they were before;" that with regard to women, "in addition to their number being considerably reduced, they are much more cleanly and orderly in their appearance and conduct than they used to be;" that "no such instances of extreme degradation as formerly existed are now brought before the magistrates' notice;" that among the population generally "there is less immorality, less disease, and consequently less infliction of a most hateful curse upon an undeserving posterity;" "that whereas the percentage of disease among women already in register is 7·30, it is 26·58 among women newly registered; but if in addition to this the calculation be made of those who come from unprotected districts, the percentage is very largely increased, being 74;" that should the Acts be repealed, he "can imagine no steps being taken which will prevent such towns as Portsmouth from relapsing into the fearfully sad state of immorality in this respect from which it has for the last ten years been slowly but most perceptibly emerging." Have the memorialists considered these points, and many others of similar purport that are equally available did space permit? We commend them to their notice, and to that of the several classes of persons by whom their petitions have been signed. But we commend them also to the notice of those whose opinions and action these petitions were intended to influence.

The memorial goes on to say, "public agitation against all systems of registered prostitution is no longer confined to this country. It has extended to the Colonies, to the United States of America, to France, Switzerland, Italy, Germany, Holland, Sweden, Denmark, and other European States."

Yes! no doubt. But we ask the memorialists—Is it not the fact that such agitation, far from *originating* in the countries alluded to, has been artificially created and kept up by the very class of persons of whom the memorialists are representatives? Against all that, let us see what is being done in India. According to a letter, dated 15th January, 1880, by the Secretary to Government, addressed to the Municipal Commissioner for the city of Bombay, "the increasing prevalence of what is technically termed the contagious disease among some portions of the city of Bombay is attested by every authority, whether civic or medical, who has been consulted on this subject, and all these authorities are agreed that the injury which this dire complaint is inflicting on the physique and constitution of many of the inhabitants urgently requires stringent preventive measures being taken to check it." The Contagious Diseases Act has accordingly been *re-introduced* in Bombay. But the arguments for its reintroduction which forced themselves upon the attention of Government furnish a very pertinent commentary on those by the vicar of Portsmouth in favour of the continuance of the Act, which we have already quoted.

The memorialists observe, "No more solemn and portentous warning against the moral corruption inherent in every system of State-regulated prostitution can be found than is contained in the official report of the late Hong Kong Commission on the operation of the Contagious Deases Ordinance in that colony" (*vide* Parliamentary Paper, No. 118, March 11th, 1880).

No comparison whatever can justly be drawn between the principle or mode of operation of the Acts in Hong Kong and in England. This is rendered perfectly evident from the report which they themselves quote, and if they do not themselves see that to draw such a comparison is altogether misleading, we can only, for their own sakes, regret the circumstance. At page 15 of the above Report the so-called Act in that colony is declared by a coroner's jury to have been illegal. At page 16 it is authoritatively stated that "the practice, too, which has grown up under it finds no counterpart in England;" at page 17, "the system of prostitution which obtains in Hong Kong is essentially Chinese, and radically *un-English*;" at page 18, "the differences which exist between the situation of a Chinese prostitute in Hong Kong and that of a common prostitute in Europe are as marked as the differences which distinguish the social life of China and Europe."

For the present we have, perhaps, said quite sufficient to indicate the necessity of such statements as we have quoted being taken with a considerable quantity of salt, but we are quite prepared, if need be, to resume our consideration of such documents as the Memorial, of which, for the present, we thus take leave.

## THE CREDIT-FEE SYSTEM OF IRISH MEDICAL EDUCATION.

Some months ago we dedicated a leading article to the Irish Lecture-Certificate System, and to congratulating the profession that that most reprehensible method of procedure was at last approaching its end. We pointed out that, for years past, the certificate of "diligent" attendance upon lectures in Dublin had, for the great majority of students, come to be a mere receipt for cash paid, and that it afforded no evidence whatever that the holder of it had acquired even a fractional part of the medical education which the certificate was supposed to represent. We confirmed these statements by the assertion, which cannot be denied, and is familiar to every teacher in Dublin, that students could and did present a full tale of certificates when offering themselves for examination, though such students could not, and did not, attend five per cent. of the lectures and hospital work therein certified.

We could, in fact, have then produced the name of a student who had been supposed to be in "diligent" attendance upon lectures in Dublin since the 25th of November last, and who will no doubt be granted all his certificates when he pays for them, although he had not then left the Antipodes, and was not likely to do so until the term of lecturing had expired. Our purpose to-day is to expose the system which has led up to these gross abuses, and which, in our opinion, has been the sole cause of the present degradation of the Irish lecture certificate.

In London, as our readers probably know, medical schools are, in almost all cases, attached to hospitals, and a student who enters for his medical study adheres to the hospital and school which he has selected until his entire period of teaching is completed. He is induced to stick to his original place of study by receiving a discount upon the payments for his second and third year. In fact, in London, the system of "perpetualism" is universal, and it is very unusual for a student to shift to another school or hospital after he has once begun work.

In Dublin the system is the direct reverse of this. "Perpetualism" is tabooed, and, in fact, is definitely forbidden by a resolution of the whole body of teachers, so that every facility and inducement is afforded to the student to take his three years of study at different hospitals or schools. Moreover, not one of the seventeen clinical hospitals in Dublin has now a school immediately connected with it, and the great majority of the schools receive pupils from all hospitals without distinction. The effect of these differential conditions between Dublin and London is easily recognisable in the much more active competition between schools in the former than in the latter city, and no doubt this competition is the parent of some of the laxity of practice which has crept into the certificate arrangements of Dublin schools.

But there is a much more important diversity than this between the medico-educational systems of the two cities. In London, the parent brings his son to the Dean of the selected school and enters his name, either for the whole three years of study, or for the first year—with option of going on to the second and third year on easier terms. At this interview he pays, cash down, the entire fee for all the lectures, dissections, and hospital attendance comprised within the first year of study, and for this payment, the student receives, practically, one-third of his medical education.

In Dublin the system is quite different—the parent or pupil may enter for one, two, or any number of courses of lectures he pleases—he may cause his name to be inscribed for every lecture which is delivered in the school within the session (to the number of eleven, besides dissections. demonstrations, hospital attendance, and "grinding"), or he may enter for a single course or for dissections, *et preterea nihil.*

As to payment, the arrangement is still less definite. The pupil in Dublin *may* pay cash down a lump sum for the three years of study, but hardly ever does so. On the other hand, he may, in some schools, at least, pay a nominal sum on account, say a guinea on each course for which he is entered, and defer all further payments until he comes to seek his certificates on the eve of his presenting himself for examination.

We may thus epitomise the differences of medico-educational system in London and Dublin. In London, the student enters for one-third of his whole curriculum of study at the beginning of each session and pays for that third in advance. In Dublin, the student may enter for as much or as little as he pleases, and pay whatever proportion of the fees pleases him.

Let us contrast these diverse systems as to their results. In London, the pupil is practically obliged to take one-third of his course of study *in each year*, and the subjects to be learned in that third are, to all intents, fixed by the teachers in the school. He is thus encouraged to pursue his study *gradatim*, giving to each year its due share of work, and advancing by degrees from preparatory subjects to those more advanced. He is kept steadily at work at the subjects suitable for his class, and can neither enter prematurely upon the more difficult or the practical branches of his study, nor defer the elementary branches to a later period. Under the Dublin system, on the contrary, it is the present pocket-interest of the student, and often of those who advise him, that he shall neglect his first year of study altogether, and crush his entire lecture-curriculum and his whole study for examination into his last year.

Naturally, neither will the Dublin student nor his parent see the advantage of paying out a shilling more than they must, or one moment sooner than they must; and when they come to learn that it will serve their purpose quite as well to take the great majority of their courses of lectures in the last year of study, it is but human nature that they should keep their fee-money in their pockets, or turn it over in the parents' trade for a couple of years; feeling that it will then be quite time enough to come in and buy up the requisite certificates. Thus it happens that those who look at the matter in a business light are wont to enter the pupil, in the first year, only for those courses of which three are requisite for the diploma, *i.e.*, for anatomy, physiology, and surgery, and for hospital. In the second year the pupil is entered again for these courses, and, in addition, for those of which two are wanted, *e.g.*, chemistry (theoretical and practical), and in the third year the student's name is put down for all the single courses, *i.e.*, botany, materia medica, midwifery, medical jurisprudence, &c., &c. Upon each of these courses a small payment on account (say a guinea) will be accepted, we believe, in most schools. So that the parent may escape with payment in the first year of about ten guineas (which includes hospital), and in the second year, about twenty guineas; but in the third, he must book up, not only for the courses which have been postponed until then, but for the arrears which have accumulated on former years, and finds himself called upon for at least seventy pounds, and if he fails to pay, his son must remain out as a student, and be gathered into the expansive fold of the "chronics." This is the Irish Credit-Fee System.

We shall next week consider what fruit it is likely to bear—

*a.* For the student.
*b.* For the parent.
*c.* For the teacher.
*d.* For the public.

(*To be continued.*)

## VACCINATION.

WITHIN the last fortnight a step forwards and a stride backwards have been made by the Government with reference to vaccination law. Dr. Cameron, in an admirable speech, moved a resolution which declared it expedient that "a supply of vaccine lymph should be provided by the National Vaccine Establishment for the use of those who prefer it to the ordinary lymph." He was met, of course, by the opposition of Mr. Taylor and Mr. Hopwood, those never-backward representatives of the multitude of doctrinarians and silly women who flood the waste-basket of the House of Commons with myriads of signatures to petitions with reference to a subject upon which they are blankly ignorant and hopelessly prejudiced. The unavoidable bore of the speeches of these gentlemen having been suffered by the House, the President of the Local Government Board stated that, though technically unable to agree to the resolution, he would introduce a Bill to give it effect.

We rejoice at this determination—not because we believe that there is any truth in the idea that diseases other than vaccinia are ever transmitted by vaccination; but because, firstly, it is quite reasonable that when the State insists upon any person undergoing inoculation it should provide material and method for such inoculation against which no suspicion can arise; and, secondly, because the providing of animal lymph relieves timid and uneducated people of any apprehension which might render them unwilling to submit to vaccination, and at the same time it deprives the anti-vaccinators of the grain of reason with which their bushel of illogical chaff is seasoned. We therefore heartily commend the Government for their determination to introduce animal vaccination, and we offer the thanks of the profession to Dr. Cameron for his exertions towards this object.

The stride backwards taken by the Government consists in their determination to abolish the repetition of penalties for the repeated infraction of vaccination. Mr. Dodson is about to introduce a Bill for the purpose, and, in so doing, he will practically proclaim to vaccine fanatics that if they will only persist in breaking the law the time will come when the law may be broken not only with impunity, but with the glory incident to martyrdom. The calculation is simple: on the debit side is a prosecution and fine of (say) 40s., and the contempt of all reasonable people; on the credit side the glory of martyrdom, the adoration of a multitune of *gobemouches*, and the notoriety which is the delight of obscure people. We fear that, under Mr. Dodson's Bill, there will be many claimants for the distinctions which he offers them at so cheap a price, and we look with alarm upon the encouragement which, by this concession, Government gives to the anti-vaccinators. These people are, we must do them the credit to admit, hard to discourage. They have no mind with which to estimate reasonable objections and practical difficulties, but they possess, in high development, the qualities illustrated in a "jibbing" mule, and they will surely conclude from the easy conversion of the Gladstone Government (whose policy, it would appear, is to keep an "open" mind on such matters) that if they only persist they will induce Mr. Dodson, sooner or later, to repeal all vaccination laws. We suggest a method by which the Government may convert the retrogression which their step involves into a leap forward. They have tenderly acknowledged that they can no longer ask a parent to take the responsibility of allowing his child to be inoculated with vaccine lymph. Let the State accept this responsibility, and let it vaccinate the child, with or without the parental consent, and thus it will at once and for ever settle the disputed question. Those parents who have a craze on the subject will be allowed to nurse their craze and howl about vaccination if it pleases them, but their children will be vaccinated all the same, and thus made hurtless to themselves and their neighbours. We insist upon it that the Government has no right to abandon nine hundred and ninety-nine per thousand of the population to the dangers of small-pox dissemination to please the ignorant prejudices of the thousandth; and, if they see a necessity for conciliating the anti-vaccinators, they are certainly bound to protect the people against the effect of the theories held by such delusionists.

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## THE INDIAN MEDICAL SERVICE.

On the 2nd of the present month an influential deputation waited upon Lord Hartington to call his lordship's attention to the grievances of the Indian medical officers, and more particularly to those created by the recent Orders of the Government of India. Some of these grievances have been already alluded to in these pages, and now we proceed to consider a few others, to which, not alone on account of the officers immediately concerned, it is desirable that public attention be drawn, but also on that of the officials of Government, their families, and the Indian population generally, for whose well-being the medical service is kept up. The importance to these several classes—and through them to the State—of an efficient medical department is surely self-evident, and if under one set of circumstances more than another it is of importance to provide for them medical aid of the very best description available, surely it is so in India, where disease, unless quickly checked, kills with frightful rapidity, and where—unlike England—only such aid is available as is provided by Government. On the principle of goods being worth just their market value, so will the qualities of professional men accepting occupation in the public service, or otherwise, be found to oscillate according to the same sliding scale as is applied to their remuneration and other advantages pertaining to their several positions. We know that only recently the inducements held out in the army were not such as to attract young men to its medical department, and we would commend the circumstance to the thoughtful notice of the India Office.

Indian medical officers complain that the military branch of their department is subordinated to that of the regular army, this subordination being effected by placing the whole military staff under a surgeon-general of the British service. There is no good reason why this should be so. The medical duties connected with native troops could be carried on, as heretofore, by officers of the Indian service, at the same time that the surgeon-general should be appointed alternately from that service and from home.

They complain that one of their own body, who had for his own convenience declined promotion, has not only, now that it suits his convenience, accepted promotion, but that, as Surgeon-General, he continues to hold various executive appointments, such as other officers on promotion have always been called upon to resign. With regard to a second medical officer, they assert that the terms of the last Indian Medical Warrant have been infringed by his promotion to the highest rank—that of Surgeon-General—without his having ever served in the intermediate grade of Deputy Surgeon-General. They complain that this "system" of promoting men over entire grades, and over other men in all respects their equals, has created among them an element of uncertainty, as regards prospects and promotion, which must prove a prolific source of all kinds of evil, and interfere materially with the interests of the service. In all these respects the Indian medical officers have in no way overstated their case, and we hope that their moderately-worded representation may receive the attention due to it. In one respect there is ground for this hope, and it is this: Lord Hartington replied after this manner:—

"I think it is impossible for me to take any steps in this matter until I am in possession of the views of Lord Ripon. I shall bring to his knowledge the facts that I have received a very important and influential deputation, and that great interest is taken in the question by retired officers and the medical profession generally. When I have had some communication with Lord Ripon, I shall be very glad to confer with Dr. Playfair and Mr. Cowan and other gentlemen who can give me assistance in the matter. In the meantime it shall have my most careful consideration."

On which courteous and satisfactory assurance the deputation withdrew.

## Notes on Current Topics.

### Fellowship of the Royal College of Surgeons of England.

At the recent final examination for the Fellowship of the Royal College of Surgeons of England, a slight, but not unimportant change in the method of conducting the examination was introduced. Heretofore it had been the custom for the candidate to be examined at three "tables" on surgery and surgical pathology, illustrated by specimens taken from the museum. On the present occasion this portion of the examination was reduced to two "tables," and, in the place of the third, a special examination in surgical anatomy was substituted. Immediately after the completion of the operations on the dead subject, the candidates were again called into the room in which this portion of the examination had been held, and were closely examined on the parts exposed in the various flaps and incisions. One candidate, for example, was asked to pick up the cut ends of the small muscles of the ball of the thumb in the flap of a disarticulation at the carpo-metacarpal articulation, and such points in connection with them as their origin, nerve supply, &c. A second was interrogated on the parts exposed in a roughly dismembered arm with the scapula attached; while a third, apropos of the middle constrictor of the pharynx exposed by the operation of tying the lingual artery, was asked the origin of all the constrictors. Questions such as these may appear sufficiently simple to a student fresh from the dissecting room, but are not so easily answered after an absence thence of eight or ten years, especially as the questions were in no way confined to the parts exposed in formal operations, but were also given on various rough gashes and dismemberments made almost at random on the subjects, which often, too, showed parts from a quite unaccustomed point of view. For instance, in the dismembered upper extremity already alluded to, a narrow strip of the clavicular portion of the pectoralis major happened to be left, and was not unnaturally mistaken by the candidate for the anterior border of the deltoid. That this innovation had a distinct effect on the results of the examination was shown by the fact that, when the happy few who survived the ordeal were awaiting the customary harangue from the president on the privileges and responsibilities of their newly acquired position, it was found that nearly every one was either actually engaged in teaching, or had at one time taught anatomy. Naturally enough, the "senior candidates" (*i.e.*, members of eight years' standing) were those on whom the change bore most heavily. Out of eight candidates of this category two only, both ex-teachers of anatomy, succeeded in satisfying their examiners, while of the twelve "juniors" (*i.e.*, gentlemen qualified for admission by six years' attendance in hospital practice) only four were "referred to their studies." We notice this change thus somewhat at length, as we feel that it has a most practical interest for such of our readers as may intend presenting themselves at future examinations. Minute details of anatomy, however well once learned, are sure to be, in time, but dimly remembered. A few visits to the dissecting room, however, rapidly and easily brings back to the mind the half-forgotten facts, and a fortnight at such work would probably have saved many of those who now have either to give up entirely their hope of obtaining the coveted qualification, or, at best, are condemned to another year of the drudgery inseparable from the process of reading for an examination.

### Provincial Credulity.

The almost incredible confidence reposed in the pretensions of arrant quacks has been well illustrated by an occurrence which took place in the past week at a small village in Shropshire. The hero of the exploit was a travelling ne'er-do-well, who based his claims on what he termed "shirropeddy," and the essence of which consisted in an ability to extract corns. An unfortunate yokel was unwise enough to entrust himself to the hands of this peripatetic charlatan, and having submitted to the operation for removal of the growths on his foot, blindly followed the instructions of his adviser by taking certain pills for the alleviation of the pain by which the extraction was quickly followed. The result, a by no means surprising issue, was the immediate illness of the patient, who was so nearly poisoned to death that for a time it required the united efforts of two local practitioners to preserve his life. Notwithstanding this the quack continued his ministrations, and would have secured another victim had not his greed been of an over-reaching character. The second applicant for relief grumbled at the charge of six-and-sixpence for removing a corn, and took time to consider whether he would submit to the operation at a cost about treble that for which the first victim had been treated. The delay was advantageous to him, for in the interim the charlatan had been "moved on" by the authorities. It is a disagreeable reflection that such a thing can be in the age of so-called progress, and the grim satire it presents is one worthy of deep consideration. It is, however, akin to the crass ignorance which attributes the properties of phosphorescent paint to its preparation with *human fat*, a belief so firmly entertained by the Hampshire peasantry that the utilisation of the improved paint is impossible in the districts where this absurd conception has taken root. In time the popular superstitions on which unscrupulous fraud battens may be eradicated; but the much-to-be-desired consummation is at any rate a distant one at present.

## Guy's Hospital.

Last Wednesday the students, to the number of two hundred, assembled in the Colonnade of the Hospital and hissed the Treasurer on his way to the "take-in" room. They stood in order in two lines, leaving ample room for the Treasurer, and as soon as he had passed, three cheers were given for the medical and surgical staff. The students then retired without the least disorder to the Lecture Theatre, where a crowded meeting was held, and the following resolution was carried :—

> "That in consequence of the action of the Treasurer during the disturbing events of the past eight months, the students of this Hospital regret that they can no longer accord to him that respect which has hitherto been due to his office."

That it should be necessary for the students of an ancient institution like Guy's to present a protest to the chief administrative officer of the charity expressing disapproval of his conduct of the internal affairs of the hospital is a pitiful commentary on the perversity which maintains its determined opposition to the restoration of a once glorious *prestige*. At this time, too, when the evil influence to which Guy's has been subject is extending to other centres, there is a special significance in the action which has been forced on the students of Guy's by the circumstances amid which their labours are conducted. It may be that their conduct will be censured in interested quarters; but any one who will consent to review the whole proceedings that have occurred at the Borough charity within the past few months will unhesitatingly agree that the desperate act of remonstrance has been forced on those who have uttered it. Medical students are intensely loyal to their *alma mater*, and nothing less than absolute provocation will ever force them into the commission of deeds likely to affect the credit of the school they are attached to in the eyes of the general public. It is possibly too much to anticipate the Treasurer of Guy's Hospital will heed this last protest any more than the numerous ones hitherto addressed, directly or indirectly, to him. For the sake of a great and useful institution it is a matter of melancholy regret that no power can be exerted to force the rescinding of rules and regulations that are at once derogatory of a great name, and detrimental to the exercise of great and beneficent functions.

## Annual Summary of Births, Deaths, and Causes of Deaths.

The annual summary of births, deaths, and causes of deaths in London and other large cities has just been issued, and contains a mass of useful and important information for medical and other health officers. From it we gather that London covers 122 square miles; contains 1,500 miles of roads and streets; is undermined by 2,000 miles of sewers; and contains a population, estimated to the middle of 1880, of 3,620,868. The excess of registered births over deaths amounts to 48,556, the estimated increase of population being put at 43,423. It is especially noticeable that zymotic diseases caused the death of 15,537 persons. The mortality from small-pox, 2,544 in 1877, and 1,416 in 1878, fell in 1879 to 458, of which number 290 occurred in the five metropolitan small-pox hospitals. Moreover, the deaths from this disease declined throughout the year from 221 in the first to 34 in the last quarter. The supply of a purer water for drinking purposes has been productive of a marked decrease in the cholera rate, the expectations of those who placed reliance on this means of reducing the large mortality from cholera being thus satisfactorily realised. Two hundred and fifteen deaths are recorded from intemperance, 81 being put down as delirium tremens. The following extract from the report is possessed of peculiar interest at this moment :—

"It has become a public duty to secure to the inhabitants of London an abundant supply of water from such sources as would yield the purest quality at the lowest possible cost, and scientific men are confident such sources are within reach. It is to be hoped the want of pure water will no longer be allowed to counteract other great sanitary works, but that satisfactory measures will be passed by the Legislature which will take the supply of this necessary of life out of the domain of profitable speculation and transfer it to some public authority. At present the Water Companies get on an average 6·9 per cent. for their capital, the total paid-up capital being £12,104,258, and the balance of gross revenue over working expenditure £833,181."

## The Coming Meeting of the British Medical Association

Will be held at Cambridge, on August 10th and following days. The President will be Dr. O'Connor, of Cork, and the President-elect, Dr. Humphry, Professor of Anatomy in the University of Cambridge. The Address in Medicine will be delivered by Dr. Bradbury, Physician to Addenbrooke's Hospital; that in Surgery by Mr. Timothy Holmes, Surgeon to St. George's Hospital; and that in Physiology by Michael Foster, M.D., Prælector in Physiology in Trinity College, Cambridge. The local secretaries are Bushell Anningson, M.A., M.D. (Hon. Medical Secretary), Walt-ham-sal, Barton Road, Cambridge; and A. P. Humphry, Esq., M.A. (Hon. Reception Secretary), Corpus Buildings, Cambridge.

The following subjects have been arranged for discussion in the various Sections :—

1. Medicine.—On Hysterical Anæsthesia, opened by Dr. Bristowe; and on Asthma, introduced by Dr. Andrew Clark.
2. Surgery.—On the Treatment of Wounds, by Professor Lister; and on Stricture of the Urethra, by Sir Henry Thompson.
3. Obstetric Medicine.—On Uterine Hæmostatics, by Dr. Atthill; and on the Removal of Uterine Tumours by Abdominal Section, by Mr. Spencer Wells.
4. Public Medicine.—On the General Working of the Public Health Administration in Great Britain and Ireland, opened by Dr. Alfred Carpenter and Dr. Francis T. Bond; and on Diseases communicable to Man from Dis-

eased Animals when used as Food, by Mr. Francis T. Vacher and Mr. Edmund J. Lyon.

5. Psychology.—On the Influence of Alcohol on the Causation of Insanity.

6. Physiology.—Is Urea formed in the Liver? by Professor Gamgee, F.R.S.; and on Sleep and Hypnotism, by Professor W. Preyer, of Jena.

7. Pathology.—The Influence of Injuries and Morbid Conditions of the Nervous System on Nutrition, by Mr. Jonathan Hutchinson; and on Micro-organisms, their relation to Disease, opened by Professor Lister.

8. Ophthalmology.—The Nature of Glaucoma—some points relating to the Perception of Colours, by Professor Donders.

Subsection of Otology.—The following questions will be discussed, viz.: The Therapeutic Value of Electricity in Ear-Diseases, and the Comparative Value to the various Mechanical Aids to Hearing, with special regard to the several kinds of Artificial Drumheads, and to those Instruments which assist Deafness, conducting or transmitting Sound, either directly or indirectly, to the Organs of Hearing.

On Saturday, August 14, there will be excursions to Ely, Peterborough, and Audley End.

## The Report of the Dublin Sanitary Commission.

Having heard nothing since our former inquiry as to the delay in producing the Report of the Dublin Sanitary Commission, we are obliged again to ask why it has been delayed? The history of that report is a fitting corollary to the history of Dublin in sanitation. The Commission was begged for by the citizens for years, was pooh-poohed and resisted continuously by the Public Health Committee of the Dublin Corporation, and was at length unwillingly granted, after eighteen months' delay, by Mr. James Lowther, the then Chief Secretary. An effort was then made by that minister, moved by the Corporation, to restrict the inquiry to the state of the Liffey, and forbid the Commissioners to investigate the state of the city and the causes of the enormous mortality within its boundary, but that effort was defeated by the praiseworthy determination of Mr. Rawlinson, C.B., who, as Senior Commissioner, was determined, if possible, to let out the truth, the whole truth, and nothing but the truth. Under his influence the reeking filthiness of the city as tolerated and patronised by the Corporation was fully exposed, which evoked a further effort by Mr. E. D. Gray, Chairman of the Public Health Committee, and now Lord Mayor of the City, to burke the report. That effort has been attended with so much success that months have passed away and the Report is still wanting. We suggest that Dr. Lyons, M.P. for the City, might, in his place in Parliament, advantageously make inquiry of the Chief Secretary as to its whereabouts and the causes of this discreditable delay.

## The Coming Election at the Royal College of Surgeons of England.

Mr. Reginald Harrison has sent us the following letter, which he has addressed to the 172 Fellows of the College who signed the requisition that he should come forward as a candidate for a seat on the Council:—

"Gentlemen,—After mature consideration, I have decided to ask that my name shall be withdrawn from the list of candidates for election into the Council of the Royal College of Surgeons at the approaching election in July. In taking this step, I am chiefly prompted by the desire to avoid placing myself in antagonism with interests which, together with other Fellows of the College, I have long endeavoured to maintain in the selection of representatives in the Council. I thank you for the distinguished mark of favour you have personally shown me in the memorial I have received, and for the expression of opinion therein contained, that the claims of Liverpool for the distinction referred to should not be overlooked."

## Dublin Sanitation.

The following are the latest death-rates of large British and foreign towns:—

| | Per 1,000. | | Per 1,000. |
|---|---|---|---|
| St. Petersburgh (fever epidemic) | 55·8 | Vienna . . | 28·3 |
| | | Paris . . | 28·0 |
| Buda Pesth . | 44·2 | New York . | 27·4 |
| DUBLIN . . | 42·3 | Glasgow . . | 25·6 |
| Munich . . | 41·6 | Baltimore . . | 25·1 |
| Madras . . | 39·9 | Venice . . | 23·2 |
| Naples . . | 36·3 | Brussels . . | 23·2 |
| Alexandria . | 36·3 | Edinburgh . | 23·5 |
| Bombay . . | 34·0 | Christiania . | 20·5 |
| Rome . . | 30·7 | Calcutta . . | 20·3 |
| Breslau . . | 29·0 | London . . | 19·2 |
| Hamburg . . | 28·8 | Geneva . . | 18·4 |

In Dublin during the week ending June 12, 1880, there were 81 deaths from zymotic diseases registered, being 14 more than in the preceding week, and 43 over the average for the 23rd week of the last ten years. They comprise 13 from small-pox, 10 from measles, 14 from scarlatina, 1 each from diphtheria and croup, 13 from whooping-cough, 13 from fever (5 typhus and 8 typhoid fever), &c. The registered deaths (13) from small-pox are 5 less than in the preceding week, and the number of new cases of the disease admitted to hospital, which in that week amounted to 88, fell to 39. One hundred and thirty-eight remained under treatment on Saturday last. The deaths (10) from measles are double the number for the week ending 5th inst., and are very much over the average for recent weeks. The deaths from scarlatina are equal to the average number for the preceding five weeks; those from whooping-cough are 4, and those from fever 3, in excess of the average.

## The Cooling of the Body after Death.

We have received a reprint of a careful paper on this subject contributed to the *Edinburgh Medical Journal* for last month by Dr. Wilkie Burman. His observations were made on the bodies of lunatics who died of general paralysis, epilepsy, bronchitis, diarrhœa, and various bodily diseases, and extended over periods varying from one to twenty-five hours. They are incomplete, however, in having stopped short in each case before the process of cooling had equalised the temperature of the body to that of the surrounding air. In the instance in which the observations were continued for twenty-five hours after the stoppage of the heart, the temperature of the body was found at that point to be 73 2-3° Fahr., or 19 2-3° Fahr., above the temperature of the room, which was 54° Fahr. The rate of cooling diminishes gradually, being more rapid during the first few hours after death than it is later on. Assuming the temperature of a body to have been 98 2-5° Fah. at the time of death, and that the body is in bed in a room covered with ordinary bedding, Dr. Burman lays down the rule that cooling goes on at the rate of 1 3-5° per hour. The subject is of great medico-legal importance, and still demands investigation, which may be readily instituted. A comprehensive series of observations ought to be undertaken to determine once for all the rate of cooling after different modes of death and in different external circumstances.

### Home Hospitals Association.

THE house acquired by the Home Hospitals Association, known as Fitzroy House, and situate in Fitzroy Square, has undergone the alterations and improvements deemed necessary to convert it into a suitable establishment for the reception of patients. The institution will remain open for inspection until the 26th inst., between the hours of 12 noon and 5 p.m. The general plan of the schéme which has resulted in the opening of Fitzroy House has been already presented to our readers, and we doubt not they will be glad to avail themselves of the opportunity of investigating the arrangements made for the comfort of patients. The venture is deserving of the most complete success, and we shall be glad to hear favourable reports of its progress.

### Belladonna Poisoning Treated by Chloral.

DR. TROCQUART reports the following case in the *Journal de Medecine* of Bordeaux. M. T., æt. 25, of a strong constitution, had suffered for some days with singing in the ears, for which somebody had recommended him to take belladonna. M. T. who was a dealer in pharmaceutical products and medicinal plants, took a pinch of belladonna leaves, which he infused in a small quantity of boiling water, and administered to himself. About half-an-hour later he was seized with severe pain in the stomach, excitement, and vertigo. He took some tartar emetic, which made him sick. I saw the patient three hours after he had taken the belladonna. He was in a state of violent delirium. Four people could with difficulty keep him in bed. He uttered piercing cries and did not recognise any of his family. The face was red, animated, covered with sweat, the eyes haggard, pupils dilated, the entire body convulsed by disorderly movements. These attacks of furious delirium lasted four or five minutes, then the patient fell for some minutes into a state of complete prostration which was soon succeeded by a fresh access of delirium. I recommended the patient to be closely watched, and his limbs restrained so that he should not wound himself by throwing himself out of bed. I also ordered a draught of 4 grammes of chloral.

When I saw him again some hours later, I found it had been impossible to get him to open his mouth to take the draught: indeed, he had spat out a few drops which had been put between his lips during a calm moment. I then got them to give him an enema containing 5 grammes of chloral. Calm soon succeeded to the violent attacks which I have mentioned; the patient fell into a sound sleep. As soon as agitation appeared we made him take a spoonful of the chloral draught. The night passed without accident, and the patient awoke in the morning suffering only from great muscular fatigue.

### Bogus Diplomas.

THROUGH the exertions of the *Public Record*, a newspaper of Philadelphia, the operations there in selling bogus medical diplomas have probably been broken up. The proprietor of the *Record* has been for several weeks gathering evidence, his city editor, under assumed names, getting eight medical diplomas from the American University of Philadelphia, the Eclectic Medical College of Pennsylvania, and the Livingstone University. This work was done in connection with the Government authorities. Everything being ready, Dr. John Buchanan, the chief dealer in bogus diplomas, with three others of his faculty, were arrested and charged with using the mails for improper purposes, also with fraud. Buchanan was held in bail for 10,000 dols. to answer the charge in the United States Court, and the others were also examined. The papers captured in Buchanan's office showed a sale of 3,000 spurious diplomas, while there was a large quantity on hand. Buchanan's trade was chiefly with Germany; but some diplomas were sent to England. His prices varied from 65 to 110 dols. each. Nearly all the diplomas issued were ante-dated. Buchanan's colleges are legally incorporated by the Pennsylvania Legislature, but this exposure will be made the basis of forfeiting the charters.

### Metropolitan Hospital Sunday.

HOSPITAL Sunday collection bids fair this year to be a greater success than that of former years, that is, if judgment may be formed from the amount already handed in to the Lord Mayor. Up to the time of going to press upwards of £20,000 had been paid in, a sum a good deal in excess of the first fortnight of several previous years. In favourable contrast to the previous Hospital Sunday the day was very fine, and the attendance at all the various places of worship would necessarily be larger in consequence. It was generally made known, too, that the funds of the hospitals were low, many beds closed, and sufferers were waiting their turns for restricted accommodation, whether Gentiles, Jews, Romanists, or Protestants—for hospitals know no creeds, and this was sufficient to call forth the hearty sympathy of those who believe charity to be the chiefest amongst the Christian virtues.

### Compulsory Vaccination in France.

DR. H. LIOUVILLE'S Bill for compulsory vaccination and re-vaccination in France, which had been referred to a commission of inquiry, has been adopted in principle by the commission, who have recommended it to the Chamber of Deputies for consideration.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Brighton 13, Birmingham 15, Leicester 15, Wolverhampton 16, Bradford 17, Portsmouth 18, Leeds 18, Sheffield 18, Hull 18, Newcastle-upon-Tyne 18, London 18, Oldham 19, Plymouth 19, Salford 20, Norwich 21, Nottingham 23, Sunderland 23, Manchester 23, Bristol 24, Edinburgh 24, Glasgow 26, Liverpool 27, Dublin 42.

THE *Dublin Express* says that ninety-eight emigrants slept in one lodging-house in Queenstown one night lately. Twenty of these were in one room ; and, in accordance with the prevailing Irish practice, door and windows were kept shut, and several of the unfortunate persons narrowly escaped death.

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## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 12th inst. were at the rate of 26 per 1,000 per annum, against 21 in the preceding week, and 19, 27, and 23 in the corresponding periods of 1879, 1878, and 1877.

ALLEGED CASE OF NARCOTIC POISONING IN GLASGOW.—A boy, æt. 13, was reported to the police of Glasgow as having on the 12th inst., at night, been decoyed into a washing-house by a man, who forced him to drink part of the contents of a bottle. He soon afterwards became ill, and exhibited all the symptoms of narcotic poisoning. The boy was removed to the infirmary and recovered.

PENSION TO DR. HENRY DUNBAR.—As it is so seldom that retiring merit is acknowledged by the Crown, we have all the greater pleasure in announcing that Dr. Dunbar, of Garelochhead, who has just published an elaborate "Concordance to the Odyssey and Hymns of Homer," has been granted a pension of £80 a year on the Civil List. Dr. Dunbar served in the Crimea, was in practice in Glasgow, and is a son of the late Professor Dunbar, the immediate predecessor of the present eccentric incumbent of the Greek chair in Edinburgh, Professor Blackie. This act is creditable to the Government, and we cordially wish Dr. Dunbar long enjoyment of his pension and of his learned ease on the Gareloch.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages for the week ending with Saturday, the 12th June, the death-rate in the eight principal towns of Scotland was 24·8 per 1,000 of estimated population. This rate is 4·4 above that for the corresponding week of last year, and 3·0 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 17·1 per 1,000 ; and the highest in Perth, viz., 35·1 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·3 per 1,000, or 0·4 above the rate for the previous week. An increase occurred in the number of deaths from measles in Glasgow, while in Dundee no fatal cases of that disease were recorded. Acute diseases of the chest caused 116 deaths, being an increase of 21 on the number recorded during the previous week.

THE FERGUSON EYE INSTITUTION, GREENOCK.—At a recent meeting of the magistrates of Greenock the appointment of an oculist for the new Eye Institution to be started in the Greenock Infirmary, under the will of the late Mr. James Ferguson, sugar refiner, was considered. The trustees of the institution submitted a short list of three names for the approval of the magistrates, viz.: Mr. N. Cluckie, Senior Assistant in the Glasgow Ophthalmic Institution, and Drs. Black and Cairns, Greenock. The magistrates, looking to the terms of the testator's settlement, providing that the oculist to be appointed should be one "who has made the human eye his study," nominated Mr. Cluckie to the office, and fixed his salary at £100 per annum. Looking at the risks of injury to the eye in the various trades in town, an eye institution in connection with the infirmary is supposed to form a most desirable adjunct.

THE RECENT FEVER EPIDEMIC IN GLASGOW.—Dr. Russell, the medical officer of health for Glasgow, in his report upon the recent "Cluster of Epidemics of Enteric Fever in the City," says that the investigation he has made shows the contagion to have been spread by means of milk brought from a farm a considerable distance away and retailed in dairies in the various districts. In conclusion he states that they may place before their minds the following two propositions :—1st. That none of the sickness and death would have occurred in Glasgow but for a combination of circumstances in the country, of which those sicknesses and deaths are the natural outcome, but which were nevertheless clearly preventible. 2nd. That similar combinations of circumstances may again take place at any moment at scores of farms which are equally ripe for the events. Surely nothing more need be said. As time passes the scope and power of milk as the medium for the distribution of enteric fever in towns is being gradually demonstrated. This seems to be the only path by which the public mind can reach the point of action. It remains to be seen whether this, the last and worst of the many milk epidemics from which Glasgow has suffered, will suffice to bring the mind of the Glasgow public to that point. From the date of the first detection of milk as a medium of fever, it was only necessary to know the sources of the milk supply of towns, the mode in which it is collected and distributed, to be able to predict all that has now been learned by dire experience. Dr. Russell heartily approves of Sheriff Spens' draft "Act for the Sanitary Regulation of Places of Milk Supply to Towns."

TRAINING NURSES AT THE ABERDEEN ROYAL INFIRMARY.—The annual report of this institution, just issued, contains a note on nurse-training of interest. A resolution passed some few years since to admit a certain number of women, duly recommended, to receive ward instruction in the duties of sick-bed nursing has been attended with gratifying success. This important scheme owes its origin to the liberality of the trustees of the late Mr. Robert Donaldson, of Rosebank, that body having in 1875 offered to grant a sum of money yearly to approved applicants who might, under submitted conditions, desire and agree to qualify themselves as nurses. During the period this scheme has been in operation thirty-six women have been admitted to the hospital, and have received the training necessary to enable them to skilfully perform as a work of love, or to follow as an occupation, the duty of sick-bed attendance on the suffering. To other hospitals having similar schemes in contemplation this offers decided encouragement.

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## Literature.

### THE SPECTROSCOPE IN MEDICINE. (a)

SPECTRUM analysis has from its first introduction by Kirschoff in 1859, maintained its fascination over men of science throughout the civilised world. Chemists and astronomers have assigned to the spectroscope a highly important position amongst scientific instruments of research. At quite an early period of its history it appeared to ourselves to promise an extension of the work of the microscope in pathology and physiology, as important an adjunct in medicine as in chemistry. The chief hindrances to the use of the spectroscope in the hands of the medical profession were of a twofold nature : a widespread but quite erroneous view of the serious difficulties of employing the instrument, and the want of a good handbook, or guide to its use. The latter difficulty has, thanks to Dr. MacMunn, been successfully overcome. "The Spectroscope in Medicine" is an excellent practical guide to spectrum analysis, and anyone who will be at the trouble to master its details need not despair of making a discovery in this important field of scientific research.

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(a) "The Spectroscope in Medicine." By Charles A. MacMunn, B.A., M.D., Dublin. London : J. & A. Churchill. 1880.

Although Dr. Thudichum in this country must be placed amongst the pioneers of medical spectroscopy, it must be admitted that what he has published partakes of a too scientific character, and therefore the valuable reports and papers which have appeared from time to time, and his "Researches intended to Promote an Improved Chemical Identification of Diseases," have not obtained that amount of attention they seemed to deserve. He, however, continued to pursue his researches, and obtained results of considerable value. The absorption bands of blood were first described by F. Hoppe, in 1862, and his results were confirmed by Professor Stokes, and who, by adding certain reducing agents to the blood, found he could change scarlet blood into purple—"purple eruorine,"—and that in this way the place occupied by the absorption band in the spectrum could be made to change. He reduced the hæmoglobin by robbing the blood of its oxygen. Thus by Stokes's and other methods we have since arrived at an important discovery, namely, the explanation of the difference in colour between arterial and venous blood, and it has also enabled us to show wherein the breathing-power of the red corpuscle resides, and further explains phenomena which before his investigations were inexplicable.

The application of spectrum analysis in pathological changes has led to extremely interesting results, for instance, the determination of the question whether the arterial blood of an animal formed by the prolonged inhalation of nitrous-oxide would give immediately after death the spectrum of reduced hæmoglobin. To determine this the blood of a guinea-pig was taken and examined two minutes after death by the administration of the gas, and the blood, taken all over the body, as well as the muscles, gave the characteristic spectrum of reduced hæmoglobin. The fact of the muscles, as Dr. MacMunn observes, having yielded this spectrum, is the more interesting when the remark of Thudichum is remembered, that in death during the collapse stage of cholera the muscles were found by him to yield the spectrum of reduced hæmoglobin, thus explaining the symptoms which are due to *suspended oxidation*. The spectroscope likewise confirms the assertion made by Wood in his "Therapeutics," 1878, p. 268, that nitrous oxide produces its anæsthetic effects partly by stopping the supply of oxygen to the blood; it suggests also wherein lies the danger of a too prolonged administration of the gas. The temporary is soon likely to become converted into a permanent deprivation of oxygen.

This is one direction in which it will be seen that the spectroscope can be made available. An extended field is opening out for its wider application in physiology and pathology, in correcting certain erroneous ideas regarding various animal pigments, and Dr. MacMunn's book is exactly the kind of book needed to promote the more solid work and smooth away difficulties which seem to lie in the way of this valuable method of investigation. With regard to the best form of instrument, we agree with the author that the Sorby-Browning microscope will be found the more practically useful one in spectroscopic investigations; and we may add that no one need despair of success if he follows the easy directions given for preparing the most important amongst the several spectra so clearly described. The treatise is written in an easy and agreeable style, and is further enriched by several coloured plates, charts, and woodcuts, which together with a copious bibliography, renders it a trustworthy guide to the use of an invaluable instrument of research.

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# Correspondence.

## SIR JOHN LUBBOCK ON THE DENTAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

**Sir,—In reply to Dr. Jacob's letter, while thanking him for his courtesy towards myself personally, I can assure him that his condemnation of the Dental Reform Association is founded upon a misapprehension of the state of the law before the passing of the Dental Bill.**

**Dr. Jacob complains that "by our Bill 5,000 persons can call themselves surgeon-dentists who have had no surgical education whatever." This is, however, quite a mistake. Before our Bill the law courts had decided that any person whatever could call himself a surgeon-dentist. Our Act, however, provides that (clause 3), "A person shall not be entitled to take or use the name or title of 'Dentist' (either alone or in combination with any other word or words), or of 'Dental Practitioner,' or any name, title, addition, or description, implying that he is registered under this Act, or that he is a person specially qualified to practice dentistry, unless he is registered under this Act."**

**Under clause 6 those only can be registered who are (*a*) licentiates in dental surgery or dentistry of any of the medical authorities; or (*b*) are entitled as hereinafter mentioned to be registered as a foreign or colonial dentist; or (*c*) are at the passing of this Act *bona fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.**

**Our Bill, therefore, so far from giving the power of which Dr. Jacob complains, has already greatly limited it, and will eventually have the very effect he desires.**

**I am, Sir,**
**Your obedient servant,**
**House of Commons, June 16th. John Lubbock.**

**Dr. Jacob, having been afforded the opportunity of perusing the foregoing letter, has sent us the following reply, which may with advantage be published side by side with the communication of Sir John Lubbock.**

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

**Sir,—I would observe, in reply to the observation of Sir John Lubbock that the state of affairs before the passing of his Act—when a few persons might, in peril of prosecution, and under the ban of illicit practice, call themselves surgeon-dentists—was very different from that which his Act established, when a multitude of uneducated persons are legally authorised and officially recorded as dental practitioners. Before the Act a druggist might—if he chose to run the risk of a police court summons—call himself "surgeon-dentist," or give himself any other conceivable title he pleased, but the general public did not believe him, and the best part of them avoided him as a quack pretender. Since the Act the same druggist—without any additional education or qualification whatever—may buy a copy of the "Dental Register," underline his name therein with red ink, and at once become a fully qualified and gazetted dental surgeon. It is true that Clause 3 of the Act forbids the use of recognised titles by anyone "unless he is registered under this Act," but inasmuch as nearly 5,000 unqualified persons have been already "registered under this Act," and are entirely exempt from this prohibition, I fail to see how the clause affords any protection whatever to the surgical profession, except against the incursion of future claimants of the same class.**

**I give Sir John Lubbock's Act the full credit of "eventually" improving the position of dentists. But that happy "event" cannot arise until death has removed from the "Dental Register" the 5,000 chemists, druggists' assistants, and self-dubbed dentists whom Sir John Lubbock has placed upon its pages. That process of expurgation will occupy at least thirty years, and it may well be doubted whether the eventual improvement of dental surgery as a profession has not been dearly purchased by its utter humiliation for the coming quarter of a century.**

**No doubt the next generation of medical men will have occasion to thank Sir John Lubbock for his Act, and—if they, and he, and the University of London exist when the nineteenth century has lapsed—no doubt the medical graduates of that time will return the honourable baronet triumphantly for their University, but until then, it is certainly too soon to ask for their gratitude and their votes as Mr. Tomes did in his letter which evoked my protest.**

**I am, Sir, yours, &c.,**
**Archibald H. Jacob, M.D. Dub., F.R.C.S.I.**
**Ely Place, Dublin, June 21, 1880.**

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## THE YORK ROAD LYING-IN HOSPITAL CONTROVERSY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to the letter of Dr. Playfair, which you published in your last, permit me to say with respect to my qualifications to take charge of the in-patients at the General Lying-in Hospital temporarily, of which he disposes so rapidly and contemptuously, that I am a M.A. and M.B. of Oxford and a Member of the College of Physicians, of which Dr. Playfair is a Fellow, and am 30 years of age. I am not aware that the qualifications of Dr. Godson, whom Dr. Playfair so unceremoniously suggested should be called in to supersede me, are, either in point of age or degree, much, if at all, superior to mine; and as to distance of residence, I reside at George Street, Hanover Square, as near to the General Lying-in Hospital as Dr. Playfair to King's College Hospital, or other physicians to the General Lying-in. Only the most heated spirit of partisanship could, I think, for a moment have allowed Dr. Playfair to adopt so unprofessional a line of conduct as that which he has pursued towards me. I leave the facts before the profession for them to decide between Dr. Playfair and me. I need only add that Dr. Fancourt Barnes differed so much from Dr. Playfair on the subject that he had already asked me to take charge of the in-patients; and that Dr. Playfair suggested, for what reason will probably never be known, that Dr. Godson should be paid to do the work which I was doing as an honorary officer, and that Dr. Godson accepted that singular position without communicating with me or with either of my colleagues.

I am, truly yours,

J. A. MANSELL-MOULLIN.

## THE CAUSES OF EPIDEMICS OF MEASLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the heading of "Measles in Plymouth," in your Journal for 9th June, you offer some remarks upon epidemics in that seaport. It appears that measles have during an entire year been very prevalent at Plymouth, and that during the winter the mortality reached the very high figure of 80 deaths per 1,000, and this notwithstanding that every care was taken, to prevent parties coming from Bombay, being affected with the disease, when first embarking. Measles, however, broke out in many of the troop-ships, and seemed in this way to introduce the disease into Plymouth. The writer then goes on to consider the causes of such a prolonged epidemic, not being apparently satisfied with the idea of the importation of the disease by the ships.

Now, Sir, I would remind the reader that of no other zymotic disease is so much known as of measles. For a long period it had been observed that troops in camp were very liable to be attacked by the disease. But it remained for an American physician, Dr. Salisbury, to prove that under these circumstances the disease arose from the musty straw on which the soldiers frequently lay. This gentleman rendered straw musty, and with the spores inoculated not only himself, but several others; the result being that in due course a disease identical with measles declared itself. In some of the cases the symptoms ran high, but in the majority they were mild, as was almost indeed to be expected. For a simple inoculation could not be expected to produce symptoms as severe as if a party had inhaled the spores for some time, as had been the case with soldiers in camp.

In the article to which I have drawn attention none of these facts are alluded to; and yet they seem to me to offer a perfectly rational explanation of outbreaks of measles on board ships and elsewhere. For it is not assuming too much to say that the bedding is often of straw, and of necessity becomes musty, and when children are then exposed to it, as we know is the case on ship-board, measles will inevitably break out. But this view of the subject has a much more important bearing still. For it must materially alter our ideas of contagion. I do not for a moment question the contagious powers of measles and other zymotic diseases. But I believe the contagious principle has been, and is now being, enormously exaggerated as a cause of disease; and that when scarlatina or measles break out and attack the youthful members of a family, it is not so much because one member gives it to another as because they are exposed to the like causes. Hence isolation seems to me of infinitely less consequence than what for the sake of brevity may be called cleanliness; and if this latter be only carried out perfectly, we may, as far at least as measles are concerned, prevent their inception.

But, Sir, the word cleanliness need not be applied to musty straw alone; but possibly to all substances capable of undergoing decay. I myself have put on record a very remarkable case where an attack of disease, like measles in an exaggerated form, and lasting nearly three weeks, arose from musty flaxseed meal. In this instance the symptoms followed at once the inhalation of the injurious particles, thus showing, as it seems to me, the marked difference between matter inhaled and matter inoculated. I need not allude further to this case here, except to observe that when taken in conjunction with the observations of Salisbury, it opens up a vast field for investigation, and one which seems capable of shedding a flood of light on the zymotic diseases which occupy so much of the public attention at the present time.

Keeping in mind that it has been facts—not theories—I have been speaking of, I venture to ask, may not scarlatina and the still more formidable disease small-pox arise in a similar way? These two diseases are not a bit more specific than measles, and they all obviously belong to the same group. For myself, I look forward to the time when the organisms, whether animal or vegetable, will be discovered which I believe cause them; and one thing seems certain, that it is on the path laid down by Salisbury our investigations should proceed.

I am, Sir, yours, &c.,

HENRY KENNEDY, M.B.

## TEMPERATURE OF THE BREATH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If we take an ordinary clinical thermometer, wrap it up pretty tightly in several folds of a silk handkerchief, apply it closely to the lips, and breathe gently through the silk just over the bulb of the thermometer, for about 5 minutes, always making the inspirations through the nose, we shall find that a remarkable degree of heat is indicated by the thermometer. This heat is always considerably above the normal temperature of the interior of the body. In my own experiments it ranges from 101° to 108° Fahr., while the temperature under the axilla varies from 98° to 99°.

The only notice I have seen of this phenomenon is contained in a letter from Dr. E. S. Clark, of Paris, Kentucky, addressed to the *Medical Herald*, of Louisville, Kentucky, for April last. The writer observed the thermometer to rise to 108° on one occasion, though on others it did not rise so high. A friend of his caused the mercury to rise to 109·5°.

Is this high temperature the actual heat of the breath as it issues from the lungs, or is it caused by friction in passing through the fibres of the silk envelope, or by condensation of the moisture of the breath in the silk, as has been suggested to me?

I may mention that I cannot raise the mercury in the thermometer up to even the normal heat of the body, 98·6°, by breathing on the uncovered bulb, even in a very enclosed space, like a glass tube surrounded by a silk handkerchief. It is necessary, in order to obtain these high temperatures, that the breathing should be performed through several folds of silk or other material, such as calico, linen, or woollen cloth. This looks as if the heat were produced in the cloth. But if the temperature of the breath ranges from 95° to 97°, as stated in works on physiology, why should this operation develope so much more heat at one time than at another, in one person than in another, at the same time and under similar circumstances? I tried the experiment on myself and two other persons of about my own age, in the cooling room of a Turkish bath, we all having taken the bath at the same temperature and for the same length of time. One raised the thermometer to 102°, another to 103°, and the third (myself) to 104°. My temperature under the axilla was 99°. One day (it was a warm day, the 26th of May) the temperature of my breath taken in this way was 106° at 7 a.m., 107° at 7 p.m., and 108° at 8.30 p.m. Another similar day my temperature in the morning was 105°, in the evening 107·5°. Since then the weather has been much colder, and the thermometer, when breathed on, has never risen beyond 105°, often not higher than 102°, or even 101°.

If these temperatures so obtained are the actual heat of the breath as it issues from the lungs, how is this heat produced? The passage of carbonic acid from, and of oxygen to, the blood, cannot raise its temperature, as the heat gained by the latter act is lost by the former, and the conversion of the water of the blood into the vapour of the breath must cause a loss of heat. Whence, then, comes this great heat of the breath, if it be not caused by the mechanical friction of the air through the woven material? Is it by the respiration that the body gets rid of its excess of heat when it cannot do so by the skin, as would appear from these experiments; the highest temperatures of the breath having been obtained, *cæteris paribus*, when the air was warmest, and, consequently, the radiation of heat from the skin least?

Perhaps some of your readers may be able to throw some light on this interesting subject.

I am, Sir, yours &c.,
R. E. DUDGEON, M.D.

53 Montagu Square, June 4th.

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**Royal Visit to the Victoria Hospital for Children.**—The Princess of Wales, accompanied by the King of the Hellenes, the Princes Albert Victor and George, and the Princesses Louise Victoria and Maud, paid a visit on Sunday to the Victoria Hospital for Children in Chelsea. The Royal visitors passed through all the wards, speaking to each little patient and distributing amongst them fruit and flowers, with which the poor little inmates were delighted. Her Royal Highness and the King, who spoke to many of the sick children and inquired into all the arrangements, expressed their approval of what they saw.

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## NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

POSTAL REGULATIONS REGARDING MANUSCRIPT.—We presume some of our contributors and correspondents are not aware that it is contrary to postal regulations to write anything outside MS. intended for book-post, except the name and address of the recipient. Such expressions as "please insert," "for early insertion," "an early insertion will oblige," in fact, remarks of any kind on the outside cover render parcels of MS. chargeable at the letter rate, with double postage. We are not complaining at having to pay these little fines; occurring every week we have got used to them; but we do ask that we should not be unnecessarily taxed for acts of thoughtlessness which can be prevented without trouble to the senders.

LITERATE.—Thanks; we will incorporate it in our next column of "Literary Notes."

### THE MEDICAL OFFICER TO THE TAUNTON UNION.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 16th inst. the Editor mentions my appointment to a "District" at Taunton As this fact would involve a supposed change of residence, would you kindly ensure the insertion of the name of my son, Frank Bingley Pullin, L.F.P.S.Glasg., who was the party that received the appointment, and *not*

Yours faithfully,
Sidmouth, Devon. THOS. H. S. PULLIN.

DR. P.—With pleasure.

DR. KISBY.—The remarks of the Clerk of the Union were most insulting, and should be resented.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—The annual dinner of Fellows of the College will take place at the Albion Tavern, on Thursday, July 1, Sir James Paget, Bart., F.R.S., in the chair. Fellows of the College wishing to dine should communicate with the Hon. Sec., Mr. B. T. Lowne, 65 Cambridge Gardens, Notting Hill, W., not later than June 28.

### INTERNATIONAL CONGRESS OF HYGIENE AT TURIN.

*To the Editor of the* MEDICAL PRESS AND CIRCULAR.

SIR,—It may interest some of your readers to be informed that I have this morning heard from Prof. Siacinto Pacchiotti that the International Congress of Hygiene will be opened on the 6th of September and will close on the 12th; that the King, the Ministers, the Maire, the Prefect, and all the officials will take part; that the Minister of Foreign Affairs invites all Governments to send delegates; and that there will be a reduction of 30 per cent. on the railway fares.

Faithfully yours,
R. HINCKES BIRD.

1 Norfolk Square, London,
June 21, 1880.

INTERNATIONAL COURTESIES.—The American medical publishers, Messrs. Wood & Co., have kindly sent a card of admission "for the Editor of the *Medical Press* and Lady," to participate in an excursion for a day or two, by water, round and about New York, during the meeting of the American Medical Association, the first week in June. Whilst thanking them for their courtesy, we would hint that on future occasions it might be worthy of consideration, should they still desire their steamer to be "graced by our presence," whether it might not be as well to send said invitation three weeks before instead of three weeks after the affair has come off. We don't say that it would insure our taking a trip across the herring pond, but it would look better than sending us a specimen of American card-printing after date.

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### VACANCIES.

Abbeyleix Union, Durrow Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, July 2.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary before July 12.

Ennistymon Union, Ennistymon Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, July 10.

London Hospital Medical College.—Demonstrator of Anatomy and Two Assistant Demonstrators. Applications before July 8th to the Warden. The Senior's emolument is from fees—not less than £300 per annum. The Juniors will be paid a salary of £90 each.

Manchester Royal Infirmary.—Assistant Surgeon. Honorary. Applications to the Chairman on or before June 28.

Roscommon County Infirmary.—Apothecary. Salary, £50, with first-class rations and apartments. Election, July 21.

St. George's Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary before July 3.

Wigan, Royal Albert Edward Infirmary.—Senior House Surgeon. Salary, £100, with board. Applications to the Secretary before June 30.

Wolverhampton General Hospital.—Surgeon. Honorary. Applications to the Secretary on or before June 28.

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### APPOINTMENTS.

DAVIES, G. A., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Marshfield District of the Newport (Mon.) Union.

GAVIN, M. F., M.D., L.R.C.S.I., Visiting Surgeon to the Carney Hospital, Boston, U.S.

GILLESPIE, M. A., M.D., M.Ch., Medical Officer to the Aughrim Dispensary, Rathdrum Union.

GRIMWOOD, H. C., M.R.C.S.E., Medical Officer to the Workhouse and First District of the Pontefract Union.

HOLDERNESS, W. B., M.R.C.S.E., Visiting Surgeon to the Royal Windsor Dispensary and Infirmary.

JONES, T., M.B., F.R.C.S.E., Honorary Surgeon to the Royal Infirmary, Manchester.

MACAULAY, S., L.R.C.P.Ed., Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary.

MACBRYAN, H. C., L.R.C.P., L.R.C.S.Ed., Third Assistant Medical Officer at the South Yorkshire Asylum, Wadsley, near Sheffield.

PEYTON, A. D., L.R.C.S.I., L.K.Q.C.P., Medical Officer to the Gurteen Dispensary, Boyle Union.

RANKINE, J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Bishopwearmouth East District of the Sunderland Union.

WEEKES, H., F.R.C.S., Medical Officer of Health for the Melksham Rural Sanitary District

WHITEHOUSE, J., M.R.C.S.E., L.R.C.P., House Surgeon to St. Peter's Hospital for Stone, London.

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## Births.

BROWNE.—June 11, at Frankford, King's Co., the wife of Thomas H. Browne, L.R.C.S.I., of a daughter.

CORLEY.—June 12, at 30 Lower Baggot Street, Dublin, the wife of Anthony H. Corley, M.D., F.R.C.S.I., of a son.

GREENFIELD.—June 17, at 15 Palace Road, London, S.E., the wife of W. S. Greenfield, M.D., F.R.C.P., of a daughter.

REDFERN.—June 17, at Templepatrick House, Donaghadee, the wife of Peter Redfern, M.D. Lond., of a daughter.

SKENE.—June 17, at Ardmone House, Dewsbury, the wife of William Skene, M.D., of a son.

WOODHOUSE.—June 12, at 10 Lower Fitzwilliam Street, Dublin, the wife of Stewart Woodhouse, M.D., of a daughter.

## Marriages.

WESTBY—ATKINSON.—June 10, at Monkstown Church, co. Dublin, by the Rev. Canon Westby, D.D., George Westby, L.R.C.S.I., to Annie, youngest daughter of the late James Atkinson, of Belfast, Victoria, Australia.

## Deaths.

ANDERSON.—June 11, at 10 South Mansion House Road, Edinburgh, Dr. Alex. Anderson, Staff Surgeon, Royal Navy.

BEGBIE.—June 18, at Clifton, Bristol, the widow of J. Warburton Begbie, M.D., late of Edinburge, aged 52.

BUSIGNY.—June 11, at his residence, Shaw Street, Worcester, Charles Edward Busigny, M.R.C.S.E., L.M., aged 49.

FRASER.—June 11, at Greenhill Place, Morningside, Edinburgh, Robert Fraser, M.D., aged 64.

GRIFFIN.—June 18, at Alphington, Exeter, W. R. Mortimer Griffin, M.R.C.S., aged 59.

JONES.—June 12, at his residence, Beaumaris, Robert Wynne Jones, M.R.C.S.E., aged 71.

MAYBERRY.—June 12, at Riversdale, Kenmare, co. Kerry, George M. Mayberry, M.D., J.P., aged 65.

WHIDBORNE.—June 10, at Topsham, George H. Whidborne, M.R.C.S.E., aged 37.

WILLIAMS.—June 9, James Williams, M.D., of Croydon, late of Malvern, and formerly of Aspley Guise, Bedfordshire, aged 69.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 30, 1880.

## CONTENTS.

PAGE

### LECTURES

On some of the Surgical Aspects of Gout and Rheumatism. Delivered at the Royal College of Surgeons, Monday, June 14. By Professor Hutchinson, F.R.C.S. ...... 533

### ORIGINAL COMMUNICATIONS.

Sunstroke as I have Seen It in India. By Surgeon-Major William Curran, Army Medical Department ..................... 535

Colour-Blindness in Relation to the Mercantile Marine, Railways, and the Public. By C. F. Moore, M.D., F.R.C.S., Medical Officer, and Medical Officer of Health, No. 3 Dispensary, South City; Medical Inspector of Seamen, Dublin; Examiner, Apothecaries' Hall ........... 537

### CLINICAL RECORDS.

Mercer's Hospital, Dublin. Under the care of Mr. E. S. O'Grady, F.R.C.S.I., M.B.—Fracture through the Head of the Tibia into the Knee-joint—Disarticulation of the Hip-joint (Two Cases) ..... 539

PAGE

### DEPARTMENT OF LUNACY.

The Chester County Lunatic Asylum. An Epidemic of Typhoid Fever ............. 540

### TRANSACTIONS OF SOCIETIES.

Odontological Society of Gt. Britain

Hæmorrhage after Tooth Extraction .... 541
Dental Disease and Disordered Health ... 541
Dental Disease and Nervous Disorders 541

### LEADING ARTICLES.

Fraternizations with Homœopaths .... 542
The Influence of Famine on the Growth of Population .............. 543
Vaccination in Danger ................ 544

### NOTES ON CURRENT TOPICS.

The Harveian Oration of 1880 .............. 545
Class Legislation in the Army .............. 545
The French Society of Hygiene .......... 545
King's College .................................. 546
Anti-Vaccination ................................ 546
Pay-Patients at St. Thomas's Hospital .... 546
A Bradley Memorial ........................... 547
The London College of Surgeons and the Conjoint Scheme ...................... 547
Phthisis in Egypt ............................... 547
What is It all About? ........................ 548
Vivisection ...................................... 548

PAGE

Filters ................................................ 548
Palatable Epsom Salts ........................ 548
The Hygienic Congress ..... ............. 548

### SCOTLAND.

Death of Dr. Mackie — Darning needle found in a Child's Body—Anderson's College. Election of a Professor of the Practice of Medicine—Registrar-General's Return—Another Case of Hydrophobia—Death of a Centenarian ........ 549

### LITERATURE.

Hay Fever: its Causes, Treatment, and Effective Prevention. By Chas. Harrison Blackley, M.D. ......................... 549

Literary Notes and Gossip ............ 550

The British Hospital for Incurables ..... 552
The Royal Irish University ............... 552

### CORRESPONDENCE.

Sir John Lubbock on the Dental Bill ....... 552
The Causes of Epidemics of Measles ....... 553
Animal Vaccination ........................... 553
Medico-Legal Intelligence ................. 553
Medical News .................................. 553
Notices to Correspondents ................ 554

## Lectures

ON SOME OF THE

## SURGICAL ASPECTS OF GOUT AND RHEUMATISM.

*Delivered at the Royal College of Surgeons, Monday, June* 14.

By Professor HUTCHINSON, F.R.C.S.

### Lecture II.

Mr. President and Gentlemen,—In my last lecture I attempted to state as fairly as I could the principal facts relating to the group of diseases which may be conveniently included under the head of the Arthritic Diathesis. I tried to put before you only facts, or what are generally received as facts, and purposely kept in the background my own opinions, and the points on which I am disposed to differ from most authorities, and I had intended to continue my exposition of the subject in the same way during the present lecture, and to proceed to mention the modes in which the diseases which compose the arthritic diathesis may be influenced by external influences, &c. But it has occurred to me that it will be better to anticipate a little, and that you will be better able to follow my line of argument and to appreciate the value of such novel facts as I may be able to bring before you, if I state at once what it is that I hope to be able to prove.

We are taught that these diseases—gout, rheumatism, and rheumatic gout are definitely distinct diseases. Now my principal contention is that they are not so; that they may all be naturally included under one diathesis; that a person inherits, or acquires, not so much a tendency to rheumatism or gout, as a tendency to the arthritic diathesis, a proclivity to a certain form of joint inflammation, and that this proclivity may be variously modified by external influences; that these diseases interlace and combine in the most varied manner possible; and one of the principal points which I shall bring forward in support of my argument is the fact, that these diseases, which are supposed to be distinct, constantly occur in different members of the same family, showing that there must be some common bond of connection between them.

I further contend that under the head of rheumatism, of which I take rheumatic fever as the type, we must include the constitutional rheumatic gout of Dr. Adams. At first sight, taking extreme examples of one or the other, there may seem to be good reason for considering these to be distinct diseases, but I assert, and I shall try to prove my assertion, that they are united by definite links of connection, that they graduate imperceptibly the one into the other, and that many of the cases which Dr. Adams describes as examples of rheumatic gout are merely severe cases of chronic rheumatism, occurring especially in old people.

It is the universal opinion that rheumatic affections are chiefly due to exposure to damp and cold, and especially to exposure of the skin to cold—whether this acts, as some believe, by suddenly checking perspiration, or, as I hold, by means of a neurotic influence communicated through the cutaneous nerves, we need not now stop to inquire, but it is, I say, a matter of popular knowledge that rheumatism is not so much affected by errors in diet as by exposure to cold and damp, whilst, on the other hand, gout is constantly brought on by some indiscretion in diet, and that a careful regulation of the ingesta is a cardinal point in the treatment. The present lines of distinction between rheumatism and rheumatic gout cannot be true; we have no right to classify as rheumatic *gout* a disease in the production of which diet plays no part. We must classify diseases by causation, by parentage, and not merely by external resemblances. At the same time I am quite willing to admit that to trace the parentage of disease is often very difficult, and I must in this, as in other matters, admit my indebtedness to previous workers, who have by their careful collection of facts occasionally afforded me the grounds upon which I seek to controvert their conclusions.

You may perhaps, ask is there any group of cases to which the term rheumatic gout may properly be applied? You have taken away one large class of cases (the constitutional rheumatic gout of Adams): what becomes of the rest? How about the cases of deformity, eburnation, &c.? Well, I should say that these last are mostly cases of chronic rheumatism in elderly people.

I believe, however, that there is a class of cases to which the name rheumatic gout may very properly be applied; cases in which the changes characteristic of rheumatic arthritis and of gout occur together. Quite recently I have examined the specimens in the museums attached to most of the London hospitals with the view of ascertaining whether such specimens were common, and I have found a considerable number of them, described sometimes as gout, sometimes as rheumatic gout, according to the bias of the curator. This pathological evidence is of great importance, for Fuller, Garrod, and Adams all say, that gout and rheumatic arthritis are distinct diseases. Adams does, indeed, mention Brodie's specimen, and another found in one of the Dublin museums, and Dr. Garrod goes so far as to admit that the diseases may occur in the same subject at different times. My own opinion is, that the conjunction of the diseases is the rule rather than the exception. I have here a specimen from St. George's, and another from the Middlesex Hospital, in each of which the characteristic lip of rheumatic arthritis is found in conjunction with abundant gouty deposit. From the London Hospital I have two toes, excised by myself on account of acute suppuration after gout, in which there is distinct eburnation and other signs of rheumatic arthritis, and here are other specimens preserved by the late Mr. Maunder and by myself, in which the deposit of urate of soda is combined with advanced arthritic changes. In the museum of St. Thomas's Hospital I found two or three valuable specimens showing the same thing. These represent about a third of the specimens which are preserved in the metropolitan museums as examples of rheumatoid arthritis; and it must be remembered that it is more difficult to obtain specimens of chronically diseased joints than of internal organs, since it is not always possible to cut out a joint when making a post-mortem examination.

In the museum at University College there is a splendid series of specimens and models given by Dr. Garrod. Some of these are examples of gout at a very early stage, and are intended to illustrate the fact that even in a first attack a deposit of urate of soda to a small extent takes place. These must, of course, be eliminated as having nothing to do with our present inquiry, but there are other specimens which show the disease at more advanced stages, and of these there are three which, in my opinion, give evidence of the existence of rheumatic arthritis; the evidence is not very strong, I admit, but it is sufficient to satisfy me that they were not cases of pure gout. In future, then, I think we should confine the term rheumatic gout to cases in which the two diseases are mixed. We have hitherto spoken only of the post-mortem evidences of the mixed disease. Can this state of things be also recognised in the living patient? It is possible, at all events, in some cases.

The diagnosis of true gout rests chiefly on the existence of tophi; whilst the lips characteristic of rheumatic arthritis can be detected on the condyles of the femur even in slight cases: bend the knee and pass your fingers down over the edges of the condyles and you will feel the ridge of bone. In some cases, especially in working men, the lips can be readily detected on the proximal end of the metacarpal bone of the thumb. For the larger class of cases in which there is erosion of the cartilages, but no outgrowths of bone, the most readily applied test is to feel whether the pisiform bone grates on the cuneiform. Amongst the four hundred cases of arthritic diseases which I have already in print, I find there are 38 which show most conclusively that the changes characteristic of gout and of rheumatic arthritis may be co-existent.

I believe further that this mixture of diseases accounts for certain errors which have crept into the usual descriptions of gout, but which do not really apply to true gout; thus it is often said that gouty patients are affected by changes in the weather as well as by the character of their food. Now this susceptibility to changes of temperature is very characteristic of the mixed form of disease, whilst patients who are the subjects of pure gout as a rule bear exposure to weather exceedingly well and are but little affected by it.

There is yet another class of cases to which the term rheumatic gout is applicable. As I have said, there is no antagonism between the diseases. A person may inherit a tendency to one, and may acquire the other by his mode of life, or he may acquire gout by his mode of living, and rheumatism by constant exposure to the weather. But besides this the patient may actually inherit an admixture of the diseases, say from a gouty father and a rheumatic mother, and he then becomes liable to diseases which are not purely rheumatic or purely gouty; this may be called the hybrid diathesis. A person who inherits this form of the arthritic diathesis may become rheumatic or gouty according to the nature of the influences to which he may happen to be exposed.

To return for a moment to the pathology of these diseases. It appears to me that rheumatic arthritis of the spine has not received as much attention as it deserves. Dr. Adams devotes a short chapter to it, but he confines himself almost entirely to the affection of the cervical vertebræ. Yet the specimens which I have on the table show that the spinal column is not exempt. Here is one in which the whole spine is united into one mass; here is another showing lips of bone springing from the margins of the bodies of the vertebræ, but not yet united; and there are other examples of different stages. You will observe that in all the cases it is the *bodies* which are joined together. To prove that these specimens do belong to cases of rheumatic arthritis, I will call attention to this spine which was taken from a patient the subject of severe rheumatic arthritis, some of whose joints are before you; you will see that the changes in the vertebral column in this case and in the others are precisely similar. This opens up a new chapter in the surgical aspects of gout and rheumatism. How is it that diseases of the spinal column have not been diagnosed as well as diseases of the spinal cord? The fact is, that although the joints of the spine are probably affected as often as are those of the fingers or of other parts of the body, the disease is overlooked because the condition of the spinal column is seldom inquired into during life, or inspected after death.

The name spondylitis deformans has been applied to these cases of crooked spine, the result of rheumatic arthritis, but I object to the term for the same reason which I have objected to other similar names, viz., because these are not typical examples of a new disease, but extreme and isolated examples of a common malady; moreover, the deformity is only an accident; the character of the disease is just the same if the spine is stiffened in the straight position as when it falls into these extraordinary curves and twists.

Next we come to the question, can we learn anything more about the pathology of these diseases by a reference to the lower animals? I am afraid we cannot. Animals do not appear to be liable to gout, that is to say, they are not subject to any disease attended with a deposit of urate of soda. Lead is said to cause disease in birds, but its exact nature is still doubtful. But animals are subject to rheumatic arthritis. I could find no specimens relating to this disease in either of the London Veterinary Museums, but on visiting the knackers' yards I found that it was tolerably common. The changes are not quite identical; the lips are more irregular, and there is less eburnation of the articular surfaces; but then it must be remembered that whilst in the human subject life is maintained as long as possible, a horse which becomes diseased is soon killed. Mr. Busk informs me that he has noticed similar evidences of disease on the bones of fossil bears.

Then as to the influence of race and country on the production of these diseases. Chronic rheumatic arthritis is said to be most common in Ireland, but it is certainly very common in London, and common also on the Continent; indeed, the first work on the subject was published in

Leyden. Gout is certainly more common in England than anywhere else. On the whole we find that chronic rheumatic arthritis is most common in countries which have a cold and damp climate, whilst the prevalence of gout is not affected by peculiarity of climate, but is evidently due to peculiarities of diet.

*Age and Sex.*—As to the influence of age, we may notice that all the specimens of rheumatic arthritis with large lips come from patients who had got beyond middle life, and this is the chief cause of the difference in appearance. In young people rheumatic fever is more common, and in the less acute cases we get chronic disorganisation of joints with ulceration of cartilage, but the long outgrowths do not appear until later.

Gout is still more generally a disease of middle age.

*Sex.*—It has been said that chronic rheumatic arthritis is a disease to which the female sex is specially liable; and it has been asserted this liability is accounted for by certain debilitating influences to which women are exposed, as over-nursing, exhausting discharges, &c.; but this is a fallacy. Trousseau says it is a disease of women. Garrod says it is rare in men. But Charcot makes the numbers of the two sexes about equal, and he is right. Dr. Adams is right also; he met with 44 cases of "crippling rheumatism" in women, and 54 in men. Sex does appear to give rise to certain peculiarities, it is true; thus women are far more liable to contracted knees than men are.

The male sex is certainly more prone to gout, and the reasons for this will be obvious.

I need say no more about the influence of *diet.* As to the effects of *occupation* and special exposure, it is well known that occupations in which the patient is exposed to the temptation to drink predispose to gout, whilst those which are attended by constant exposure to weather give a liability to rheumatism.

The influence of *temperament* has not yet been sufficiently investigated. With regard to rheumatism, it has been said that dark people are more liable to the chronic, and fair people to the acute forms; but my inspection of the patients in the Bath and Buxton hospitals did not lend any countenance to this assertion.

We now come to the important question of *heredity,* and this I must leave until my next lecture.

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# Original Communications.

## SUNSTROKE AS I HAVE SEEN IT IN INDIA

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

*(Concluded from page* 515.)

Case II.—Private M. C., æt. 37, a healthy man of temperate habits, was admitted to hospital at Futtehgurh, with febris intermittens on the 29th May, 1866. His skin was dry and hot, his thirst was insatiable, and he complained of a severe headache. He exhibited, in short, all the usual accompaniments of a sharp attack of ardent fever, and the usual remedies, which included an emetic and a purge, afforded the usual modicum of relief. After conversing for some time with his wife in the verandah of the hospital, he returned to his couch, and was soon afterwards seized, *i.e.*, about a quarter to 9 p.m., with a sudden feeling of sickness and fainting. He suffered subsequently from a severe convulsive seizure, during which he became insensible, and the breathing was laboured and somewhat sighing on my arrival a few minutes afterwards from a neighbouring bungalow. The pupils were contracted and insensible to the stimulus of light, the conjunctivæ were affected or rather blood-shot, and the pulse was very compressible, disposed to fail, and much slower than usual. Consciousness was almost entirely obliterated, but I had seen, I fancied, worse cases, and this man's age, habits, and general appearance led me to anticipate some benefit from treatment. I had him carried accordingly into an adjoining open space, and douched freely from above over the head, neck, back, and belly. I subsequently placed him bodily in a cold bath, and administered calomel and croton-oil by the mouth. The latter was also rubbed into the abdomen, and up as high as the ensiform cartilage. The bowels were next encouraged to act through a turpentine injection, but the glimmer of sensibility evoked by these measures was soon effaced by a stupor, which resisted all our efforts at removal, and which was complete by 2·30 a.m. His strength began to fail, shortly afterwards the breathing became feebler and feebler, till it was almost inaudible, and he died quietly about 5 a.m., or within less than four days of his admission, and eight hours of the access of his fatal seizure.

On section, five hours afterwards, the body was well-nourished, but almost free from rigidity, and the surface-heat was noticed to be very high and protracted. Some fluid blood was found in the sheath, and under the investing membrane of the occipito-frontalis muscle, and the superficial cerebral vessels were dilated, tortuous and loaded with watery "beaded" blood. The tissues of the dura and pia mater were unusually vascular, the punctæ vasculosæ appeared to be more numerous or conspicuous than natural, and a white flaky-lymphoid, or exudation substance, which resembled, but was not, under the microscope, identical with lymph, was found lying loose on the surface of the brain. There were about two drachms of sanguinolent fluid in the ventricles, and congestion was the most noticeable feature of the examination throughout. The lungs were much engorged and adherent on either side, but chiefly so on the right, and the heart, somewhat enlarged in size, was of a soft friable consistence. It presented an appearance of commencing fatty degeneration, and the liver had also a soft greasy look, and a granular feel. Internally, a dirty-yellowish mottling replaced the usual mahogany hue of health; and this, too, is all I find in my case book about this man's case.

Case III.—Private E. M., æt. 31, six years' service, seven months of which only have been passed in India, is a small but healthy man of temperate habits, who has rarely if at all complained of illness during that interval. Was brought to hospital about 8·30 p.m., on the evening of the 1st July, 1866, suffering unmistakably from an aggravated attack of sunstroke, which appeared while he was in the act of preparing his bed for the night in barracks. He had ailed with slight fever for a few days previously. When seen by me a few minutes afterwards the respiration was noisy and puffing, the skin was hot and burning, the pupils were slightly dilated and insensible to light, and the conjunctivæ were suffused and muddy. He moaned continuously, the mouth and lips were covered with a white frothy saliva, and he evinced little or no susceptibility to pinching or pressure. He could only be roused for a moment by means of a push or loud question, to utter a short monosyllabic grunt, after which he straightway relapsed again into a state of stupor. The cold douche was at once resorted to, calomel and croton oil in a bolus with honey was forced down his throat, and an injection of turpentine, assafœtida, and salt, was passed through a long tube up the bowel. Regarding the case as desperate, and feeling that every minute would diminish his chances of recovery, I divided the temporal artery on one side, and opened the brachio-cephalic vein on the other, but no blood flowed from either, and I left him an hour or two afterwards in the hands of an intelligent subordinate, in what was, I considered, a dying state.

He rallied, however, within a few hours of my departure, and I was surprised to find, on my arrival at hospital, about 5 a.m., that he was not only alive, but likely to remain so. I had him removed into a clean dry bed and placed in a separate ward, and liquor lyttæ was applied over the nucha and epigastrium. Beef-tea and arrow-root with which port wine was sparingly mixed, were administered from time to time. Calomel in grain doses was exhibited every second hour, and the bowels were again invited to act through an enema. He passed this day fairly, in a stationary mood, neither gaining nor yet losing ground, and withal free from suffering. Finding, however, that the breathing became embarrassed as the night approached, that he could only swallow fluids with difficulty, that the injection of the conjunctiva had increased, and that the pupils were reduced to pin-holes, I shaved and blistered the head, and had the sore dressed with ung. hydrarg. But all was in vain, his hour was come, and sinking slowly, he died after a struggle of thirty-seven hours' duration, exhausted, not quite two days since the onset of his fatal seizure. On section, seven hours after death, the body-heat was found to be abnormally great and persistent, there were patches of ecchymosis over the more dependent parts, and the rigidity was well-marked. The skull-cap was thin, porous, and transparent over the lines of its principal sutures, and the membranes of the brain and its sulci were unduly congested. The puncta vasculosa were unusually conspicuous, and they or their surroundings discharged freely on division a thin bloody serum. There was not much fluid in the ventricles, but the corpora callosa had a softish creamy appearance, and the vessels of the choroid plexus, as well as those that ramified on the floor of the 4th ventricle, were more prominent or dilated than was natural. The whitish, fluffy, lymph-like exudation noticed above was also present here, as it generally is, indeed, according to my observations in such cases; but the brain itself was not perceptibly altered in point of appearance or structure, and the absence of adventitious element was the most striking feature of the examination. The lungs were largely infiltrated with blood towards their bases posteriorly, but they were otherwise healthy and crepitant throughout, and the heart was unduly loaded with fat. The liver and kidneys were both congested, and the spleen was simply a large semi-diffluent mass of currant-jelly-like consistence, which readily gave way under the handling. The blood was generally thin and watery, a feature which renders its non-flow during life more inexplicable. I have noticed a tarry condition of this fluid in other cases, which resembled very closely the state that is so often associated with death from cholera, and less so, I believe, with death from lightning, snake-bite, curara, and some other noxious things.

Case IV.—Private J. C., æt. 26, was admitted to hospital at Peshawur, about 1.20 a.m. of 19th July, 1873, with stertorous breathing, contracted pupils, intense surface-heat, and very pale livid expression. The pulse small and very compressible, ran up at times to 140, and his bowels acted involuntarily about an hour after admission. He was freely douched over the head and chest, as well as along the spine, but there was no appearance of resistance or other struggle during this process, whence we might infer that he felt it; on the contrary, he lay quite senseless on his back, a low kind of whine or moan had replaced the stertor, and he looked as if he had only a few hours to live. The temperature was 100·1° at 3 a.m., but it fell under the application of the douche to 97° an hour or so afterwards, the bowels had acted again spontaneously in the meanwhile, and he had also vomited about an ounce of a bilious-looking fluid. When seen by me about 5.30 or 6 a.m., he was moaning plaintively, his face was ghastly pale, the mouth was closed and the lips somewhat compressed. I considered he was dying, but he rallied slightly soon afterwards, whereupon the head was shaved and douched again with ice-cold water, and the remainder of the body was subsequently immersed in a hot bath.

The temperature had fallen at 10 a.m. to 96°, and he appeared to have been relieved by having again vomited some greenish vegetable substance. The breathing was also calmer, and he started on being spoken to loudly. The faculty of memory was evidently reasserting itself, though feebly, and it appeared to progress, *pari passu*, with his tendency to vomit. He was quite conscious during the following day, and also free from giddiness, headache, or other unpleasant cephalic sensation. The report adds that there was no obfuscation of thought or irregularity of pupil, and that his general condition bespoke progressive improvement. He remained in this condition, or with only trifling checks, up to the 24th, when the tide began to turn. He had rambled a good deal during the preceding night, the pulse went up to 126, and the breathing was rough, noisy, and bronchial. He was, in short, fast becoming the subject of a congestive remittent attack of fever as well as of a pneumonic implication of the chest, yet were the general indications by no means unfavourable, and I myself reported him on the 28th of the month as advancing slowly towards convalescence. But the improvement, if such it may be called, did not last. He complained that his water scalded him ever since he became conscious, his debility was more pronounced than it had been, the pulse was small, weak, and 112, and I found that his right lung was the seat, on the 30th of July, of a diffused liquid bubbling rhonchus at the base posteriorly as well as laterally. The part was blistered and he was allowed as much support as he could use. He began to lose ground, however, in proportion as the lung lesion became more developed, and he died exhausted on the 4th of the following August. On opening the cavities of the body some six hours afterwards the dura mater was found to exhibit a pale, soppy, anæmic appearance, and its sinuses were bulging and tumefied. It adhered closely to the subjacent structures, and the vessels that ramified in its interstices were prominent and enlarged. The brain-substance itself appeared to be unaffected, but bloody points were very numerous in its interior, and the vessels of the sulci and velum interpositum were gorged with blood. The left lung was congested towards its base, while the right, which was throughout the seat of a pneumonic infiltration of recent origin, was so carnified in parts as to be incapable of floating in water. It exhibited the usual grey hepatised appearance on section, and the heart was structurally healthy. So also were, in all essential respects, the other viscera, and I introduce this case to enable me to say, that although cases of this gravity may sometimes rally, as did this man, they rarely recover their original calibre, or escape without serious and often fatal secondary complications.

Case V.—Gunner J. L., æt 32, has been in hospital since the 11th of July with a low form of remittent fever, and he has complained during the last few days of diarrhœa and pains in the abdomen, the evacuations being frequent and of a serous or watery nature, without any admixture of blood or slime. About 4 a.m. of the 27th of July, 1876, the weather being at the time very close, sultry, and oppressive, and after having complained of a headache the previous evening, he began to cry out for a coolie, and he became immediately afterwards insensible.

When seen within a short time of the seizure by a medical officer his face had a collapsed, pale, and leaden hue; his eyes were deeply sunk in their sockets, the pupils were contracted, and the sclerotic was injected. The skin was dry, harsh, and burning; the breathing was oppressed; the pulse, very small and compressible, stood at 140; and the axillary temperature was 108°. Eight leeches were applied to either temple, the head was shaved and douched, and sinapisms were put on his calves. He rallied slightly under the influence of these measures towards 6.30. All the leeches filled well, the pupils began to dilate, and consciousness was partially restored. He became so sensible about 7 a.m. as to be able to understand what was said to him in a loud voice; he put out his tongue, which was furred but moist, and either laughed outright or repeated constantly "better," "better." The pulse was 148, and the temperature 103°, which was soon reduced to 102·4° by the douche, while the former became all but imperceptible. The douche was accordingly discontinued, notwithstanding which, however, the convulsive twitchings or movements, with which he had been so long afflicted around the mouth or along the extremities, persisted, and they were not influenced in any way by the quinine that was injected subcutaneously for their arrest or modification.

the pulse soon afterwards regained its normal tone, it stood at 124 about half-past 8, but the muscular tremor continued, and he drank some beef-tea with difficulty. The symptoms increased in severity towards 10, though the patient had been exposed meanwhile to the cooling blast of a thermantidote and ice had been kept on his forehead and temples. The temperature ran up to 105·4°, while the pulse reached 136; and it was noticed that though still able to answer questions when he was loudly addressed, the convulsive movements had become more frequent and protracted, while every attempt at swallowing induced a spasm of the pharyngeal muscles. The countenance betrayed at the same time an excess of fear or fright, and when the stream of water struck his chest he screamed with terror and endeavoured to evade or divert it. The convulsive disorder was indeed so great as to make his case more like one of hydrophobia than of sunstroke, and the resemblance was otherwise so striking as to attract general notice. There was no pulse at the wrist at 11.30, and he was evidently lapsing into a state of coma. The temperature stood about this time at 107·2°, and his convulsions recurred with such severity as necessitated a resort to artificial respiration; but all to no purpose, for he sank rapidly after this, and died comatose a few minutes before midday.

On examining the remains six and a-half hours after death the vessels of the convolutions were greatly distended with blood, and there was a considerable amount of blood-stained subarachnoid fluid at the base. The vessels of the surface were tortuous and reticulated and the grey substance was more congested than the white. Blood streamed from the puncta on section, and the colour of the choroid plexus was bright-red. The veins of the ventricles were engorged, but there was not much fluid in their cavities; and the officer who made this post-mortem concluded that he had never before seen such a mass of engorgemement as was displayed in the brain before him on this occasion. The lungs were collapsed and congested posteriorly, and there was only one ounce of serum in the pericardium. The vessels of the peritoneum were congested. The axillary temperature stood at 107° at the time here indicated, and it is much to be regretted it was not taken at the same time within the brain and chest.

Case VI.—Mrs. McL., æt. 35, had, when admitted on the 6th August, '77, as a result of previous illnesses, a worn, anxious look, a harsh dry skin, considerable thirst, and no little headache. Her condition, indeed, implied the existence of old-standing irritation, and her symptoms partook more of a remittent than of an aguish character. When summoned to her early on the morning of the 14th of that month, I found her suffering from an attack of sunstroke of an aggravated character. She was quite insensible; the pupils were clear and not contracted, and there were convulsive movements of the head, face, and extremities. She muttered or moaned incessantly, and the breathing was stertorous *ab initio*. The temperature was 108·4° about 4 a.m., while the pulse was 160; but both had been reduced, the former to 99, and the latter to 100 or 120, ere I arrived, by the use of the douche, and I simply ordered a purgative enema and sinapisms to the chest and legs. Brandy, largely diluted with water, was administered as opportunity offered, and quinine was also injected subcutaneously. She had used it in four-grain doses for some days previously, and I directed the subordinate to use the cold spray as often as, or whenever the temperature should reach 105°. She regained a glimmer of consciousness—enough to swear by, as a colleague remarked—about 10 a.m., when the temperature was 103°, and the pulse 133. The convulsive movements had also ceased, and, as the douche appeared to have reduced the strength to a dangerous degree, it was discontinued, and cold sponging was substituted for it. A bladder of ice was also kept on the forehead and temples, and when the supply failed, about 11 a.m., the scalp was shaved and blistered. She was also fed *per anum*, and quinine was injected in five-grain doses subcutaneously every third and fifth hour alternately. As the temperature rose again during the following night, the cold affusion had to be re-employed at intervals; but consciousness was at no time afterwards restored, and the thermometer still measured 104·6°, while the pulse numbered 150 about 1 a.m. of the 15th, *i.e.*, about 24 hours after her seizure. She began to sink soon after 2 a.m., but rallied a little towards morning under the fillip imparted by brandy, though the temperature could not henceforth be lowered below 103°. The change, however, did not last, and having become quite pulseless about 7, she expired quietly about 8½ a.m. the same day. On removing the calvaria about five hours afterwards, the superficial vessels of the brain were found to be distended with black fluid blood, and the superior longitudinal sinus gave exit, on being punctured, to a large quantity of the same material. The puncta were unusually prominent in the interior, and the vessels of the choroid plexus and circle of Willis were engorged with blood. There was little or no fluid in the ventricles, but there was a considerable quantity of a blackish blood-stained serum at the base, and the brain substance itself appeared to have undergone no change or injury. The lungs were structurally healthy, but congested, and there was some evidence of carnification towards the base of both posteriorly. The liver was but slightly congested, and the examination was not prosecuted farther.

*(To be continued.)*

## COLOUR-BLINDNESS IN RELATION TO THE MERCANTILE MARINE, RAILWAYS, AND THE PUBLIC. (a)

By C. F. MOORE, M.D., F.R.C.S.,

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Colour-blindness, chromo-pseudopsis, dichromic vision, dyschromatopsie, as it is well named by the French, or achromatopsia, has attracted attention of late as highly important to the multitudes that now travel by rail and water; even tramcar travellers possessed of this defect must suffer inconvenience when travelling after dark.

The navy, the army, the mercantile marine, and the railways have for some time adopted the precaution of testing the sight of their officials in respect to their power of recognising colours. The great importance of the subject need hardly be insisted upon before such an audience as the present.

Professor Longmore, C.B., in his "Instructions for Army Surgeons," divides the affection into two classes, congenital and amblyopic. The former, often hereditary, renders the subject unable properly to recognise diversity of colour, or even to perceive certain colours, and the latter signifies deficiency, perversion, or loss of colour-sense associated with morbid states of the retina.

The coloured types of Snellen have been used in the the army. Four colours were supplied. I exhibit a copy of these, and an additional in grey, which was also included. The mercantile marine has been using coloured cards and coloured glasses. Some of the railways also used the same means of determining these defects.

Dr. Swanzy, of this city, contributed a very full and interesting paper on the subject of colour-blindness at the Cork meeting of the British Medical Association last year. He points out that although the world was at first indebted to British investigators for any knowledge of the subject, namely, through the writings of (b) Young, Dalton, and Wilson, of Edinburgh, it is to the labours of ophthalmologists in Germany, in Norway, Sweden, and America, we have been of late chiefly indebted for information on this highly important and interesting study.

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(a) Read before a meeting of the Society of Metropolitan Officers of Health.

(b) Joseph Huddart, a century ago, drew public attention of colour-blindness, *British Medical Journal*, Nov. 22, 1879.

Mr. Lawson, in the last edition of his work on "Diseases and Injuries of the Eye," copies a coloured plate by Professor Holmgren, showing the mistakes made by the colour-blind when examined by his coloured worsted tests.

I have been favoured by a friend with the accompanying extracts from the *Irish Times* and from the *Portsmouth Times* on colour-blindness, that show the public are commencing to take an interest in this important question :—

"The Board of Trade have decided to institute examinations as to ability to distinguish colours, which shall be open to any person serving, or about to serve, in the mercantile marine. In future the examination of a candidate for a master or mate's certificate not holding a certificate of competency of any grade will commence with the colour test, and if he fails in that test he will not be allowed to present himself for examination in navigation and seamanship. Persons already holding certificates, and presenting themselves for examination for a higher grade, will be subjected to the colour test. Should they fail in this respect, and pass in the other subjects, they will be admitted to the higher grade, but mention of their colour blindness will be made in the certificates granted. Should they fail in the other subjects the same mention will be inscribed on the certificates already held by them. Candidates for examination in colour may present themselves on any day to the Examiner of Masters and Mates in Dublin, Cork, or Belfast, besides sixteen other ports in England and Scotland. The object of this arrangement is to exclude from the mercantile marine masters and mates rendered incapable by defective vision of accurately noticing signals and coast-lights in the night-time. It has been for some time past suspected, and in not a few instances proved, that Daltonism, or colour-blindness, is at the bottom of many accidents at sea, as well as in railway traffic. The new regulation will press heavily on persons holding certificates already, who may be found incapable of distinguishing colours, as few ship-owners would employ a certificated master noted as colour-blind; but the case is one in which it is evidently much better that the few should suffer than the many."

"COLOUR-BLINDNESS IN RAILWAY EMPLOYES.—The task of examining the five thousand employés of the Pennsylvania Railroad Company as to their power of distinguishing colours and forms was begun in Jersey city on the 1st of April. Acuteness of vision was tested by means of printed cards placed at a distance of twenty feet; also by means of small openings in a screen, illuminated on the further side. Many who successfully passed these ordeals failed signally in the colour tests. Three skeins of woollen yarn were used, one being light green, the second rose, and the third red. Each of these was placed on a table in front of the person examined, at a distance of three feet, and with the vision of either eye obstructed by a spectacle frame, the man was requested to name the colours; also to pick out a similar shade to one or other of the three specified from different skeins of woollen yarn, numbered from one to thirty-six. One young man correctly designated the test-skein as red, but on being told to select a similar shade from the skeins before him, he picked three shades of blue, two of yellow, and one of red. He could distinguish no difference, and the same thing happened to half-a-dozen others who followed him. The skeins in the row were then divided into three sets, with twelve numbers in each. Some men proved able to distinguish all the shades of green, but failed lamentably in picking out the different shades of red. The officers of the road were greatly impressed, it is said, by the results obtained."

I quote the following from Mr. Lawson's work :—

"Professor Pole, who was red blind, in narrating his own experiences of his own sight, says :—'A soldier's red coat or a stick of red sealing wax conveys to me a very positive sensation of colour, by which I am able to identify n a great number of instances bodies of this hue. If, therefore, the investigation of my experiences ended here, there would be no reason to consider me blind to red; but when I examined more closely what I do see, I am obliged to come to the conclusion that the sensation I perceive is not one that I can identify separately, but is simply a modification of one of my other sensations. It is, in fact, a yellow shaded with black or grey, a darkened yellow, or what I may call yellow-brown. I find that all the most common hues of red correspond to this description, and in proportion as they are more scarlet or more tending towards orange, the yellow I see is more vivid. The explanation I suppose is that none of such reds are pure—they are combinations of red with yellow; so that I see the yellow element of the combination, while the true red element of the combination is invisible to me as a colour, and acts only as a darkening shade.'"

It is worthy of remark that red-green blindness, the most common form of the defect, is that which most incapacitates seamen and signalmen for their duty, these two colours being those used at sea, the green being on the starboard, and the red on the port side of the ship. On railways, too, the green is the caution signal, and the red that to indicate danger.

Mr. Lawson observes the best method for examining for defects in colour sight is by means of Holmgren's coloured wools. They consist of a collection of small skeins of coloured Berlin wools, each of which is loosely twisted up. In this bundle is included wools of red, orange, yellow, yellow-green, pure green, blue-green, blue, violet, purple, pink, brown, grey, several shades of each colour, and at least five gradations of each tint, from the deepest to the lightest. These worsteds being placed on a table in a pile, the examiner lays aside a skein of the especial colour desired for the examination. He then requires the patient to select from the wools other skeins which most closely resemble the colour of the sample, and to place them by its side. The colour sight of the patient is decided by the manner in which he performs this task. (*a*)

Test 1.—Select as the sample skein the palest (lightest) shade of very pure green, which is neither a yellow-green nor a blue-green to the normal eye, but fairly intermediate between the two (see No. I. in Holmgren's coloured plate). If the patient makes mistakes, and matches the sample with light shades of grey, brown, or other light dissimilar colours, he is colour-blind (1-5).

The next test is to ascertain the form of colour-blindness.

Test 2.—A red mauve skein, (*b*) No. IIa, is chosen for the sample. The colour should be midway between the darkest and the lightest shade. If the patient matches it with blue or violet, 6, 7, or one of them, he is *red blind*. If he matches the red mauve with green or grey, 8, 9, or one of them, he is *green blind*.

Test 3 is a confirmatory test, and especially useful in examining the colour-sight of those employed in reading signals. Select a vivid red skein, like the red flag used for signals on railways, a bright yellowish-red, a scarlet, No. IIb. The red-blind will match the sample with a dark green or dark brown, 10, 11, with shades which to the normal eye are darker than the scarlet. The green-blind will select light green or light brown, 12, 13, to match the scarlet, shades which are lighter than the sample.

Failure to distinguish colours has arisen in some cases from over-exertion of the eyes, as in the case of one employed for a long time in a colour warehouse, who had been selected for the duty from his natural ability to discern various shades of colour.

Prof. Longmore records the case of a musketry-instructor who could not distinguish the red flag, or "danger-signal,"

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(*a*) The reading of the paper was illustrated by the exhibition of a copy of Prof. Holmgren's coloured plate, copied from Mr. Lawson's last work.

(*b*) This colour is described by Professor Holmgren as purple, "purpur (rosa)," and as containing in tolerably equal proportions the colours of red and violet, which is Holmgren's reason for choosing it as a test.—Holmgren, "Om Fargblindheten," p. 141.

at target practice by its colour, but only by its larger relative size. Also of a general officer who was necessitated from the same defect to ask a member of his staff whether a body of troops were dressed in red or blue; and again, that of a surgeon in civil practice, who for some time was affected with achromotopsia, during which period he could not distinguish red colours. A patient affected with scarlatina appeared to him to be of a yellowish tinge, as if he was suffering from jaundice.

The writer of this paper is acquainted with a gentleman who can only admire the beautiful form of trees and flowers, but cannot distinguish the rich varieties of red as seen in the gladioles from the rich greens of the laurel and other evergreens and trees.

When examining recruits for the navy I have had to reject a small percentage for colour blindness, and also when examining young lads for the railways.

It is very generally observed that females are less apt to suffer from this defect than males, for although Dr. Minder stated his experience as high at 1·3 per cent., other observers—Cohn, Magnus, Joy Jeffries, and Swanzy have found in an aggregate of 11·309 females but 5 colour-blind, equal to but 0·26 per cent. The colour-blind among men have been found to range from 2·87 to 6·6 per cent.

Colour-blindness may affect the whole, or more rarely, only part of the retina. Even in healthy retinæ the peripheral parts are not sensitive to red light. It is generally binocular, but may be monocular. The notice on Achromatopsia in the "New Sydenham Society's Lexicon" also states that probably from 2 to 5 per cent. of the total population are colour-blind to a marked extent. It must be obvious to every one how very important it is that all sailors and all employed as signalmen, engine-drivers, and railway guards should be carefully examined as to competency in this particular; and yet it is nevertheless a fact that the examination of masters and mates is alone required, the law in regard to the great bulk of seamen being merely permissive, and entirely a dead letter in the vast majority of cases.

Another matter needing reform, and to which I would ask public attention, is that the medical inspectors of seamen—one of whom is stationed at each large port in the United Kingdom—are not called upon to conduct those examinations, the matter being left to non-professional gentlemen.

It appears reasonable to claim every protection possible for travellers, as well as for the crews themselves, that science can afford, and surely it would be but common sense to require that every seaman, as well as the classes of railway officials to whom I have already named, should be carefully examined by a medical man as to their ability to see at least as well as a soldier, as well as to distinguish the several coloured signals used by night as well as by day. Every writer on this subject has dwelt on the oft-recurring loss of life at sea and on railways, in many cases, as it may not unreasonably be supposed, owing to defective vision in some form or other.

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# Clinical Records.

## MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B.

(*Continued from page 516.*)

*Fracture through the Head of the Tibia into the Knee-joint.*—A rather heavily-built man, a saw-miller, was admitted immediately after having been thrown out of a croydon, pitching in the fall on his left knee; considerable swelling and increased breadth of joint supervened at once. Manipulation elicited a general feeling of crepitus, but the parts were so extremely sensitive and so spasmodically fixed that chloroform had to be given to obtain a satisfactory examination, when the line of fracture was defined to traverse the head of the tibia longitudinally, splitting it into lateral halves. The earlier part of the treatment was on a "Liston" splint with carefully applied "tails" to the region of the joint, and a short scored inner splint. For several days ice bags were kept constantly applied to the damaged articulation. Subsequently the Liston splint was exchanged for a McIntyre. Thirty-one days after the accident the patient was removed to the care of his family medical attendant at home. There was then good union, no appearance of the trouble, and every likelihood of a mobile joint being preserved.

*Disarticulation of the Hip-joint (Two Cases).*

*A.—Recovery — Subsequent Death from Acute Phthisis.*—A lad, æt. 15, was admitted for knee trouble, the joint being flexed at a right angle, but not very painful. The condition was stated to be the result of a fall received three months previously whilst sliding. He was a delicate lad, of stubborn, sulky disposition, a "wet-a-bed," and accustomed to smoke. A few days after his entry to the hospital the joint was readily straightened under chloroform and the entire limb put up in a plaster of Paris case, and with a long outer slip splint so arranged as to keep both hip and knee at rest. For a considerable time there was marked improvement both locally and constitutionally, but some six weeks after adhesion the reverse condition suddenly began to obtain; the lad rapidly ran down with loss of appetite and heavy sweats; bed sores also threatened and were only prevented by the employment of the water cushion and constant watchfulness. No visceral disease either abdominal or thoracic could be detected. Eight weeks after admission amputation at the hip-joint was practised, the limb having been held up for some minutes and the return of venous blood facilitated by gentle rubbing towards the trunk; before the limb was lowered the tube of an Esmarch was cast round the groin. The integuments were divided as for a circular operation just below the lesser trochanter, and the soft parts cut down to the bone; all visible vessels were then secured, and as the elastic tubing was eased off any bleeding points were caught in hæmostatic forceps and seriatim secured. On the external side of the limb a cut was run to well above the apex of the great trochanter, and the knife following the motions duly given to the limb, the muscular insertions were readily divided and the head of the bone turned out. The Haversian body, which was diseased, and some carious spots on the inner side of the acetabulum, were gouged away; altogether less than four ounces of blood, and none of it from spouting vessels, was lost. The wound surface was dabbed with a 40-grain solution chl. zinc, and two drainage tubes were placed in position, one leading from the bottom of the acetabulum, the other running athwart the wound, which was then closed by interrupted points of catgut suture and the soft parts suitably supported by strips of adhesive plaster, pads, and bandages. The patient, very weakly before the operation, was profoundly shocked by it, and for a time required free administration of stimulants, together with the use of hot jars and sinapisms. Against evening he had rallied nicely. Three one-quarter grain hypodermic injections or morphia were given during the day, and secured ease and some sleep. Much clear fluid of synovial character escaped by the deeper drainage tube. There was also an abundant renal secretion. Next morning the patient was found to have slept well, his facial aspect was improved, and he said he felt nicely; p. 120. The deeper drainage tube still discharged profusely. The fourth day after the operation, though doing very nicely previously, the patient was found to have been delirious during the night and to have lost ground. The pulse numbered 140, the temperature 101·5°. The attack culminated on the sixth day in a severe sick stomach, after which pulse and temperature subsided, and notable improvement set in; the wound looked clean and well. All discharge had ceased from the superficial drainage tube, which was removed, the acetabular tube being left till the thirteenth day. Already there was a great deal of deep repair, and such portions of the surface as remained unhealed were healthy-looking. The patient was now able to be taken out daily to the garden; he looked well and gained flesh. For more than a fortnight he seemed to be thus doing satisfactorily, and was able to sit up for some time each day, the wound healed all to a single sinus corresponding to the exit of the acetabular drainage tube; from this a small quantity of healthy-looking pus continued to be discharged. All along, however, the pulse remained up, varying from 100 to 120. The report of the 32nd day after the amputation indicated that he was not so well, the appetite was getting impaired, and he flushed in the afternoon; a few days later the old tendency to bed-sore reappeared and a short cough began. From this time matters rapidly ran a downward course; food of any kind was loathed, and emaciation became progressively rapid. In another fortnight moist crepitation was patent at the apices of both lungs; the pulse was now often 130, and temperature 100·6°. Henceforward the case rapidly progressed to its fatal termination, death occurring fifty-two days after disarticulation. Autopsy, twenty-six hours after death, showed the lungs to be abundantly studded with miliary tubercles, many of them surrounded by deeply congested patches of lung tissue, specially in the right organ; the other viscera were of healthy appearance. Stump soundly healed except the sinus alluded to, which led down to a small surface whence the acetabular caries had been gouged away, but which, however, was in the process of repair. From frequent decubitus on the right side the outer portion of the cicatrix had partially ulcerated on the surface. Section of the stump showed its deep portions to be soundly consolidated.

*B. Fatal from Shock.*—Male, æt. 45, but older looking, had long complained of rheumatic pain in the left hip, the trouble gradually developing into well-marked disease of the articulation. The suffering was intense at times, amounting to extreme torture; the sensation of pain being, for the most part, referred to the knee, which was also the seat of local articular disease. As the affection progressed, an abscess burst on the outer side of the thigh on a line with the great trochanter, some inches below it. Considerable discharge continued to come from abscess opening which degenerated into an unhealthy ulcer. Any motion caused extreme pain, which, with loss of rest, and night sweats of most distressing character, had reduced the patient to a low ebb. The temperature of the affected limb became notably colder than that of its fellow, and when in the erect position [which, notwithstanding his excessive suffering, the man managed to the last to assume for some time daily, and to hobble painfully about on crutches], the foot, and a portion of the leg, became of a livid slate colour. For some time the use of morphia hypodermic injections had been habitual. During a consultation examination under chloroform, through the opening indicated above, the finger could be passed into a large jagged cavity, but could not be brought into direct contact with exposed bone, though the marked grating on rotation showed such to be extensively present. Some years since the patient had been the subject of hæmoptysis, but had recovered perfectly. No visceral disease of any kind was now to be detected. Pulse usually at or about 100. For a time surgical treatment, both constitutional and local, seemed to afford relief, and the general state rather improved; but this was evanescent, and when the operation was agreed to the patient had become reduced to a very low ebb, unable to eat, sleep, or rest, suffering from extreme discharge and profuse night sweats; bed sores also threatened. The urgency of the case was such that two days after coming into the hospital (*a*) the amputation was proceeded with, the steps of the operation being similar to those detailed as practised in the preceding case. When the limb was detached, a sequestrum, as big as an almond, was found lying loose in the articulation; it was a portion of the acetabulum, some further carious spots of which were gouged away. The arrangement for controlling hæmorrhage acted fairly well, but not at all as perfectly as in Case A; this was in consequence of the œdematous infiltrated and thickened state of the soft parts, making the compression less facile, keeping the mouth of the vessels patent, and enhancing greatly the difficulty of ligaturing them; during the different stages of the operation, in all twenty-seven ligatures of carbolised catgut were applied. The loss of blood was under eight ounces. For the first couple of hours the patient seemed to re-act marvellously, but he then became restless; respiration short and catchy. All treatment failed to obtain other than momentary attempts at rally, and death supervened seven hours after operation. The wound had been dressed much as in Case A, and there had been no further bleeding. The disease of the head of the femur was extensive, reaching as far down as the anterior inter-trochanteric line.

(*To be continued.*)

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At a General Court of the governors of St. Thomas's Hospital held on Wednesday last, a draft order of the Charity Commissioners authorising the admission of paying patients into the hospital was unanimously adopted.

# Department of Lunacy.

## THE CHESTER COUNTY LUNATIC ASYLUM —AN EPIDEMIC OF TYPHOID FEVER.

From the Report of the Chester County Lunatic Asylum, we gather that a serious outbreak of typhoid fever occurred in that establishment during the months of September and October last. Thirty-two persons in all were struck down by the disease, including the assistant medical officer, the chaplain, six male attendants, four nurses, nine male and six female patients, and five members of families of officers and servants residing on the Asylum estate. The chaplain and his wife and four male patients died of the disease. Coincident with the outbreak there was a good deal of diarrhœa and headache amongst both patients and attendants. It is noted as remarkable that no laundress, attendant, or patient who had anything to do with the foul linen from the typhoid patients, suffered from the disease, and that those who waited on the sick were equally exempt from it. After much anxious searching, and having satisfied himself that the water supplied to the Asylum was of good quality, and that no fault could be found with the manner in which the sewerage irrigation of the Asylum farm was conducted, Dr. Davidson, the medical superintendent, was led to examine the drains of the establishment, which had only recently been laid down upon what were supposed to be most approved principles. These he found in a shocking state. They were all more or less obstructed, and some were quite blocked up, while the odours emitted from them were overpoweringly offensive, and they were in this deplorable condition only a few days after flushing conducted by an engineer. Dr. Davidson has no doubt that the outbreak of fever was to be traced to the defects in the drains. "I have not the slightest doubt," he says, "that the large accumulation of fæcal matter found lying in and blocking up the drain pipes evolved pernicious gases in much greater quantity than the ventilating pipes could possibly carry off; and that these poisonous gases of necessity forced their way into the building through the traps of the water-closets and sinks, thus vitiating and poisoning the atmosphere of the wards." Without much fuller and more detailed information than is now before us we are not prepared either to adopt or repudiate Dr. Davidson's view; but on this point we are satisfied, that the outbreak of typhoid fever in the Chester Asylum ought still to be thoroughly investigated by competent persons unconnected with the Asylum. The theory as to its origin, which the medical superintendent and magisterial authorities have accepted, is at variance with the conclusion of some well-known authorities, and fails to explain some of the most important facts of the epidemic. How came it, for example, if the vitiation of the atmosphere of the wards by drain air was the cause of the epidemic, that the officers and servants of the Asylum and their families suffered from the fever in a proportion enormously greater than the patients? For the sake of sanitary science as well as for the interests of the Asylum and its helpless inmates, this isolated and circumscribed outbreak of zymotic disease ought to be thoroughly inquired into. Apart from the mortality due to typhoid fever, the death-rate of the

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(*a*) The removal from his own home having been satisfactorily effected in his bed on a stretcher in a furniture van.

Chester County Asylum for last year was far above the average of English Asylums, and the same has been the case in several recent years. Mr. Dodson is member for the City of Chester, and he would do well to employ some member of his able staff at the Local Government Board to explore a matter vitally affecting the interests of his constituents who live in close propinquity to this Asylum, where new drains are found to be hopelessly defective three months after their construction.

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# Transactions of Societies.

## ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

The ordinary monthly meeting of this Society was held at the Dental Hospital on June 7, Mr. Alfred Woodhouse, President, in the chair.

### HÆMORRHAGE AFTER TOOTH EXTRACTION.

Dr. **Walker** related the case of a man, æt. 38, the subject of hæmorrhagic diathesis, who had recently been under his care at the Westminster Hospital. When 19 years of age patient had an upper molar removed in the country; he was laid up for a week with severe hæmorrhage, and the actual cautery was used. Five years ago another upper molar was extracted. On this occasion he was treated as an in-patient at St. Thomas's Hospital for five weeks; various styptics were used, and the actual cautery was applied several times. For six or eight months after this he was subject to occasional hæmorrhage—sometimes profuse—from the spot. Dr. Walker had to remove a carious wisdom tooth, and a root of one of the previously extracted teeth, which had been left behind. The bleeding was arrested by plugging the sockets with cotton wool soaked in liq. fer. perchlor. The plugs had to be renewed next day, but the patient had after this no further hæmorrhage. He was discharged at the end of a week, but came to report himself several times afterwards.

### DENTAL DISEASE AND DISORDERED HEALTH.

Mr. E. **Canton** read notes of some cases illustrating the fact that carious teeth might be the unsuspected cause of serious illness. It was, for instance, well-known that imperfect mastication, due to carious teeth, was not an uncommon cause of *diarrhœa*; but it did not appear to be so generally recognised that *constipation* might be due to this cause, yet of this he could give many instances. A gentleman was brought to him for supposed cancer of the rectum, and a lady on account of supposed tumour of the spleen. The symptoms in these cases were due to large accumulalations of fæces in the rectum and in the descending colon respectively, and in both bad teeth and imperfect mastication of food were the real causes of the mischief. A course of purgative medicine and a set of teeth effected a complete cure in both patients. Another gentleman, æt. 45, suffered from spasms affecting the muscles of the front and inner side of the thigh. These were supposed to be due to spinal disease, but the real cause turned out to be an impaction of fæces in the cæcum, which pressed upon, and irritated, the anterior crural nerve. This patient was nearly edentulus, and a set of teeth relieved him of the obstinate constipation from which he had previously suffered. Accumulation of fæces in the rectum pressing on the origin of the left sciatic nerve was a common cause of *sciatica*, and imperfect mastication of the food was a strongly predisposing cause. Bad teeth and consequent imperfect digestion often caused a general state of weakness which rendered the patient an easy prey to any disease by which he might be attacked. Mr. Canton related the case of a gentleman who had been for a long time under medical treatment, and was said to be dying of "atrophy." He could find no evidence of organic disease, but as the patient's teeth were in a very bad state, he advised him to have a set made. This was done, and the patient steadily recovered his health without taking any more medicine. In women this low state of nutrition was frequently accompanied by barrenness. A young lady, who had been married for some time but had no family, was brought to Mr. Canton by her husband; she was thin and weak, suffered from indigestion, *and had very bad teeth*. Mr. Canton ordered her to have some false ones put in. The patient at once became stouter and stronger, soon became pregnant, and eventually had several children. Mr. Canton concluded by relating some cases confirmatory of the conclusions arrived at by Dr. Brunton in his paper lately read before the Society. In one case, a boy, æt. 19, was cured of epilepsy by exposing the crown of a retarded wisdom tooth; and in another case paralysis of the left leg in a young lady appeared to be due to a similar cause.

### DENTAL DISEASE AND NERVOUS DISORDERS.

Mr. **Mummery** then read notes of some cases in which diseased teeth had caused reflex disorders of the nervous system. A young lady came to him in January, 1878, complaining of severe neuralgia of the left side of the face, which had come on after the stopping of an upper molar some months previously. She had also become subject to marked external strabismus of the left eye. Mr. Mummery extracted the tooth, and when the patient again presented herself a few days afterwards both pain and squint had entirely gone. Ten months later the same patient presented herself in a still worse plight. She had again severe facial neuralgia; she had ptosis of the left eyelid, the pupil was widely dilated, and her hair was perfectly blanched to the extent of fully two inches over the left temple. Mr. Mummery found that the next tooth to that which he had extracted had become carious. He at once removed it, and in three or four days the eye recovered its natural appearance, and the pain ceased, but the patient still retains the patch of white hair on her left temple. Mr. Mummery related several other remarkable and interesting cases. In some of these apparently sound teeth had been the cause of reflex nervous disturbance, *e.g.*, cases in which the wisdom teeth had been retarded from want of room, and others in which exostoses had formed on the roots.

A discussion followed, in the course of which Dr. Bellisario, of Sydney, New South Wales, related some instructive cases.

Mr. Canton and Mr. Mummery having replied, the President closed the session with a short speech, and the meeting terminated.

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At a volunteer sham fight in the neighbourhood of Birmingham, on Thursday, one of the battalion surgeons was sitting in his tent during a violent storm, in company with a lieutenant and a servant, when a flash came and knocked both the latter down. The surgeon and lieutenant were uninjured, but the servant was unconscious for several minutes.

The Government bill which proposes to abolish the power of fining and imprisoning parents more than once for non-compliance with the order to have their children vaccinated has begun to excite the attention of the Poor-law guardians. On Thursday last the chairman of the Manchester board, in moving a resolution in favour of petitioning against the bill, denounced the Government proposals as monstrous. We hold a similar opinion.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 22, Bombay 34, Madras 37; Paris 28; Geneva 25; Brussels 23; Amsterdam 22, Rotterdam 19, The Hague 25; Copenhagen 22; Stockholm 32; Christiania 19; St. Petersburgh 47, Berlin 34, Hamburg 23, Dresden 24, Breslau 33, Munich 35; Buda-Pesth 40; Rome 30, Naples 34, Turin 27, Venice 23; Alexandria 45; New York 26, Brooklyn 21, Philadelphia 18, and Baltimore 25 per 1,000 of the populations. Small-pox caused 42, and typhoid fever 19 deaths in Paris.

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WEDNESDAY, JUNE 30, 1880.

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## FRATERNIZATIONS WITH HOMŒOPATHS.

THE relations of the profession with homœopaths have been recently the subject of a most animated and important controversy in Dublin, and, as a definite and, we hope, a final opinion, has been expressed by the Fellows of the Irish College of Surgeons and by the Council of that body, the matter comes to be eminently deserving of discussion by the profession and of comment in these columns. In the month of August, 1861, the scandal of open professional association between Fellows of the Irish College and other legitimate practitioners with homœopaths had grown to such proportions that a strong feeling in the profession was aroused. Certain leaders of the surgical profession were then to be seen in daily fraternization with irregular practitioners, meeting them as consultants in the sick-room, and, presumably, aiding and advising them in their treatment and modifying their own therapeutic method so as to meet the bias of the patient and the special tenets of the infinitesimalists; and the public had begun to assume that there was nothing at all irreconcilable between scientific medicine and Hahnemannism, and to discover that there were surgeons of admittedly high rank who were quite willing to accept fees for consulting with homœopaths, and, if necessary, to make their prescriptions suit the theories of patient and infinitesimalist.

But, then as now, the Irish College of Surgeons was equal to the occasion, and was not awed into toleration of this fraternization by the fact that the surgeons who drove this sort of trade were nominally leaders of the profession. Accordingly, the Council, after much deliberation, adopted the following ordinance, which, by virtue of the College Charter, becomes absolutely binding, and disobedience of which would have subjected a Fellow or Licentiate to formal censure and even to expulsion from the College:—

> "No Fellow or Licentiate of the College shall pretend or profess to cure diseases by the deception called homœopathy, or the practices called mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method.
>
> "It is also hereby ordained that no Fellow or Licentiate of the College shall consult with, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable by physicians and surgeons; nor shall he directly or indirectly have any professional communication with such persons."

The ordinance thus adopted was then and since sent to every Fellow of the College, and has remained in full force for nearly twenty years, and its effect has undoubtedly been to restrain Irish surgeons from open association with homœopaths, and to restrict the practice of these persons to patients who are content to trust themselves to the sole ministrations of the followers of this line of practice.

Recently the subject was revived, and became the focus for much controversy, and, in view of a particular case in point, was brought under the notice of the Irish College of Surgeons at its annual general meeting on the last Monday in May. Then and there with but one dissentient voice (that, we regret to say, of a senior member of its Council, an ex-president, and a high official of the College) the Fellows re-affirmed the foregoing ordinance, and their powers being restricted to a recommendation to the Council, did then and there recommend the College Executive to increase the force of the prohibition by adding to the ordinance the words "or directly or indirectly have any professional communication with such person." At that meeting of the College a forcible legal objection to the ordinance was started by the representative of the College in the General Medical Council, who pointed out that it was at variance with the 23rd section of the Medical Act. That section provides that—

> "In case it shall appear that an attempt has been made by any body, entitled to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery, as a test or condition of admitting him to examination or of granting a certificate . . . . the Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice."

The College had, of course, never thought of putting any question to a candidate for its licences as to his intentions as to practice, but, by its Charter, it required all Fellows and Licentiates to obey the College ordinances, and inasmuch as the prohibition against quack practice was one of these ordinances, it was held that the College law was at variance with the Medical Act.

The recommendation of the College at large was submitted to the Council at a special meeting on Wednesday last, and thereupon two notices of motion were placed on the order paper. The first of these was in the following terms:—

> "That the ordinance of Council of the 22nd August, 1861, be and it is hereby rescinded, and instead thereof it be now resolved—That it be an ordinance of the Council that no Fellow or Licentiate of the College shall seek for business through the medium of advertisements, or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person who professes to cure disease by the deception called Homœopathy, or by the practice called Mesmerism, or by any other form of quackery; or who follows any system of practice considered derogatory or dishonourable to physicians and surgeons.
>
> "And be it furthermore resolved, that in the opinion of this Council, it is inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College to engage in the practice of Homœopathy or Mesmerism, or any of the forms of quackery as hereinbefore set forth."

It will be observed that this resolution was intended to confirm and comply with the recommendation of the Fellows, for it contains the words suggested by the College at large. It was also intended to obviate the legal difficulty which had been raised, and it does so by making the practice of homœopathy a matter simply of the condemnatory opinion of the College, while it leaves the consultation with homœopaths a subject of absolute prohibition and of collegiate censure. It will be seen, therefore, that while the Council was obliged to modify its ordinance in deference with a law which it neither assents to nor approves, it was asked to do so in such a manner as to leave its disapproval of homœopathic practice as clear as ever, and to emphasise its prohibition of fraternization with homœopaths.

To this motion an amendment was moved to strike out all words after the word "method" in the fifth line, the effect of which would have been to withdraw all prohibition, and to license all forms of fraternization with quacks. We learn that after a prolonged debate, at which the whole Council, save one, were present, the amendment was negatived without a division, and the motion unanimously adopted.

Thus the Fellows of the College and its Council have deliberately pronounced their determination not to tolerate in any form the professional association with quacks by those under their control; and we venture to hope that this decisive expression of opinion will settle the question for many years, and will be accepted by the homœopathic practitioners, and by those who covet the patronage of such persons, as a final verdict against them, and a warning that the surgical profession in Ireland will not "touch the unclean thing" under any circumstances. We are gratified and even proud that the higher professional morality of Irish surgeons should have thus asserted itself, and we congratulate the profession on its escape from the proposition that all forms of quackery should be admitted to open public association with them. We are, of course, quite prepared for the howl of "trades-unionism" which will be raised by the homœopaths—their medical backers—and by the very voluble old lady talkers who support these practitioners. Such a cry is the only possible answer to the emphatic pronouncement of the Irish College of Surgeons, but for any person who is informed as to the tenets of homœopathy it is no answer at all.

We need not refer to the principles and practice of homœopathy further than to say that if they be even partially true, the therapeutics of scientific medicine must be a criminal deception fraught with death and misery to our patients. It is absolutely and physically impossible that a practitioner can truly believe in or honestly practise both systems, and it is against the dishonesty of attempting to do so that the Irish College of Surgeons has pronounced its anathema. Let us say for the sake of argument that homœopathy is enlightenment and scientific truth—the therapeutics of our profession are a system of stupid prejudice and rank ignorance. If this be so, it is right and wise to treat sick people with billionths, and to proceed to cure the disease with what makes the disease. Upon this question the Irish College of Surgeons has not sought to express any opinion, and will not enter into controversy; but it has a perfect right, without pronouncing judgment upon what we will suppose to be matters of scientific opinion, to declare that its Fellows and Licentiates shall honourably fulfil their duty to their patients according to their lights.

That duty cannot be honourably fulfilled if the physician or surgeon descends to a compromise with error, and, we will add, with fraud, in order to earn a consultation fee or satisfy the vagaries of the patient; and it is against the dishonour involved in such a surrender of principle that the College has declared its ban. The Council is the appointed guardian of the "reputation, honour, and dignity" of the College, to observe which the Fellows and Licentiates have sworn, and though one or other of these may forget that to which he has solemnly bound himself, the profession cannot forget what is due to itself. It owes to itself to keep even the skirts of its robe unsullied by contact with a monstrous deception, and it cannot fail to put away from its pale those who are soiled by such contact; and, in our opinion, the Irish College of Surgeons has done no more than its duty and no less than was expected of it, when it holds out the penalty of its censure over those who might yield to the temptation.

## THE INFLUENCE OF FAMINE ON THE GROWTH OF POPULATION. (a)

Since the year 1770 India has never witnessed so great a famine as that of 1876-77. On the latter occasion the area over which drought and scarcity extended included nine or ten of the revenue divisions of the Bombay Presidency; fourteen out of twenty-one districts of the Madras Presidency; nearly the whole of Mysore, and the South and East portion of the Nizarm's dominions. In 1871 the population of the Madras Presidency was 31,597,872. Of the total adult male population 85 per cent. were engaged in agriculture; the great majority of the cultivators in the position of the peasant proprietors having small holdings of less than twenty acres. The *ryots* or farm labourers are paid their wages in grain, not in money; the quantity, four to five pounds of cleaned grain, and often more. They have the privilege of cultivating vegetables and oil nuts, and besides are entitled to a percentage on the yield of the harvest. In the slack season they work for themselves for pay; thus in ordinary years their lot is by no means a bad one. Contrary to the ideas of many persons, rice is not eaten by the labouring poor in Madras except as a luxury; their ordinary food grains are the produce respectively of *Eleusine corcorana*, *Eirghum vulgare*, *Pencillaria spicata*, and several species or varieties of *Panicum*. All these except rice grow without any further irrigation than slight watering: the rice crop, however, requires abundant irrigation. The Madrassee *ryot* will eat almost any kind food. To him milk, curds, and butter are so essential that their source, that is the cow, has from this circumstance been from the most ancient times held sacred by the Hindoos. During the famine, too, the flesh of cattle dead by disease was by no means rejected. The quantity of the grains named that a healthy adult labourer consumes daily is never less than 1½ lb. to 2 lbs. when he can get it, for this is a point which depends somewhat upon the size of the family he has to support. Another class of labourers, chiefly those engaged in digging tanks and wells, receive their wages in money. As a rule the natives do not eat new grain; rice does not keep well and is never stored in large quantities, but the other grains enumerated keep well and are therefore stored away in quantities sufficient for three or four years, but in the case of the former classes, for a shorter time in accordance with their requirements. This plan of storing grain no doubt prevented the late famine from being far more disastrous in its results than it was, and that was quite bad enough.

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(a) "Fifteenth Annual Report of the Commissioners for Madras. 1878."

There does not appear to have existed any apparent connection between the famine and the density of population; it began and was most severe in districts where the population scarcely averaged 150 persons to the square mile, as Nellore, Cuddapah, Bellary, and Kurnul. On the other hand, Tanjore, with 540 persons to the square mile, and Malabar, with 376, suffered no abnormal loss of population as a result of dearth; neither did Trichinopoly and Tinevelly, also with somewhat dense populations. Famines tend to reduction of population—1. By causing excessive mortality of the living; 2. By diminishing the fertility of the population. Thus, whereas in 1866—also a famine year in Madras—the rate of deaths per mille of population was 26·9, as against 15·6 to 23·3 in ordinary years, it was 53·2 in 1877, falling in 1878 to 27·8. The rate of births, 18·5 per mille in 1869—that being the first year in which registration was first introduced—varying upwards to 21·6 in 1876, fell in 1877, namely, the year of actual famine, to 16·3, and in 1878, the year immediately following its greatest severity, to 11·9. The actual rate of births in ordinary years among the native population of Southern India is considered to be 30 per 1,000; but from various circumstances, only the proportions already noted are registered. Among the wives of British soldiers in India the annual ratio of *pregnancies* to strength is about 22·1 per cent. During the famine it was remarked that many of the children born in relief houses were in an extreme state of emaciation; that, in fact, they seemed as if starved *in utero* by the defective nutrition of their mothers. In proportion to the intensity of famine in particular areas, the births decreased, and the fewest births were invariably recorded in the nine months subsequent to the greatest famine pressure. With the decrease of famine pressure the birth-rate began to improve.

In the four *non-famine* divisions of the Presidency—67·4 per cent. of the villages, the population had increased, and in 31·8 per cent. it had declined since 1871. In six *famine* districts it had increased in 19·3 per cent. of villages, and decreased in 81·1 per cent. The Salem district was looked upon as a typical one in respect to the famine, and in it a loss of population since 1871 had taken place in 85·4 per cent. of the villages, a gain during the same period in only 13·6 per cent. In country towns within the famine area the population had generally decreased, unless relief works or poor-houses were in operation at the date of the census to account for any additions to the population. In towns outside the famine area the populations had invariably increased. One result of the famine was to cause greater wandering of the male population of the famine area than took place in ordinary years. They exhausted their energies sooner than did the women, and died in a ratio of 20 per cent. in excess of the latter. From calculations made by Surgeon-General Cornish, he estimates the loss by famine as *considerably more than three* and a-quarter millions of lives, or, making allowance for the births, a total decrease of population in the famine station districts of not much less than three millions of inhabitants.

## VACCINATION IN DANGER.

Mr. Dodson, President of the English Local Government Board, has introduced his Bill—of which we gave warning last week—for the purpose of abolishing repeated penalties against persons who persist in breaking the existing law of vaccination. The Bill is practically a one-clause measure, and runs as follows:—

"After the passing of this Act no parent of a child shall be liable to be convicted for neglecting to take or to cause to be taken such child to be vaccinated, or for disobedience to any order directing such child to be vaccinated, if either (*a*) he has been previously adjudged to pay the full penalty of twenty shillings for any of such offences with respect to such child, or (*b*) he has been previously twice adjudged to pay any penalty for any of such offences in respect of such child."

Mr. Dodson, in his recent speech on Dr. Cameron's Animal Vaccine Resolution, endeavoured to make it evident that he believed in compulsory vaccination and altogether disapproved of any measure for its abolition. Nevertheless, it should be distinctly understood that his Bill—introduced with this preamble—is neither more nor less than a measure for the removal of all compulsion to vaccinate, and for enabling every person who desires to do so to neglect to or refuse to have their children vaccinated. To the public and the profession it is altogether immaterial whether or not Mr. Dodson seeks this object. The effect will undoubtedly be as we have stated it, and the profession is as loudly called upon to interfere as if the President of the Local Government Board sought to repeal all vaccination law.

We, therefore, have to call the professional organisations, Colleges, Associations, and even the General Medical Council, to arms to oppose this Bill in both Houses with all their energy, and to aid in driving it out of Parliament in ignominious defeat. The whole influence of the profession should be put forth upon this subject—one upon which no difference of opinion can exist amongst us. The voice of scientific medicine must be exerted with no uncertain sound. We can hold out every hope that the Bill will be readily defeated if the profession acts with energy, and we hope that not a moment will be lost in making the attack.

We are glad to see that Lord R. Churchill and Mr. Baring have put down notices of their intention to move the rejection of the Bill, the object of which is to abolish the cumulative penalty for non-vaccination.

# Notes on Current Topics.

## The Harveian Oration of 1880.

THE delivery of the Annual Oration at the Royal College of Physicians was entrusted to Dr. W. Ogle, a Censor of the College, and Consulting Physician to St. George's Hospital. In his discourse the orator referred to Harvey as the chief ornament of the College, and touched lightly upon the great teachers and investigators who had worked up towards that discovery which made our countryman so noted. Among Greek teachers Homer had decided notions respecting the blood and the atmosphere; and said that venesection was employed by the Greeks during the Trojan war. Hippocrates examined animals and made out important points concerning the vessels. Aristotle gave the name of aorta to the vessel now known by that name. In the school of Alexandria human dissection was encouraged; investigations were made on the valves of the heart. Greek physicians carried their learning into Rome, and the heart was supposed to contain the soul. Galen looked on the blood as being elaborated by the liver. The heart was first recognised by him as a muscular organ, but he did not see that the blood was propelled by its movements. He demonstrated the valves of the heart, and discovered the foramen ovale. He thought that a spirit was derived from the left auricle, and in a way discovered a difference between the arterial and venous blood. Passing over Sylvius, Vesalius recognised there was no direct communication between the sides of the heart. *Servetus*, made advances by experimental research; made out that the blood found its way from right to left side of heart, through lungs, and, in passing, became arterial, from venous. He described the pulmonary circulation, but the systemic circulation was unrecognised by him. He referred to natural spirits passing from arteries into veins without noticing the capillary circulation. One step led to another.

Harvey made few experiments, but they were decisive. One of his chief was, the mechanism and use of the heart itself. Predecessors had come closely to Harvey's, but they had false theories, and failed to recognise the actual fact upon which so much has since resulted. It is interesting to notice that Harvey had heard the actions of the heart by applying his ear to the chest. Harvey demonstrated the capillary connection between arteries and veins in choroid plexus umbilical vessels. Suffice it to say, our knowledge of transfusion depended on Harvey. His works on Generation are of overwhelming interest, and the College library shows that he worked on several subjects, the records of which have been lost by fire, among which is "Generation of Insects." Dr. Harvey's teaching was essentially experimental.

Dr. Ogle was led on from this subject to the question of vivisection of animals. He said that anti-vivisectionists put forward three reasons for objecting. 1. That it was not sanctioned in Scripture. He gave quotations from the Scriptures to show that God intended animals for the purposes of man, and added that they were by ordination of God sacrificed for man. 2. Not one scientific point or curative agent has been discovered by experiments on animals. The orator referred the circulation of the blood to Galen, Harvey, and others, carefully describing the results of the experiments on animals out of which the greatest discoveries resulted. Galvani made his discoveries by experiments on frogs. He said, in contagious diseases it seems necessary that experiments should be made, and the action of various poisons must be tested by experiments on animals. The 3rd assertion of the anti-vivisectionists is that experiments on animals are demoralising. In reply to this, the lecturer referred to field sports, cock-fighting, bull-baiting, &c., in refutation; but he granted that legislation was allowable. 481 experiments had been performed in 1878; only 280 in 1879, and stated that at a certain hospital, experiments on a most important investigation had not been carried out owing to the risk of bringing that hospital into public notoriety.

## Class Legislation in the Army.

IT is strange how hard a thing it is for those who frame the rules which govern the various classes of officers in the army to realise the fact that there is at least one attribute in common to all, viz., human nature, and that however diversified may be the regulations which deal with the details of the several branches, yet that all should expect to have equal justice in the broad questions which affect the health and prospects of each.

But a short time since Mr. Meldon called attention in the House of Commons to the exacting nature of the conditions which relate to exchanges between medical officers, and now there is brought to notice a state of things with regard to the differences of treatment of officers who have incurred sickness in and by the service which is all but incredible.

In the Army Circular of March last, it is laid down that a *combatant* officer who is placed on half-pay on account of sickness incurred by the service shall be permitted to count one year as full-pay service towards retirement. Yet by the use of the word "combatant," and the omission of all reference to so-called non-combatant, or departmental officers, the following climax of injustice is attained: that while a combatant officer, who catches cold on parade in the Long Valley, at Aldershot, and is injured in health thereby, may avail himself of this very just compensation; a medical officer, or other non-combatant, who is broken down by the effects of active service in the field, or from the influence of a pestilential climate abroad, is permanently excluded from all participation by the narrow-minded distinction implied in the word combatant.

Surely combatants and non-combatants are exposed alike to the ills the flesh is heir to, and nothing can be more unjust than to prevent the latter from sharing in the recompence provided for the former.

## The French Society of Hygiene.

DR. PIETRA-SANTA asks us to announce that the competition in "Hygiene and Physical Education of Childhood" is postponed to January 1st, 1881. The regulations are as follows:—The first question is on the hygiene of childhood up to the school age, that is from two to six years of age, in cluding everything connected with hygiene properly so-called, comprising therein the normal development of the organs of sense, but without touching on infantile preparatory school discipline. The second question is on the hygienic and school discipline of a model asylum. The hygienic part must relate exclusively to the asylum ward. The disciplinary portion should have exclusively for its object the harmonious development of the body and the mind.

*General regulations and formalities.*—The two preceding questions constitute two quite distinct competitions, each rewarded by a gold medal, a silver medal, and three bronze medals. Memoirs, which may be written in *French*, *English*, *Italian*, or *German*, should be addressed in Academic form to the office of the Société Francaise d'Hygiene, Rue du Dragon No. 30, Paris, before January 1st, 1881. Authors who reveal their identity either directly or indirectly will be excluded from competition. The memoirs should not exceed in length thirty pages of type, 12mo. size. The successful essays will become the property of the Society, which may print them either completely or in part; the name of the prize winner will be printed at the head of each work, which will be as widely circulated as possible.

## King's College.

ON Friday, at King's College Hospital, Professor Lister performed osteotomy upon a little girl, aged about three, affected with a moderately severe degree of ricketty deformity.

Before proceeding to operate, he remarked that in such a case the operation would not usually be considered justifiable.

Procedures for the relief of comparatively bearable deformity should only be attempted when unattended with danger to life. Under such antiseptic precautions, however, he believed that the operation of osteotomy was quite safe.

The child having been placed under the influence of chloroform, a longitudinal incision, less than an inch long, was made down on to the fibula, opposite the narrowest portion of the tibia, dividing everything down to the bone, including the periosteum. A narrow blunt raspatory was then introduced, and carefully made to separate the periosteum from the bone. The fibula was then divided by means of a pair of small cutting pliers, carefully introduced between the bone and periosteum.

An incision of similar extent was now made, at the same level, down on to the anterior border of the tibia, the periosteum separated as before, and a strong narrow chisel introduced. By careful blows with a hammer, the chisel was made to partially divide the tibia, which was thus completely fractured by manual force. The wounds were then dressed after the usual antiseptic method, and fixed in position on a back splint. The procedure was then repeated on the other leg. Only a few drops of blood were lost in either operation.

During the subsequent visit to the wards, we saw dressed a case of ventral hernia, in a middle-aged patient, and one of plastic operation on a little girl for the removal of deformity produced by the contraction of the cicatrix of a burn of the front of the neck. Both wounds presented the immunity from inflammation and discharge which is so characteristic of this method of dressing.

In contradiction to the usual statement that antiseptic dressing prevents union by first intention, Professor Lister pointed out that a portion of the wound of the plastic operation had, in the space of four days, completely united.

We also saw a patient who had been operated on for the evacuation of millet-seed bodies from a compound palmar ganglion, and whose other wrist-joint had, a short time before, been excised with excellent result.

In conclusion, we can but remark that, whatever can be done by other methods of dressing, the results were such as, if equalled, could hardly be surpassed.

## Anti-Vaccination.

THE efforts of the obstructors of hygienic advance continue unabated in the way of raising obstacles against the working of the law which insists on the universal adoption of the only safeguard against the spreading ravages of small-pox. It is a pitiable confession that even now there are to be found men of education and ordinary intelligence on most subjects who persist in the mistaken views that form the basis on which the "Anti-Compulsory Vaccination League" is founded. A certain amount of amusement can be gleaned from the ignorant utterances of the lay leaders of anti-scientific opinion; but this is tempered by a knowledge of the undoubted evil influence exerted on the undiscriminating masses who are content to give an unthinking assent to whatever is put before them in the guise of a plausible fallacy. Even in the House of Commons there is a considerable minority of men so ill-informed on the principles and necessities which guide the operation of vaccination that they can occasionally give vent, in seeming good faith, to such expressions as "it will be necessary in the face of the medical officialism of the Local Government Board and of the fanatical belief in vaccination which centres in the breasts of the unthinking, and I regret to say, wealthier classes, to keep up unrelaxed effort." Again and again are the views which find expression in the fanatical and nonsensical utterances of the platform orators who denounce vaccination, thrust upon the ears of audiences ready to be led by any one who thinks it worth while to claim their sympathies. The most vital arguments against the action of the opposing school is that it is initiated in absolute ignorance, and maintained without knowledge of the natural laws a consideration of which is essential to a true comprehension of its *rationale*. The original apathy of the profession is to blame, to some extent, for the prejudice which now exists against vaccination; and it should combine in united protest against the unwisdom which directs the suicidal action of the uncompromising anti-vaccinator.

## Pay-Patients at St. Thomas's Hospital.

THE scheme for admitting paying patients to certain wards at present unused in St. Thomas's Hospital, and which was submitted by the governing body of the charity to the Charity Commissioners, has received the approval of the latter body. At a General Court of Governors, held at St. Thomas's Hospital last week, £500 was authorised to be expended in fitting the wards to be thrown open under the new arrangement for the reception of patients. The Charity Commissioners have named ten years as the time during which the trial of the new plan shall be made; the number of patients to be admitted under the paying system being 41, at a rate not less than 8s. per day, and 52 at a rate not less than 3s. There can be little misgiving that the scheme will be unsuccessful; the demand for skilled hospital treatment amongt those willing and able to pay for the advantage being daily on the increase. We referred very recently to the opening of the first "Home Hospital," and it will be interesting to note the relative favour accorded to the two places, the one being surrounded by all the circumstances of hospital life, the other being more especially a "home." Under each system the fixed charges are solely those for nursing and living, and do not include fees for medical attendance, the choice of which will be made by the patients on their personal agreement with the attendant. One point of importance in connection with the working of the plan at St. Thomas's is the almost absolute certainty that it will be attended with advantage to the indigent class of patients, who will benefit by the increased income derived from the utilisation of the hitherto idle wards by wealthy patients. It is to be hoped, too, that Dr. Carpenter's suggestion for receiving paying-patients who would prefer paying a small sum of one, two, or three shillings per day, rather than be entirely dependent on gratuitous aid, may ere long find adoption in our large hospitals.

## A Bradley Memorial.

A MOVEMENT is on foot in Manchester to establish a memorial scholarship in honour of the late S. Messeuger Bradley, whose lengthy and valuable services to the Royal Infirmary and School of Medicine are thought to be worthy of some such recognition. In furtherance of this end a meeting of medical men in Manchester was held last week under the presidency of Mr. Lund, when it was decided to found a scholarship of clinical surgery, to be called the Bradley Scholarship, in the Manchester Infirmary. About £170 has already been promised, the amount required to enable the committee to carry out their object being estimated at £750. Mr. Bradley's writings and labours in surgery are known to many outside the scene of his personal work; and, doubtless, they will be glad to testify their appreciation of his services by assisting the attempts now being made to perpetuate his memory. Mr. Walter Whitehead, of St. Anne's Street, Manchester, Secretary *pro tem.* of the Bradley Memorial Committee, will receive subscriptions towards the fund.

## The London College of Surgeons and the Conjoint Scheme.

LIKE the millennium, the conjoint scheme is one of those consummations most devoutly to be wished for, but ever, to all appearance, flitting further and further from achievement. During the last Parliamentary session there appeared to be some vague hope of the scheme becoming law, but now the change of Government has again thrown the matter back. Although the question is in no way a party one, and is no doubt viewed in pretty much the same light by both Liberals and Conservatives, the press of business inseparable from a change of Government will, we fear, unavoidably cause the question of medical reform to be relegated to the indefinite future. Under these circumstances, it is in no way astonishing that the licensing bodies of England should wish to take some action, if only temporary, to obviate the present very unsatisfactory state of matters. Accordingly, we find that the Council of the College of Surgeons have during their last two sittings been occupied in the consideration of the matter. On the first occasion the Council passed a resolution withdrawing from co-operation in the conjoint scheme. On the 10th inst., however, this resolution was not confirmed, and an amendment was made that "in view of the uncertainty respecting the present conjoint scheme, the Council should give notice to the several co-operating authorities in England of its intention to make arrangements, alone, or in conjunction with other bodies, to hold a complete examination to be passed by all candidates for the diploma of membership." This is of course equivalent to an invitation to other corporations to combine with the College of Surgeons in giving a complete qualification in medicine, surgery, and midwifery for one series of examinations. It is much to be hoped that the College of Physicians and Apothecaries' Hall will see fit to accept this invitation. The present system is vexatious and wasteful of time and money alike to examiners and candidates. At present, if a candidate wishes to become M.R.C.S., L.R.C.P., L.S.A., he will, if he first present himself at the College of Surgeons, have to be examined thrice in medicine and twice in midwifery and forensic medicine. A combination of the three authorities would thus greatly lessen the cost of examining, as in place of three staffs of medical and two of surgical examiners, one only of each would require to be maintained, and the expense to the candidate might be proportionately reduced without lessening the receipts of the Corporations. Such an arrangement, however, will in no way lessen the necessity for the establishment of a uniform system of examination for the whole kingdom, and should be avowedly merely a temporary measure to stop the gap that must necessarily intervene before the conjoint scheme can become an accomplished fact.

## Phthisis in Egypt.

DR. AMBURGER has, in a short journey from place to place in Egypt, collected some data respecting the diffusion of phthisis there. In Upper Egypt it was formerly almost unknown, whereas in the Delta it is spreading. But then it is especially the large towns which produce it. In Cairo also, on the border between the Delta and the desert, there is always much catarrh, bronchitis, and chronic pneumonia. As causes the change of climate from increased cultivation of the soil must be considered of consequence. Dr. Reil and Abbate Bey have made observations that immigrants suffer from phthisis, both those from the north and from the south. Hereditary transmission is rare. None of the physicians have observed any contagiousness in phthisis, although here this would be remarked, as the disease is at present but little naturalised. Investigations on this point were made by Dr. Amstislavsky. The author adds a description of the baths in the desert of Helouan. In them are found especially sulphur springs of a temperature of 34° R., similar to those of Aix-la-Chapelle. There is also a spring of saline water which is laxative. For consumption, residence in Helouan is favourable, because the climate is very equable, and the air free from dust, on account of the hard rocky soil of the Arabian desert. On the whole, Helouan is shown to be indicated for cases of chronic torpid consolidation of the lungs. It is not recommended for those liable to hæmorrhage.

## What is it all About?

A Personal appeal to every member of the British Legislature, dated May 1st, has also been sent to us. We have taken some little time to consider whether really we can find out the precise object in favour of or against which that appeal is made. At last a faint light pierces through the declamation by which the meaning of the document is concealed. The writer of the appeal is opposed to the Contagious Diseases Act in England, seemingly for the reason that an Act of somewhat, but not altogether, similar kind, in Hong Kong, was *there* worked not only badly, but in quite an illegal manner. He says that a few months ago he was profoundly ignorant about that Act, and that being so, he approved of it; also that since then circumstances led him to study it. There is nothing more dangerous than *a little* learning. We would suggest to him that he persevere, and we doubt not that by-and-by, and especially after he has read the articles on the subject that have lately appeared in these pages, he will become an ardent supporter of the Act in question.

## Vivisection.

The report from the inspectors of the number of experiments performed on living animals during the year 1879 under licences granted under the Act 39 and 40 Vic., cap. 77, distinguishing painless from painful experiments, issued last week, shows that the total number of experiments performed under the licences and certificates was about 270. Dr. Busk says:—"The number of experiments in which there is reason to believe that any material suffering was caused appears, from the statements received from the operators themselves, and from my own consideration of the nature and probable effects, as regards the production of pain, of the experiments under the certificates to have been about twenty-five. Of these, fifteen were cases in which disease followed the inoculation of infectious matter, but in which no painful operation was performed; and ten were experiments upon as many frogs, in which an incision of the skin was required for the introduction beneath it of a medical substance. In none of the other experiments under these certificates, as I am assured by the experimenters, was any appreciable suffering inflicted. As in all other experiments except those done under the above certificates, the whole proceeding is conducted whilst the animal is in an unconscious condition; no pain is inflicted if the provisions of the Act are duly observed, and this there is no reason to suppose is not in all cases carefully attended to."

## Filters.

The report has recently been issued, giving the results of the inquiries conducted by Professor de Chaumont, of the Army Medical School, at the Royal Victoria Hospital, Netley, as to the relative efficacy of materials used in filters. The object was to ascertain what materials were most suited for use by the Admiralty and the War Office. Animal charcoal, carferal (a mixture of carbon, iron, and alumina), silicated carbon, and spongy iron were tested in several series of experiments, and the results obtained are given in many columns of figures. Out of the fifteen series of experiments, carferal established its superiority in thirteen, and silicated carbon in two. The adoption of carferal was recommended, though the exact proportions of the mixture were not decided upon.

## Palatable Epsom Salts.

The *Gaz. des Hop.* says that the purgatif Yvon consists of sulphate of magnesia twenty grammes, water forty grammes, and essence of mint two or three drops. The essence of mint completely masks the disagreeable taste of the sulphate, providing that the quantity of the vehicle is inconsiderable. This preparation is easily taken by persons to whom the disagreeable taste of the Epsom salt is repugnant.

## The Hygienic Congress.

The International Congress of Hygiene at Turin will be opened on the 6th of September, and will close on the 12th. His Majesty the King of Italy, the Ministers, the Maire, the Prefect, and all the Court officials will take part in the proceedings, and the Minister of Foreign Affairs invites all foreign governments to send delegates. The railway companies offer special facilities and advantages in the shape of a reduction in fares to the extent of 30 per cent.

The *United Service Gazette* announces that Dr. W. A. Mackinnon, C.B., is to be promoted to the rank of Surgeon-General, and will proceed to Malta as Surgeon-General. Dr. Mackinnon, who served through the Crimea, the Indian Mutiny, and the war in New Zealand from 1863-66, is one of the most popular officers in the Department, and it is to be hoped that his next move will be to an administrative position in Whitehall Yard.

The *Liverpool Daily Post* states that the movement for the establishment of a university college for Liverpool is likely soon to be crowned with success. The amount required is £80,000, and of this sum £60,000 have been subscribed, to which Lord Derby contributes £10,000, Messrs. Rathbone £10,000, Mrs. Grant, of Rockferry, £10,000, Colonel A. H. Browne and Messrs. Crosfield £10,000 between them.

The death-rate in the large towns last week from the seven principal zymotic diseases ranged from 0·3 in Newcastle-upon-Tyne and 1·4 in Oldham and Wolverhampton, to 5·4, 6·3, and 8·8 in Liverpool, Sunderland, and Dublin. Measles showed the largest proportional fatality in Sunderland and Plymouth; scarlet fever in Dublin, Norwich, Sunderland, Sheffield, Salford, and Bradford; and whooping-cough in Liverpool, Birmingham, and Salford. Nine deaths were referred to fever (principally enteric) in Sheffield. Small-pox caused 8 more deaths in London, 14 in Dublin, whereas no death was referred to this disease in any of the other large towns.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 12, Brighton 15, Leicester 15, Plymouth 15, Leeds 16, Newcastle-upon-Tyne 16, London 18, Wolverhampton 18, Birmingham 18, Nottingham 18, Bristol 19, Edinburgh 19, Oldham 19, Hull 19, Bradford 20, Manchester 21, Glasgow 22, Sheffield 22, Salford 22, Sunderland 25, Liverpool 27, Dublin 39.

The united twins, which were recently described in a medical contemporary of the week before last, died on the morning of the 10th inst. Dr. C. S. Thompson of Bideford states that the one with a weak spine was the first to succumb, and that the other died in a few seconds, with a slight convulsion, which, as he suggests, may have been due to thrombosis. The condition of bronchial catarrh was the immediate cause of death, increased if not produced by the frequent exposure of the "twins" to the gaze of the curious. No persuasion would induce the parents to allow a post-mortem examination.

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# Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Death of Dr. Mackie, of Cupar.—Dr. J. W. R. Mackie, of Cupar, died on the 20th inst. at Callander, where he had gone on a brief visit for the benefit of his health. He practised in Cupar for about 30 years, and was one of the most extensively engaged and successful professional men in Fife.

Darning-needle found in a Child's Body.—The father of a little girl, aged about 20 months, residing in Millgate Loan, Arbroath, recently called on Dr. Munro, and requested him to visit his child, who for some time had been in a peevish and irritable condition. This they had previously attributed to teething, but they had discovered that day some hard and sharp-pointing substance projecting through the skin between the fourth and fifth ribs, a little to the right of the left nipple. The point could be plainly felt and seen above the surface of the skin. Dr. Munro proceeded at once to remove the offending substance, and after some trouble he succeeded in extracting a darning-needle measuring fully 3¼ inches in length. The colour of the needle was considerably darkened, and along its surface were minute encrustations, presumably coagulated blood. How the needle got into the child's body is a mystery, but the most probable theory is that the child must have swallowed it head first. The little sufferer improved rapidly.

Anderson's College.—Election of a Professor of the Practice of Medicine.—At the annual meeting of the trustees of this College, held on the 22nd inst., Dr. Samson Gemmill was elected Professor of the Practice of Medicine, in room of Dr. Charteris, appointed to the Chair of Materia Medica in the University of Glasgow. The other candidates were Drs. Christie, Duncan, Carmichael, Whittaker, and MacVail. This appointment is very favourably received by the profession.

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 19th June, was at the rate of 20·6 per 1,000 of estimated population. This rate is exactly the same as that for the corresponding week of last year, and 4·2 below that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 13·1 per 1,000; and the highest in Paisley, viz., 35·0 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·9 per 1,000, being slightly below that for last week. Acute diseases of the chest caused 88 deaths, being a decrease of 28 on the number recorded during the previous week.

Another Case of Hydrophobia.—A young man, whose name has not been ascertained, was taken to the Edinburgh Royal Infirmary on the 23rd inst., suffering from what is said to be an attack of hydrophobia. The case is described as being a very violent one, but no particulars have been obtained as to its origin or its development, as the man was accompanied to the Infirmary by strangers, to whom he was not personally known.

British Medical Association.—The annual meeting of the members of the West of Scotland Branch of the British Medical Association was held on the 24th inst., in the Faculty Hall, St. Vincent Street, Glasgow. Professor Gairdner presided, and introduced his successor, Dr. Bruce Goff, of Bothwell. Dr. Yellowlees was appointed Vice-President elect. A dinner took place in the evening in the Bath Hotel.

Death of a Centenarian.—An old woman who lived with her grand-daughter for some time in Glasgow has just died at the extreme age of 105. She was born in the county of Donegal.

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# Literature.

## HAY FEVER: ITS CAUSES, TREATMENT, AND EFFECTIVE PREVENTION. (*a*)

The second edition of this instructive and valuable book fully sustains the high commendation already bestowed on the first edition, which was published in 1873.

The author, who possesses the important qualification for experimental research into the etiology of hay fever, in the fact that he has himself been a sufferer from the complaint for twenty-five years, has now added much to the results of his former experiments, and these results he gives in full and accurate detail, while he also most fairly acknowledges the labours of all who have worked in the same field with himself.

In the early part of the volume, Dr. Blackley discusses the views of Bostock and Phœbus, who attribute the coryza and catarrh of hay fever to excessive heat alone. The only difference between Bostock and Phœbus is that the latter claims for the *first heats of summer* a power which does not belong to the later heats, and seems to infer that the former have some specific character which the latter do not possess. This necessity for believing that solar heat has, at one time, a peculiar and specific property which it does not possess at another time, is an obvious element of weakness in the hypothesis of Dr. Phœbus.

The evidence that summer catarrh or hay fever is due to the inhalation of the pollen granules of flowering plants and grasses, was very clearly and ably demonstrated by Dr. Blackley in the first edition of his work; and now, in the second edition, the experimental evidence is considerably increased and supported. It seems remarkable that a matter so capable of being worked out experimentally, should have been so long left to the decision of mere opinion and conjecture.

Dr. Elias J. Marsh, himself a sufferer from hay fever, made in 1875-76 experiments on the plan recommended by Blackley, and he gives, as the result of his investigations, the statement that "autumnal catarrh, like the English hay

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(*a*) "Hay Fever: its Causes, Treatment, and Effective Prevention." Experimental Researches by Chas. Harrison Blackley, M.D. Second Edition. P. 281. 1880. London: Baillière, Tindall, and Cox.

fever, is caused by the presence of the pollen of flowering plants in the atmosphere and its irritant action on the mucous membrane of susceptible persons."

To follow Dr. Blackley through all his experiments, disproving the theories that have been put forth as to benzoic acid, ozone, and volatile odours being provocative of hay fever would be too long a business for this notice. It seems, however, that while various odours and emanations may fail to induce any attack of genuine hay fever, the inhalation of minute germs or organisms, such as the spores of the fungus *Penicillium glaucum*, is capable of developing coryza and hoarseness, going on to complete aphonia, and even a sharp attack of bronchitis.

The results of experiments with pollen, made with great patience and accuracy, are given in ample detail; and it was uniformly found that the pollen of a large number of grasses, in every trial, gave distinct evidence of its power to disturb the healthy action of the respiratory mucous membrane in a susceptible individual. The pollen of Rye (*Secale cereale*) produced symptoms especially severe and lasting; a fact due probably to the large size of the pollen granules.

The history of how the coryza may develope into a true asthma, page 101, is well worth attention:

"In preparing the pollen of one of the Amentaceæ for the microscope, a considerable quantity was accidentally inhaled before I was aware that it was thrown off so abundantly from the catkins. A violent attack of sneezing came on in a few minutes, and after two hours the breathing became very difficult, as if from constriction of the trachea or bronchial tubes, giving an experience of the misery those have to endure who suffer severely from the asthmatic form of hay fever."

The division of the symptoms of hay fever into the *catarrhal* and *asthmatic* forms, page 203, is practical and good, but in our opinion the author does not attribute enough importance to nervous influence as a factor in the latter form of the complaint. He says, page 198, "if there be one temperament which more than another predisposes to attacks of hay fever, it is the nervous temperament." The writer of this article has heard more than one sufferer from hay fever declare that his breath difficulty has been greatest when his system has been depressed and low from over fatigue, and relief has been gained by taking food with a glass or two of wine. This, however, does not go far in proving the true nervous nature of hay asthma. The dyspnœa of hay asthma is exactly like that of ordinary spasmodic bronchial asthma, and the nervous nature of this spasm was clearly shown by C. J. B. Williams, as much as 40 years ago; nor have we as yet found any evidence to set aside bronchial spasm as a most important element in the production of asthmatic dyspnœa.

We do not see that more is proved by the experimental evidence given at page 232, than that breathing through a very narrow tube causes dyspnœa; a fact no one is likely to doubt.

Can the symptoms in the following case be explained by catarrh alone to the exclusion of bronchial spasm? A medical practitioner of eminence, near London, goes one afternoon into a hay field, and soon has such an amount of coryza that he has to return home. On getting to his room his asthmatic symptoms have become so severe that he can only get his breath by kneeling on the floor and resting his arms, while he inhales the smoke of one of Savory and Moore's Datura Tatula cigarettes. Before his family, who were with him in the field, have returned to look after him, he has laid down on the bed, fallen sound asleep, and wakes up perfectly well. Is it likely that inhaling smoke would, in so short a time, have removed bronchial congestion?

The action of light as a factor in the phenomena of hay fever is not accepted by Blackley. Nevertheless, we know a sufferer from hay fever who always feels his catarrh coming on when he walks forward to the window on rising in the morning. Speaking here of the nervous system and its influence, we observe Blackley quotes from Phœbus a case in which the contemplation of the picture of a hay field brought on a feeling of hay asthma; and in Thorowgood's "Notes on Asthma" a similar instance is reported on the authority of Dr. Langdon Down.

Most important, undoubtedly, as the pollen theory of the causation of hay fever is, yet we cannot as yet believe that there is no hay fever, or asthma, unless pollen be present, despite the close reasoning and able demonstrations of Dr Blackley.

Among the various pollens that were inhaled experimentally, it is worthy of note that the pollen of the *Solanaceæ*, the natural order from which such efficient antispasmodic remedies for asthma are derived, was mild, though not without action, in causing catarrh of the mucous membrane.

Nothing in the chemical composition of pollen has been, as yet discovered, likely to be productive of catarrh. In the spectroscopic researches of Mr. Thomas Harrison, of Manchester, sodium and barium were found in the pollen of *Solium perenne* and *Secale cereale*, but the probability certainly is, as Dr. Blackley says, that pollen is a body with qualities essentially *sui generis*; it is in fact, as we think, a type of a germ-producing element of disease.

The last chapter of the book treats of the prevention and cure of summer catarrh. Prevention of the inhalation of pollen granules is the first thing, and this our author accomplishes by wearing a carefully adapted silver tube in the nostrils protected by means of a platinum gauze filter, through which the inhaled air passes, and then deposits the pollen it may be conveying. With this protecting medium a day could be passed in a hay field with only a slight amount of discomfort about the mucous membrane.

Among medicines more than twenty-four were tried, and some value seems to be attached to the iodide of arsenic as a prophylactic in doses of 1-1000th to 1-200th of a grain three times daily. The therapeutic experience with drugs is instructive, and of much practical value, inasmuch as each remedy was tried fairly by itself, and not in combination; a great element towards gaining a true and definite knowledge of drug action. The use of the forms of decimal triturations and attenuations in the prescriptions makes one think the author must have some predilection for the method of Hahnemann and his disciples; but surely this eccentric therapeutist would have at once found a specific and certain cure for hay fever in administering to the patient a tincture, or trituration, of pollen, and if it failed to cure, the explanation would have been that the dose was not yet sufficiently reduced and attenuated.

There are many matters brought forward that we should have liked to have noticed at greater length, but the best advice we can give is, for all who are interested in the subject of hay asthma and summer catarrh, to get the book, and study it well, feeling assured that they will have no cause to regret time thus spent.

## Literary Notes and Gossip.

THE proposal to print books and journals with white ink on black paper as a remedy for myopia, has been revived by a Russian physician. At the present time there is no prospect of readers receiving their daily or weekly papers in this metamorphosed state for very obvious reasons, nor is such an event at all desirable.

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THE "International Scientific" Series has been augmented during the present month by the publication of Professor Charlton Bastian's "Brain as an Organ of Mind." There are about 200 illustrations, and the book is commendably turned out by Messrs. Kegan Paul & Co., the publishers. We reserve our opinions on the merits of the book for a careful perusal.

⁂

A MODEST competitor with Bentley and Trimmer's splendid work, "Medicinal Plants," has just made its appearance in twopenny numbers, under the title of "Brooks' Popular Botany of British and Foreign Plants used in Medicine, Food, and Manufactures." The first number contains a coloured plate of six species, a similar one being promised with each weekly part; certainly good value for the money.

⁂

DR. JAMES GEIKIE, F.R.S., will shortly send to press a work entitled "Prehistoric Europe: a Geological Sketch," which treats of the principal climatic and geographical changes which have taken place in our continent since the commencement of the pleistocene or quaternary period. A new and enlarged edition of Mr. Penning's valuable "Text-book of Field Geology" has just made its appearance.

⁂

ANOTHER example of what one can do with a few pence in the shape of literature is Letts's Popular Atlas, now appearing in monthly parts. The last number but one, Part iii., contains three maps excellently printed in colours, size 17 inches by 14 inches, viz., a general map of Europe, a general map of India, and one of France. In Part iv. are a geological map of England and Wales, from new surveys, a general map of Africa, and one of Germany and Austria. Verily a cheap and useful sevenpenny-worth.

⁂

AN anonymous donor, whose opinions are very strong on the opium traffic, offers a prize of £50, with a second premium of £25, should it be deemed advisable to award it, for the best essay or essays on the medical means of counteracting the evils of opium-smoking in China. The papers must be forwarded before February 28th, 1881, to Dr. Broadbent, 34 Seymour Street, London. The President of the London College of Physicians, Dr. Risdon Bennett, Dr. Sieveking, and Sir Joseph Fayrer, will act as adjudicators on the merits of the essays.

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WE have more than once referred to the law of copyright, or rather want of law, between this country and America. At present any American author or publisher can pirate works and reprint them, put his own name on the title-page, sell them, or do as he pleases, and the English author has no redress. But English law steps in when pirated books printed in another country are re-introduced into this, even under a different title. A case of this kind occurred a few days ago in London, the books were seized and the importers mulcted in heavy law costs, although perfectly innocent that the book was an English one with another title. We hear that the publishers on this side the Channel are on the look out for a French medical work of reputation which has been translated without permission in America.

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TWO very distinguished scientific writers have recently been presented with medals for their labours by H.R.H. the Prince of Wales, as President of the Society of Arts, viz., Sir William Thomson, F.R.S., D.C.L., L.L.D., the Society's Albert medal, awarded to him in 1879, "on account of the signal services rendered to arts, manufactures, and commerce by his electrical researches, especially with reference to the transmission of telegraphic messages over ocean cables," and James Prescott Joule, F.R.S., LL.D., D.C.L., the Albert medal for the present year, awarded to him "for having established, after most laborious research, the true relation between heat, electricity, and mechanical work, thus affording to the engineer a sure guide in the application of science to industrial pursuits."

⁂

AN important study has been made of the cause of fatigue in reading by Dr. Javal, director of the Laboratory of Ophthalmology at the Sorbonne, Paris. The fatigue of the eyes which is so often complained of by literary men he believes due to a permanent tension of accommodation; reading requires constant, steady strain of the eyes, while many other occupations demanding close, do not need constant, sight. His researches extend to the question of great economical importance: given a surface of paper and a number of words to print upon it, what rule will secure the maximum of legibility? The answer is: *Other things being equal, the legibility of a printed page does not depend on the height of the letters, but on their breadth.* This fact is of special importance in the preparation of school books, and Dr. Laval's suggestions should receive the attention of publishers, type-founders, and school boards.

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IN the present uncertain state of the weather, we think those of our readers who are contemplating a little recreation and cessation of work for a few days, will be glad to have their attention drawn to a little sixpenny book, issued by Messrs. Groombridge and Co., Paternoster Row, entitled "Weather Wisdom." This handy little guide, by way of introduction, reprints Dr. Edward Jenner's century-old rhyme "Signs of Rain," and in thirty-two pages gives all the known and many hitherto unknown signs of rain, wind, or lasting fine weather. During the month it has been in our possession we have had ample opportunity of verifying several of these signs, with sometimes most provoking success. We have as yet not been favoured with an opportunity of testing them on the score of lengthened fair weather.

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THE New Sydenham Society's "Lexicon of Medicine and the Allied Sciences" bids fair to become a veritable medical "Liddell and Scott," for in three parts we have only got as far as "Arteriography." The headings of each subject are printed in Egyptian block letter and the description in a neat type, which is, however, to our eyes painfully small—particularly by artificial light. The derivations are invariably given accompanied by a translation; and the explanations of the various headings are concise but sufficient. Some of the articles are really short treatises. For example, we would instance "Aorta," "Aneurism," "Animal," and "Argentum," the last being most exhaustive, and running to several pages. This Lexicon, when completed, will be a very complete and exhaustive book (or books) of reference; but we can almost regret its publication. It will inevitably run on for many years, and will prevent the publication of works on scientific medicine which we would gladly welcome.

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THE usual monthly parcel of Messrs. Cassell's interesting publications for June has reached us, and they amply sustain the credit of the firm and their own usefulness. In "Science for All" the paper on Ocular Physiology, which, under the title of "The Philosophy of a Glance," was commenced in the April number, is concluded. It is followed by a paper "On Some Very Old Rocks," by Mr. Callaway, F.G.S.; one on "The Cessation of Life," by Mr. Robert Wilson; one on "A Diseased Potato," by Mr. Worthington Smith, F.L.S.; and the commencement of a paper by M. Rudler, "On Emeralds and Beryls." It will be seen that three of these papers have special interest for medico-scientific students, and their style is just what is necessary to make their subject-matter attractive and interesting.

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THE number of the "Countries of the World" deals with Ceylon and India. A frontispiece representing the Maidan at Calcutta opens the number, which is of peculiar interest to the very large proportion of our home residents who have been in one way and another associated with Indian life. The illustrations are numerous and admirably executed, and much valuable knowledge is to be obtained from Dr. Brown's admirably descriptive letterpress.

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THE "Great Industries of the World" for May presents us with further information on the great cotton industry of America. The series of papers on "Industrial Legislation," by Mr. Henderson, deals with the employment of children and women in factories and the legal restrictions thereon. Next follows a paper on "Ship Launching," which is fully illustrated. Dr. Rabagliati, of the Bradford Infirmary, contributes a paper on "Health and Disease in Industrial Occupations," which is followed by one on "Swords and Sword Cutlery," and one on the "Worsted Industry." These papers are, speaking generally, of a high literary class, while not too deep for the readers for whom they are written, and their politico-economic tone is well suited to the education of the people on these important subjects.

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THE number of "The Practical Dictionary of Mechanics" gives description and illustration of all technological appliances under the letter L. We have a frontispiece of the Rhone glacier, and an infinite abundance of engravings of instruments of all sorts within this range. These publications are well deserving of purchase and perusal, not only as educational works, but as reading for amusement. They are eminently deserving of encouragement and approval.

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IN conversation with a new York publisher a few days since, we were told that the medical publishers, in fact every profession or trade connected even remotely with the medical profession, were expected to contribute to the Fund for the Reception in New York this month of the American Medical Association. Messrs. Wood & Co. handicapped themselves with a steamer in which they gave members trips round and about New York, ministering to the requirements of the inner man at the same time. Other publishers, instrument makers, and druggists contributed their quota in money, so that funds were ample for recreation as well as work. In this country the profession has the privilege of paying for its own enjoyment, the annual meetings of the British Medical Association generally proving a very extravagant luxury to many who take a prominent part in them. As with the Association here, a daily journal of proceedings was published, and altogether the meeting was a success.

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An elaborate general index has been issued to subscribers of the first volume of the *Index Medicus*. We exceedingly regret the meagre support accorded to this most valuable publication, and as it entails a heavy loss on editors and publishers, we can scarcely hope to see the venture carried on beyond the second volume. As evidence of this we may mention that in the number before us an announcement is made that "the subscription for the first volume barely covered the cost of production of this one part;" consequently the eleven other numbers had to be produced at a loss probably of from five to six hundred pounds.

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New Books and New Editions.—The following have been received for review since the publication of our last list, May 26th.—"Lessons in Gynæcology," by W. Goodell, M.D. "The Spirit of Nature," by H. D. Baildon, B.A. "The Surgeon's Pocket Book," by Surgeon-Major Porter (2nd Edit.). "Orthograms of the Spine," by R. Heather Bigg, C.E. "L'Année Médicale, 1879," par le Dr. Bourneville. "Food and Feeding," by Sir Henry Thompson, F.R.C.S. "Diseases of the Throat and Nose," by Morell Mackenzie, M.D. "The Brain as an Organ of Mind," by H. Charlton Bastian, F.R.S. "Deafness, Giddiness, and Noises in the Head," by E. Woakes, M.D. "The Practitioner's Handbook of Treatment," by J. Milner Fothergill, M.D. "The Art of Washing," by A. A. Strange Butson. "The Watering Places and Mineral Springs of Germany, Austria, and Switzerland," by Edward Gutmann, M.D. "The Therapeutics of Gynæcology and Obstetrics," by W. B. Atkinson, M.D.

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Pamphlets.—The following have been received since the publication of our last list, May 26th.—"The General Medical Council, whom it Represents, and how it should be Re-constituted," by A. H. Jacob, M.D. "Intra-Ovarian Pregnancy," by Talbot Jones, M.D. "Fifty-ninth Report of the Seamen's Hospital Society." "Annuaire des Spécialités Médicales et Pharmaceutiques, 1880." "Observations on Filariæ." "Index Medicus," vol. ii, part iv. "Time of Conception and Duration of Pregnancy," by J. E. Engelmann, M.D. "Report of the Metropolitan Board of Works for 1879." "Report on the Thames Drainage Controversy." "On Preservation of Health in India." "Report of the Homerton Fever Hospitals." "Parasitic Disease in Batrachia," by T. S. Cobbold, F.R.S. "Report of the Sanitary Condition of the Cambridge District." "Parliamentary Evidence on the Closing of Public Houses on Sunday."

## THE BRITISH HOSPITAL FOR INCURABLES, CLAPHAM RISE.

We think it right to inform the managers of this institution that votes for the admission of patients to the charity are being bartered by the medium of a sixpenny advertisement in the *Exchange and Mart.*

## THE ROYAL IRISH UNIVERSITY.

The first meeting of the Senate of the Royal University was held on Thursday last, in the Privy Council Chamber, Dublin Castle. On the motion of the Right Hon. Dr. Ball, seconded by the Most Rev. Dr. McCabe, Lord O'Hagan, Lord Chancellor of Ireland, was unanimously elected Vice-Chancellor of the University. The Senate appointed a committee of twelve members to prepare a scheme, to be submitted to the general body, on the subject indicated in the 9th section of the Act for the advancement of University Education by the provision of buildings, including examination rooms and a library, and by the establishment of exhibition scholarships, fellowships, and other prizes. The committee consists of the ex-Lord Chancellor, Earl of Rosse, Lord Emly, Sir Robert Kane, Dean Neville, Dr. Porter, Dr. Sullivan, Dr. Moffett, Rev. Dr. Scott, Rev. Dr. Molloy, Dr. McAllister, and Mr. Redington. We understand that this committee will not deal with any question of medical or surgical curriculum, which will probably be remitted to a special committee which will include the medical members of the Senate.

# Correspondence.

## SIR JOHN LUBBOCK AND THE DENTAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to Dr. Jacob's second letter I can only reassure your readers that he is mistaken in supposing that before the recent legislation, only "a few persons might, in peril of prosecution," call themselves surgeon-dentists. On the contrary, the law courts had held that every one had the right to do so. Our Bill practically put an end to this for the future, as the claim of those already in practice would certainly have been respected in any Bill whenever passed.

I am Sir, your obedient servant,
John Lubbock, M.P.

House of Commons.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with much interest the correspondence between Dr. Jacob and Sir John Lubbock on this subject, in your issues of the 16th and 23rd of the present mouth; and, though I do not agree with the doctor in the extent of his critical contentions, yet I feel that the more the subject is examined and ventilated, the better it will ultimately be for the profession and the public.

The case is not so desperate, I think, as Dr. Jacob would seem to imply, viz., that no remedy can be found to cleanse the Register of a tribe of men who have, by misrepresentation and false pretences, succeeded in getting their names recorded on it, though directly in opposition to the spirit and meaning of the Act. I am confident neither Sir John Lubbock nor Mr. Tomes, in framing the Bill, ever contemplated that the names which now stand on the Register could find their way there. A just and fair interpretation of clause 6 of the Act is, to my mind, conclusive on this point. It provides—

1st. That those only can be registered who are Licentiates in Dental Surgery or Dentistry of any of the medical authorities, or those entitled to be registered as foreign or colonial dentists; or

2nd. Those who are at the passing of this Act *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.

Now it appears to me that it was through deliberate infringement and violation of the plain meaning of what I have set down in clause No. 2 that the Dental Register has been so polluted: for, plainly, the "*bonâ fide* engaged," &c., does not include druggists' assistants, chemists who may have occasionally extracted or filled a tooth, dentists' apprentices and mechanicians, or the flock of other individuals of various nondescripts who, on their own statements, have succeeded in foisting their names on the Register. These were never meant to have their names thus recorded.

The Legislature did not, and properly could not, disregard vested interests in this or any other case; and the "*bona fide* engaged" had such interests, which, consequently, were rightly taken into account and regarded in the Bill; many of those in this category being sound consistent practitioners, well up not only in the theory, but the practice of their profession. But the shoal that have, by misrepresentation, found their way to the Register, have no such claims, and were, I am confident, never contemplated in the Act, either by Sir John Lubbock, Mr. Tomes, the Dental Reform Association, the General Medical Council, or the Colleges which put their *imprimatur* on the Bill.

Then the question is, what is to be done to remedy an evil which all admit exists? Clearly it is of the utmost importance that the names of the motley multitude which have found their way to the Register should, for the honour of the profession and the benefit of the public, be as speedily as possible expunged.

Few Acts of Parliament have, in the first instance, been so perfect as to completely remedy that for which they were intended. Recasts and amendments are generally necessary; but in the present case our Act is sufficient to cope with the imposture, if vigorously carried out. Clause 35 provides that any person who, by false or fraudulent representation or declaration, verbally or in writing, obtains admission to the Register, is liable to twelve months' imprisonment.

Now this is for all practical purposes sufficient, if the necessary machinery be only put in motion, to carry the law into effect. The "necessary machinery" is funds; and (through these) a united effort of all, both of the medical and dental professions, could soon purge the Register of the dross that has got into it.

I am, Sir, yours faithfully,

John O'Duffy, L.D.S., R.C.S.I.

5 Gardiners Row, Dublin.
24th June, 1880.

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## THE CAUSES OF EPIDEMICS OF MEASLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Replying to the friendly criticisms of Dr. Henry Kennedy, it has been assumed that as measles in the American armies during the war of the Rebellion, 1860-64, was traced to musty straw used for bedding by the soldiers in camp, therefore a similar cause may induce it on board the Indian troop-ships. With reference to this impression it need only be observed that neither straw nor anything else in a musty condition is allowed on board those vessels, and that the most perfect cleanliness is observed.

Yours, &c.,

The Writer of the Article.

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## ANIMAL VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I entirely agree with the spirit of your article on Vaccination in last week's issue. The result of the recent Parliamentary debate is a real step in advance, in so far as it secures to the people of this country that the question of the origin of vaccinia shall be investigated anew, and that we shall also be allowed to have a depôt of animal vaccine as well as of humanised lymph in our Government establishment. I am one of those who, with my present knowledge, disbelieve altogether in the alleged identity of variola and vaccinia. The Government will, I hope with all my heart, give ample funds to set this debated point at rest. Of course, we shall all watch with interest the experiments about to be made; and meanwhile I protest against the current doctrine that much of the vaccine lymph at present circulating in this country has been derived from variola passed through cows. It is a statement supported with so little evidence that it is unfair to frighten outsiders with the idea.

In conclusion, I also should deplore as the most woful of mischiefs, that our State should abandon compulsory vaccination of *infants*. To hear some people speak one would imagine that British babies were the property of their fathers, as children were in Rome, and that they might be neglected, ill-treated, or used in any fashion which the most ignorant and besotted father in the community might choose. This is not liberty, but slavery.

I remain, Sir,
Your obedient servant,
C. R. Drysdale, M.D.

17 Woburn Place, W.C.,
June 25th.

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The first English Home Hospital was opened on Monday at Fitzroy Square, London, by the Bishop of Winchester. It is a middle-class hospital for patients in a position to pay.

# Medico-Parliamentary.

## HOUSE OF COMMONS.—Wednesday, June 23.

### CONTAGIOUS DISEASES ACTS.

Mr. Childers (the Secretary of State for War) obtained the reappointment of a Select Committee to inquire into the Contagious Diseases Acts, their administration, operation, and effect. The following instruction to the Committee was adopted without discussion:—"That they have power to receive evidence which may be tendered concerning similar systems in British Colonies or in other countries, and to report whether the said Contagious Diseases Acts should be maintained, extended, amended, or repealed."

### THE VACCINATION ACTS.

Lord R. Churchill and Mr. Baring have given notice of their intention to move the rejection of Mr. Dodson's Vaccination Acts Amendment Bill, the object of which is to abolish the cumulative penalty for non-vaccination.

## Monday, June 28.

### ALLEGED OUTBREAK OF FAMINE FEVER IN IRELAND.

In reply to Mr. Power, Mr. Forster said that the information he had received showed that this was not what was called famine fever, of which cases had been reported in co. Mayo, that was to say it was not that mesenteric fever which was the great cause of death in the last famine. It was a kind of typhus. One or two cases had been very severe, but others were passing off, and, so far as he could make out, it was not caused by want of food, though he thought the change to low diet might have made it easier to spread. Most of the cases that he had heard of had certainly not been those of persons who were in great distress. The Government were, however, dealing with it to the best of their power, and he believed they had met it as far as human agency could do so.

Mr. Parnell said it would be inconvenient to the House to proceed with the second reading of his Bill until the House had had an opportunity of seeing the clauses which the right hon. gentleman had promised; he did not propose to proceed with his Bill at present.

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# Medico-legal Intelligence.

## THE RELATION OF DOCTOR AND PATIENT.

In the Court of Appeal at Westminster last week, before Lords Justices Bramwell, Baggallay, and Brett, the arguments in the case of Mitchell *v.* Homfray were resumed. This was an action brought by the executors of a Mrs. Geldard against her former medical adviser to recover a sum of £800 advanced by the lady in 1871. The plaintiffs sued for money lent, to which the defendant pleaded that it was a free gift; whereupon the plaintiffs amended their claim by alleging that, if it was a gift, it was procured by the exercise of undue influence and surprise. In that state the issues went for trial before Justice Stephen and a special jury at the Durham Assizes, when a verdict was found for the defendant, and judgment was given in accordance with the verdict. A rule was afterwards granted on the motion of the Solicitor-General (then Mr. Herschell), who asked for a new trial on the ground of misdirection, and also prayed that judgment might be entered for the plaintiffs on the ground that upon the admitted facts Mrs. Geldard had not at the time the gift was made the benefit of independent and competent advice. The Lord Chief Baron and Mr. Justice Stephen, however, after a long discussion, discharged the rule with costs, on the ground that the verdict of the jury had virtually decided that the transaction was one above suspicion, and that when Mrs. Geldard, to carry out the wish of her deceased husband, gave £800 to Dr. Homfray, in recognition of past services and acts of kindness, she knew well what she was doing and stood in no need of independent advice. The plaintiffs appealing, Sir F. Herschell and Mr. Chadwych Healey, on their behalf, contended that in a court of equity a gift under such circumstances could not stand, the absence of the advice of a third person, independent of the donor and donee, being fatal to the validity of the gift. On the other side it was contended by Mr. Wills, Q.C., and Mr. Candy that the verdict was right, and concluded the whole matter. The court finally decided to send the case down for a new trial, all costs to be costs in the cause. Lord Justice Bramwell gave the parties two pieces of advice—one being to compromise, the other to try without a jury, if at all.

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**University of Cambridge.**—At a congregation holden on June 17, the following degrees were conferred :—

*Doctors of Medicine*—Alexander John Alliott, Pembroke College; Alexander Dean Davidson, Clare College.

*Bachelors of Medicine.*—Cecil Yates Biss, Downing; William Wollaston Groome, St. Catherine's; Lawrence Humphrey, Trinity; James Niven, Queen's; William Rushton Parker, Caius; Alfred Francis Street, Trinity; Richard Norris Wolfenden, Christ's.

**University of Durham.**—The following gentlemen, having satisfied the examiners, had their degrees conferred on June 22 :—

*For the Degree of Doctor of Medicine.*—William White Day, L.R.C.P., M.R.C.S., Andrew Fernie, M.R.C.S., Samuel Fielden, L.R.C.P., M.R.C.S., John Foster, F.R.C.S. Eng., Milner Montgomery Moore, L.R.C.P., M.R.C.S., Charles Steele, L.R.C.P., M.R.C.S., Henry Elthington Price, M.B., L.R.C.P., M.R.C.S., Arthur Henry Robinson, M.B., M.R.C.S.

*For the Degree of Master in Surgery.*—George Stokes Hatton, M.R.C.S., George Jordan Lloyd, M.R.C.S., William Barrett Roué, Herbert West Seager, M.R.C.S., Joseph Pearse Budgett Wills.

*For the Degree of Bachelor of Medicine.*—Walter George Augustus Bedford, M.R.C.S., James Thomas Calcott, M.R.C.S., Walter Henry Cheetham, M.R.C.S., Frederic Collins Coley, L.R.C.P., M.R.C.S., Bernard Faraday Giles, M.R.C.S., L.S.A., George Stokes Hatton, M.R.C.S., George Jordan Lloyd, M.R.C.S., Alfred Mantle, M.R.C.S., William Pope Mears, M.R.C.S., William Smith Porter, L.R.C.P., M.R.C.S., William Barrett Roué, Herbert West Seager, M.R.C.S., James Parsons Thornton, Joseph Pearse Budgett Wills.

**St. Thomas's Hospital.**—DISTRIBUTION OF PRIZES ON FRIDAY LAST.—His Grace the Duke of Sutherland, F.R.S., kindly undertook this pleasant task. The prizes for the summer session, 1879, were presented to O. F. N. Treadwell, L. W. Bickle, and W. Wansbrough Jones. The prizes for the winter session were as follow :—*Entrance Science Scholarships*—R. M. Williams, scholarship £60; B. Relton, scholarship £40. *First Year's Students*—C. D. Green, the Wm. Tite scholarship £30; W. B. Tomson, College Prize £20; F. F. Caiger, College Prize, £10. *Third Year's Students*—W. Wansbrough Jones, Second Tenure of College Scholarship 40 guineas, and College Prize £20; Solly Medal and Prize, C. A. Ballance; the Cheselden Medal, W. A. Duncan; the Mead Medal C. F. Coxwell; the Treasurer's Gold Medal for General Proficiency and Good Conduct, W. A. Duncan.

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## NOTICES TO CORRESPONDENTS.

R. S. D., Lancaster.—We doubt if you will be able to purchase the pirated edition of *Cornil et Ranvier* in this country. In order to check the chance of its success, we are informed that the publishers of the French original, intend issuing a new and revised edition in the course of next year, which will render the American copy almost valueless.

Mr. Douglas Hemming, Bournemouth.—The subject is interesting; we shall be happy to insert your translation, but must ask you to excuse its non-appearance for a week or two.

Mr. P. J. Hayes.—Your case of "Popliteal Aneurism treated by Ligature," &c., shall appear in an early number.

Dr. C. R. D.—The review, with many others, is simply held over for want of space. We hope to get it in next month.

### FEES FOR CERTIFICATES IN LUNACY.

*To the Editor of the* Medical Press and Circular.

Sir,—Would you kindly inform me if (in addition to the signatures and seals of the magistrates) the law requires a stamp to be put upon the order given for the payment of fees to medical men in cases of examination of dangerous lunatics?

Yours, &c.,
Dispensary Medical Officer.

[No stamp is necessary, except the official stamp of the magistrates. —Ed.]

Mr. Kelly.—We neither give advice nor recommend any particular practitioner in these columns. From the symptoms proffered, your case is a very simple one, and can be taken in hand by any reputable medical man in your locality.

Mr. Arrowsmith.—An entire misconception on your part; read it again.

Dr. S. E. R.—Yes, by Surgeon-Major Weatherley.

J. Y. S.—We have seen the article in the paper referred to, but it is too silly to merit comment.

Mr. C. Payne, Brompton.—The article by Dr. Routh will be found in our issue for July 16, 1879.

### CONSTABULARY ATTENDANCE.

*To the Editor of the* Medical Press and Circular.

Sir,—Will you, or some reader of your very valuable paper, kindly inform me through its columns if a medical attendant on the Royal Irish Constabulary is bound to attend and supply with medicine "without remuneration" the wives and families of the officers of the force? Also if the matter has at any time been brought under the notice of the Inspector-General?

Yours truly,
M.A., R.I.C.

June 26, 1880.

[Clause 1 of the Regulations (page 316, "Irish Med. Directory") says that "the medical attendant is required to attend all members of the Constabulary force on duty in his district, and also the wives and families of men stationed therein, being paid 2s. per man to cover all claims whatsoever for attendance and medicine."—Ed.]

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### VACANCIES.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board, &c. Applications to the Secretary before July 12.

Dudley Dispensary.—Resident Medical Officer. Salary, £120. Applications to the Hon. Sec., Russell's Hall, Dudley, before July 6.

Great Northern Hospital, London.—Physician in the Out-patients' Department. Honorary. Applications to the Secretary before July 6.

Inishowen Union, Clonmany Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, July 6.

Killarney Union, Coom and Glenflesk Dispensary.—Medical Officer. Salary, £100, with fees, and Sanitary Salary. Election, July 1.

Kenmare Union Workhouse.—Medical Officer. Salary, £100, and £10 as Consulting Sanitary Officer. Election, July 2.

London Hospital Medical College.—Demonstrator of Anatomy and Two Assistant Demonstrators. Applications before July 8th to the Warden. The Senior's emolument is from fees—not less than £200 per annum. The Juniors will be paid a salary of £90 each.

Roscommon County Infirmary.—Apothecary to the Institution. (See Advt.)

Swineford Union Workhouse.—Temporary Medical Officer. Salary, £3 per week. Election, July 6. (See Advt.)

Williton Union, Somerset.—Medical Officer for the Portlock District. Salary, £50, with the usual extra fees. Applications to the Clerk of the Union before July 12.

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### APPOINTMENTS.

Agnew, S., M.D., M.Ch., Medical Officer to the Lurgan Dispensary, Lurgan Union.

Barnes, A. R., M.B., L.R.C.P.Ed., M.R.C.S.E., to the Fourth District of the Hailsham Union.

Doak, S., M.D., L.F.P. & S. Glasg., Medical Officer to the Crossgar Dispensary, Banbridge Union.

McDonnell, C., L.R.C.P.Edin., L.F.P. & S. Glasg., Medical Examiner of Recruits, Glin, co. Limerick.

Musgrave, S., L.R.C.S.Edin., L.R.C.P.Edin., to the Commission of the Peace, co Antrim.

O'Connor, B., A.B., M.D., M.R.C.P.L., a Physician to the Westminster General Dispensary.

Paterson, A. G., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Caldewgate District of the Carlisle Union.

Prosser, T. G., M.R.C.S.E., L.S.A.L., Surgeon to the Monmouth Hospital and Dispensary.

Tough, W. R., M.B., M.Ch., Medical Officer to the Audlem District of the Nantwich Union.

Wilmot, A. E., M.R.C.S.E., Medical Officer to the Burnham District of the Eton Union.

Wilson, —, M.B., C.M., Medical Officer to the Paddock District of the Huddersfield Union.

Wright, C. St. John, M.B., M.R.C.S.E., House Surgeon to the Sheffield General Infirmary.

Army Medical Department.—The following were gazetted on Friday: Surgeon-General C. A. Gordon, M.D., C.B., Honorary Physician to Her Majesty, is granted retired pay. Surgeon-General E. Gilborne is granted retired pay. Surgeon-Major G. F. Churchill, M.B., retires upon temporary half-pay. The retired pay, with the honorary rank of Brigade-Surgeon, granted to Surgeon-Major E. A. Gibbon, in the *Gazette* of March 5, 1880, is dated March 12, 1880, instead of March 6, 1880, as therein stated.

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## Births.

Charles.—June 19, at Bellaghy, co. Londonderry, the wife of D. Allen Charles, M.D., of a daughter.

Weir.—June 23, at Great Malvern, the wife of Archibald Weir, M.D., of a son.

## Deaths.

Holroyde.—June 19, at Sydenham, Elkanah Holroyde, F.R.C.S.E. and J.P., late of Bolton-by-Bowland, Yorks, aged 77.

Joy.—June 17, at Northwold, Norfolk, William Joy, M.R.C.S.E. (from pleuro-pneumonia of a week's duration), aged 80.

Mackie.—June 20, at Callander, James William Reid Mackie, M.D., F.R.C.S.E., of Cupar, Fife.

Pearse.—June 24, at Markham House, Chelsea, Ellen Alice, wife of G. E. Legge Pearse, F.R.C.S., aged 27.

Seymour.—June 16, Almeric W. Seymour, M.D., of Montpelier Place, Brighton, aged 49.

Sheldon.—June 19, at Coolaghey, Raphoe, co. Donegal, Robert A. Sheldon, M.D.

Thom.—June 15, at Evan Street, Stonehaven, James Taylor Thom, M.D., F.R.C.S.Ed., aged 45.

# IRISH POOR-LAW INTELLIGENCE.

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## THE IRISH LOCAL GOVERNMENT BOARD AGAIN.

We experience no satisfaction in finding fault with the L. G. B. We feel it necessary to assure our readers of this fact, for we feel that the constant censorship of this department with which our columns are occupied might inspire them with the belief that, for some unexplained cause, we are bent upon discrediting the Custom House administrators of medical and sanitary affairs. We have no such intention or desire, but—we can assert with truth—would feel pleased if it were open to us to adopt a tone of unvarying approval instead of depreciation, for we are specially anxious that the Government department which is in control of the Irish Poor-law medical officers should work harmoniously and beneficially for the public welfare.

But in truth we can find nothing to praise, while, on the contrary, transactions in which the L. G. B. does not—from our point of view—cover itself with glory—are thrust under our notice every day that we assume the editorial pen. We look back through years of intimate knowledge of the working of the Irish L. G. B. for some great work which it has done, some reform which it has initiated or cordially aided, some good principle which it has officially advocated, some public duty which it has zealously performed, and the search for such within our memory is unrewarded. We turn to our observation of past time and of daily occurrences only to find ourselves besieged with complaints of the department, for which there is generally a good cause, and to be obliged to notice transactions in which, we think, the Board cuts anything but a creditable figure.

*Exempli gratia*:—The medical officer of Stradbally, in the Queen's Co., falls very ill. His dispensary committee appoint as his temporary substitute a gentleman who is not registered under the Medical Act, or fully qualified. From one cause or another this gentleman was allowed to act, and he does the duty for a fortnight. The question then arises as to his payment, and the L. G. B. is asked for its approval for such payment. It replies as follows:—

"Local Government Board, Dublin,
30th December, 1879.

"Sir,—The Local Government Board for Ireland have had before them minutes of proceedings of the board of guardians of Athy union on the 24th inst., relating to the proposed remuneration of Mr. Dugdale for his services as temporary substitute for the medical officer of the Stradbally district, and I am to state that under the provisions of sections 32 and 36 of the Medical Act, no person can recover charges in a court of law if under the age of twenty-one years, or be entitled to hold public appointments if not registered under the Act.—By order of the Board,

"B. Banks, Secretary."

We do not aspire to teach the L. G. B. its business, but, from our unofficial aspect of the affair, we should have thought that the Board should either have vetoed the appointment instantly, and ordered a new *locum tenens* to be chosen, or, if the appointment had been tolerated and the duty performed, should have informed the guardians that the irregularity must not occur again, but that, the work having been done, the doctor ought to be paid. The foregoing letter seems to convey a hint that the guardians may, if they please, repudiate payment because the doctor cannot recover the money at law.

We submit, emphatically, that such a suggestion is unworthy, and that the writing of such a letter is not the performance of the proper duty, either towards the guardians, the doctor, or the public; and we must add that, where it is possible—and our experience shows us that it *is* frequently possible—that letters of this sort may issue from the L. G. B., there is certainly something wrong in the management of that department.

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## THE LATE DR. WALSH OF CASTLEBAR.

The Committee of the "Walsh Testimonial" have brought their labours to a successful close. There stands now over the Doctor's grave, in the old church burial-ground, a beautiful Gothic memorial some sixteen feet in height. The monument is in beautifully worked limestone, the tablets are marble with polished Aberdeen granite columns. The whole presents an imposing and graceful appearance. The inscription speaks of it—

"As a tribute of esteem and affection by his numerous friends; and also as an acknowledgment of the great and sterling qualities by which he endeared himself to all. For many years he was Medical Doctor of the district, and discharged his duties not alone with skill and attention, but with a kindness and charity that will be remembered for years. May he rest in peace."

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## DEATH OF DR. IRVINE, IRVINESTOWN.

We regret to announce the demise of Alexander Irvine, Esq., M.D., dispensary doctor of Irvinestown. Dr. Irvine was in his usual health on Christmas-day, and taken suddenly ill in the afternoon a telegram was despatched to Dr. White, of Londonderry, and also to Dr. Baggot, of Enniskillen, who came without delay. On the arrival of the medical gentlemen they found Dr. Irvine suffering from a severe attack of inflammation of the bowels. Medical aid was of no avail, as he sank rapidly and died on Tuesday morning at the hour of seven o'clock. His premature and rather sudden death is deplored by a large circle of friends.

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## ABBEYLEIX GUARDIANS.

### THE STRADBALLY DISPENSARY.

The minutes of proceedings of the committee were read as follows:—

The committee of management at their meeting held on the 16th inst., being unable to ascertain the medical qualifications of Dr. Dugdale, whom they appointed as *locum tenens* to Dr. Percival for one week, adjourned the meeting to the 23rd inst. The hon. secretary read the following letter, which he received from the Local Government Board:—

Dublin, 19th December, 1879.

Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of answers to queries relating to the appointment of Dr. William Dugdale as temporary substitute for the medical officer of the Stradbally dispensary district, and I am to state that the Local Government do not approve of Dr. Dugdale's appointment, as he is under age, does not possess a qualification in midwifery, and not being registered under the Medical Act, he is not entitled to remuneration for his services.—By order of the Board,

B. Banks, Secretary.

In reply to the above letter the committee would desire to point out to the Local Government Board that Dr. Percival's illness being sudden and serious, and the district suffering from an increased amount of sickness (scarlatina, &c.), it was necessary to appoint a substitute without delay, and none other being available, Dr. Dugdale was appointed *pro tem.* He possessed diplomas in surgery and medicine, though not registered, and has attended midwifery classes at Rotundo, and has given satisfaction in the district. We would, therefore, ask the Local Government Board under these circumstances to waive their strict rule, and allow us to pay him £5 for the fortnight during which he filled the medical officer's place in this district. The medical officer being still seriously ill, the committee felt it incumbent to make another appointment. On a vote being taken Dr. Kilbride was elected by a majority, for one month, at the remuneration of £2 10s. per week.

Mr. Young explained that Dr. Percival having recommended Dr. Leeper as his substitute, that gentleman was for, but it was found he was in India. The only person sent they could get then was Dr. Dugdale, who had a diploma, but was not registered, and had not attained the age. But as Dr. Dugdale had come down from Dublin at considerable inconvenience, it would be unfair not to pay him.

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## KILMEADEN DISPENSARY.

### THE LATE CHARGE AGAINST A MEDICAL OFFICER.

The Local Government Board wrote forwarding a copy of an explanation received from the medical officer of the Kilmeaden district with reference to the removal to the workhouse hospital of a patient suffering from congestion of the lungs and bronchitis. Dr. Buckley, M.O., in his explanation, said he found the young man suffering from pneumonia with some bronchial symptoms, attributable to the place he was living in, namely, the outhouse, without fire or light. There was no one to give him a drink, and, consequently, he (Dr. Buckley) deemed it necessary for his safety to have him removed as soon as possible. In the absence of the hospital van the patient was placed on a straw bed in a box cart, well covered with clothing and supplied with some brandy and a bottle of milk. Dr. Buckley said it was the fifth time in which he sorely felt the want of sufficient accommodation in the district for the removal in acute cases. The doctor's explanation was considered satisfactory.

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## SCOTSTOWN DISPENSARY.

### AN ELECTION MUDDLE.

The committee met at the dispensary-house for the purpose of appointing a medical officer in the room of Dr. Hall, resigned. But four out of eight candidates attended, and of these one left shortly after the proceedings opened. The other three gentlemen were shortly afterwards called into the board-room, and interrogated as to whether they would reside in the dispensary-house. One declined to do so, but Drs. Smith and Gage intimated their intention of conforming to the terms of the advertisement in this respect if appointed. On a poll being taken, the voting was five for each. Up to this stage of the proceedings one member had not arrived; and the poll being equal, it was proposed that one of the absent members of committee should be sent for. This was objected to, however, and it was also contended that the chairman could not give a casting vote, seeing that he had recorded his vote as his name appeared in the published list. It was then proposed that the election should be adjourned, and this course was about being adopted when the absent member arrived, who recorded his vote for Dr. Gage, and thus that gentleman was elected by a majority of one.

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## LIMERICK UNION.

### THE HOSPITAL RULES.

The Clerk read the following letter:—

Local Government Board,
Dublin, 11th Dec., 1879.

Sir,—The Local Government Board for Ireland have had under consideration the report of the Hospital Committee, which was adopted by the Board of Guardians of the Limerick Union on the 3rd inst., in reference to the letter which the Local Government Board addressed to the guardians on the 24th ult., stating that they do not think it desirable to sanction the code of rules drawn up by the guardians for the guidance of the medical officers of the workhouse hospital; and the board have, therefore, to inform the guardians that, in declining to give a formal sanction to a general code of regulations for the management of the hospital of the Limerick workhouse, the board had no desire to place any obstacle in the way of the exercise by the guardians of the powers vested in them in regard to the details of the workhouse management, or to the allocation of their respective duties to the several medical officers; it is quite competent for the guardians to regulate the duties of the officer, and to make rules on the subject, provided that such rules are not at variance with general regulations of the Local Government Board.

The 26th Article of the General Regulations provided for obedience on the part of the workhouse officers to any lawful instructions the guardians may give them in regard to the discharge of their respective duties, and the Local Government Board must adhere to the opinion that it is not for them to adopt and sanction the rules of the Limerick Board of Guardians regarding the details of the workhouse management; the General Regulations above referred to having been found sufficient to enable guardians of large unions in Ireland to control the working of their staff.

By order of the Board,
B. Banks, Secretary.

Alderman Phillips said it was now admitted the Board of Guardians were perfectly authorised to make the rules. He would suggest that the regulations be now finally confirmed, and that the doctors be required to carry them out.

The Chairman (Lord Emly) said the Local Government Board might have written to the guardians in the same terms, and in the first instance, and not to have wasted so much pens, ink, and paper on the subject.

The hospital rules were then re-adopted, and it was resolved that the doctors be requested, in writing, to carry them out.

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## STIMULANTS IN WORKHOUSES.

The recent inquiry at the Scariff Union Workhouse, into the circumstances that caused or accelerated the death of a woman named Anne Flannery, an inmate of the hospital, is of very great importance as opening up a question upon which there appears to be considerable conflict of opinion. The inquiry was called for by the Board of Guardians, in consequence of the verdict of the coroner's jury, which went to show that the deceased had died from the want of stimulants, although ordered by the medical officer. This palpably laid the blame upon the Board of Guardians, and as the responsibility is, beyond yea or nay, of the gravest character, it was but meet that the amplest inquiry should be instituted as to whether or not the verdict arrived at was justified by facts.

Taking the evidence of Dr. Sampson we find that deceased, whose age was a little over thirty, and who was presumably a healthy patient, was admitted into hospital in 1877, suffering from the effects of—as our correspondent describes it—"a kick on the lower part of the leg." For this she was treated until her death, which occurred on the 10th November, and the immediate cause of which was hectic fever and diarrhœa. According to the evidence of the medical officer, death was accelerated by the want of stimulants; and the issue arises how far are the Guardians justified, if at all, in running counter to professional opinion in this respect? Of course we hold them guiltless in this specified instance, but the general attitude of opposition to the administration of stimulants we cannot help regarding in the light of a very serious responsibility. It may be urged that no such opposition exists, and that the Guardians are quite willing to sanction a moderate supply, but considering that its extent is solely for the medical officer to determine, any position of mere compromise assumed by the Guardians must be held to be one of *de facto* opposition. The medical officer will not, we take it, order an inordinate quantity of stimulants merely to put the union to expense. His position is one of double trust, and he is as bound to regard the interests of the Guardians as he is the health of those committed to his charge. To adopt, therefore a system of indiscriminate administration of alcoholic stimulants, and administer them in the character of luxuries, is decidedly objectionable. We do not believe that any medical officer would so far abuse his position and professional privileges by such conduct. As a rule we have found dispensary and workhouse medical officers most careful of the interests of the Guardians, and have never known an instance of reckless lavishness on their part.—*The Clare Journal.*

## DIGITALIS IN THE TREATMENT OF DILATATION OF THE HEART.

Dr. D. Foster Morgan, of Clarksburg, W. Va., reports in the *Medical and Surgical Reporter*, October 4th, 1879, p. 290, the details of a case which, from the severity of the symptoms, and the success attending the treatment, is of some practical interest. Under the heading to his paper he summed the case up as one of "Dilatation of the Cavities of the Heart, with probably some Hypertrophy, complicated with Exophthalmic Goitre, successfully treated with Digitalis." His patient was a young girl, æt. 14; from childhood she had been always delicate. When 10 years of age she had a severe attack affecting the heart, from which she recovered for the time. When seen (July 21st, 1876) she was pale and anæmic; suffered from extreme orthopnœa, constant sleeplessness, and complete failure of the appetite. The temperature was somewhat below the normal standard; the respiration 48 per minute, and greatly distressed. Heart's action weak and feeble, with physical signs of regurgitation and valvular insufficiency. The action of the heart was so irregular as not to be countable even with the aid of the stethoscope; the pulse also was small, most irregular, and uncountable. There was extreme anasarca; the extremities were cold, the bowels were constipated, and there was almost complete suppression of urine. In the latter, however, there was not the slightest trace of albumen. The case seemed hopeless. The treatment commenced with—

℞ Inf. digitalis, fʒss.;
Potass. bitart., grs. cxx.;

every six hours.

At the end of three days there was marked improvement. Almost with the first dose the heart's action became steadier; she was able to lie in a semi-recumbent posture, and she obtained some sleep. Urinary secretion was partially restored, and the dropsical symptoms were disappearing at the second visit. In addition to the above mixture Dr. Morgan then ordered—

℞ Ext. bellad., fʒij.;
Tr. digitalis, fʒiij. M.

Sig.—Six drops after meals in water.

Menses returned very slightly; leucorrhœa disappeared.

On the 15th of October No. 2 mixture was repeated in addition to the infusion. Nov. 15 bitter tonics with iron were ordered, in which she made rapid improvement. On the 28th of February, 1877, the date of the last note, she had gained much flesh; was doing a considerable amount of home work, and was able to be out of doors and to visit her friends.

℞ Sol. ferri et strychniæ, fʒj.;
Elix. Calisayæ, fʒj. M.

Sig.—Teaspoonful before meals.

℞ Emp. bellad., No. 1.

Apply over præcordiæ.

August 10th, patient was very much improved. Pulse 92; respiration reduced in frequency; dropsy still diminishing. Improvement continuing, all treatment was omitted on the 6th October with the exception of the first mixture. From this period on the improvement was rapid; the kidneys resumed their normal action; the dropsy rapidly disappeared; the heart's action became more quiet and regular; there was still dilatation and murmur.

The following is the formula for sol. ferri et strychniæ ordered by Dr. Morgan:—

℞ Strychniæ muriatis, grs. vi.;
Acidi muriatici, 2 s. M.
Add ℞ Tr. ferri chlor., fʒiij. or iv.;
Glycerin., f℥iv.;
Aquæ dist., f℥xxiv. M.

# INDEX.

## JULY TO DECEMBER, 1379.

Abbeyleix union, Nov. 12, Dec. 3, 17
Association, Irish medical, Oct. 8, 15, 27, Nov. 19, Dec. 3
Athy board of guardians, July 9 16, Oct. 15
Athy petty sessions, Nov. 12

Ballinagh dispensary committee, Nov. 27
Ballina dispensary, Aug. 13
Ballymahon union, July 16
Ballymena guardians, Dec. 31
Ballyroan dispensary election, Nov 26
Balrothery union, Dec. 17
Blessinton and Ballimore dispensary, July 9
Bone-setter, shocking cruelty by a, Nov. 19
Boyle union, Aug. 27, Nov. 26
Burials, Dec. 10

Carlow union, July 30, Nov. 12, Dec. 31
Carrick-on-Suir union, July 16, Aug. 13
Carrick-on-Shannon union, Dec. 10, 31
Carrickmacross union, Aug. 27, Nov. 5, Dec. 10
Claremorris union, Nov. 19
Callan dispensary, Oct. 22
Coffins, workhouse, Dec. 17
Committees for expenses of candidates, liability of dispensary, Oct. 8
Correspondence, July 16, 30, Aug. 13, Oct. 1, Nov. 12, 26, 30, Dec. 3, 31
Constabulary, medical attendance on royal Irish, Oct. 1
Crossakiel dispensary, Aug. 13

Dispensary medical officers, July 6
Dispensary tickets for profit, the issue of, July 30
Dispensary election, Nov. 5
Dispensaries are looked after, the way Irish, Dec. 17
Donaghmore union, July 9'
Drogheda union, Oct. 22, Nov. 12, 19, Dec. 17
Drug system, the Irish, Aug. 13
Dundalk union, Aug. 13
Dungarvan union, Aug. 27
Drugs, the supply of, to Irish unions, Dec. 10
Duties under the new public health act, increased, Oct. 29

Enniscorthy dispensary district, July 9
Entries, list of, in the register of branch medical council (Ireland), July 9, Oct. 8, Nov. 26, Dec. 10

Glennamaddy union, Nov. 12
Gort union, Nov. 19
Guardian, another model Irish, Oct. 15

Hoax, a disreputable, Nov. 5
Hospital statistics, Dublin, Dec. 17

Insurance certificates, fees for, Oct. 15
Irish medical association, Oct. 8, 15, 29, Nov. 19, Dec. 3

Keady dispensary, July 16

Laudanum, poisoning by, Dec. 3
Limerick dispensary, July 9, Aug. 13
Limerick union, July 9, Dec. 3, 10, 31
Limerick sanitary authority, Aug. 13, Oct. 1
Lisburn guardians, Oct. 22
Local government board for Ireland, abstract of annual report of, Sept. 3
Lunatic asylums in Ireland, abstract of report of, Sept. 3, Oct. 18
Lunatics (Ireland), neglected, Oct. 29, Nov. 5

Mallow dispensary, Oct. 8
Maryboro gaol, inconsistencies in present arrangements for, Oct. 8
Monasterevan union, July 9
Mountmellick union. July 9, Aug. 27, Oct. 29, Nov. 19, 26, Dec. 31
Monaghan board of guardians, Nov. 26, Dec. 10
Monaghan fever hospital, Dec. 17

Naas union, Nov. 5

Omagh union, July 30, Dec. 3, 17

Parsonstown guardians, July 9, Nov. 12
Pauperism in Ireland, anticipated increase of, Nov. 26
Paupers, locking up, Nov. 26
Piltown dispensary, July 16, Aug. 27
Poor-law medical amendment, Dec. 17
Poor-law service, fees for temporary, Oct. 22
Portumna, election of medical officer for, Oct. 22
Prison surgeons, the Irish, Oct. 22
Public health system, the responsibility for the breakdown of the, Dec. 10

Quarterly report of health of Dublin, July 16
Quarterly return of births and deaths (Ireland), Aug. 27, Nov. 5

Remuneration of medical officers of health, Oct. 1
Roscrea guardians, Oct. 22
Salaries, medical officers, July 30
Sanitary salaries, reduction of, Oct. 1, 22
Sanitary orders under the public health (Ireland), act, Aug. 27
Sanitary commission, the, Nov. 5
Sanitary officers, the responsibilities of Irish, Nov. 5
Sanitary state of Limerick, Oct. 29
Sanitary salaries in Ireland, Oct. 8
Sanitary officers, proposed abolition of the consulting, Oct. 8
Sanitary prosecutions, fees for attendance on, in Ireland, Dec. 31
Salaries, reduction of, Oct. 22, 22
Sanitation, a specimen of Irish, Nov. 5
Sanitation, effect of the public health act upon Irish, Aug. 27, Sept. 3
Sanitation, Irish, Nov. 12
Shillelagh union, July 30
Sligo union, July 30, Dec. 3
Stradbally dispensary, July 30, Dec. 17
Substitutes for dispensary doctors, payment of, July 16, 30
Superannuation of medical officers, Nov. 12, Dec. 3

Tandragee dispensary, Nov. 26
Tape-worms in eggs, Oct. 22
Thomastown union, July 16
Tropics, mortality in the, Oct. 22
Tuam union, Nov. 19, 26

Union, north Dublin, Dec. 3

Vaccination, Nov. 26
Vaccination (Ireland) acts, on the, Dec. 31

Waterford union, July 16, 30, Aug. 13, 27, Dec. 31
Wexford union, July 30, Dec. 3

Zymotic mortality of Ireland for the last ten years, July 9

# IRISH POOR-LAW INTELLIGENCE.

## DUBLIN SANITARY ASSOCIATION.

The annual meeting of the Dublin Sanitary Association was held at the Leinster Hall, Molesworth Street, on the 18th Dec.

Mr. Jonathan Pim presided.

Dr. F. W. Moore read the report for the last eighteen months, which stated:—

On the 2nd of January, 1879, attention having been called to the resignation by Dr. Mapother of his position as Superintendent Medical Officer of Health, and the proposed union of this office with that of City Analyst, your Committee addressed a communication to the Town Council, urging on that body the appointment to the post of Superintendent Medical Officer of Health of a gentleman who could devote his entire time to the onerous duties of the office. Your Committee regret, however, that the sanitary administration of the city is still divided between two officers, both of whom have other duties and responsibilities. Both are gentlemen of established reputation, from which your Committee do not seek in the least to detract, but they are very firmly convinced that no arrangement can be satisfactory under which the superintendence is not concentrated in the hands of one officer, who shall devote his undivided attention to the work.

The report referred to the steps taken by the association in order to obtain the recent Sanitary Commission:—

It is with considerable gratification that your Committee report that the attitude of the Corporation, and especially of the Public Health Committee, in admitting so fully as they did the unsanitary condition of Dublin, relieved them from the duty of urging evidence on this subject in the detail which your Committee feared might have been necessary, and enabled them to confine themselves chiefly to pointing out some of the main causes of the existing evils, and offering suggestions towards remedying them.

Dr. Head, President of the King and Queen's College of Physicians, moved that the report and statement of accounts, which had been read, should be adopted. To curtail the number of cabs for the purpose of removing the sick to hospital was a very narrow-minded proceeding. It was not only for bringing patients to hospital that cabs were so essential, but in small-pox and scarlatina they should also be used in removing patients from hospital. With regard to tenement houses, this was a very important point in a sanitary sense; the expense was so great, that it was almost impossible to get a sufficient numner of houses to accommodate the poor.

Mr. F. W. Pim seconded the adoption of the report. The population of Dublin was 315,000; therefore, for every one per 1,000 that the death-rate went up, it meant that 315 persons additional died annually, or six per week, and for the death of these persons the citizens of Dublin were responsible. There was no use in throwing the blame on the Public Health Committee. It was impossible for any public authority to do what it had to do if its constituents did not support it with their assistance and money. They found the Corporation, the Public Health Committee, the Local Government Board, and the Press and the public were asleep; but the Association had had a good deal of success in waking up everybody except the Local Government Board (laughter). The Public Health Committee did not like the process, and he was not surprised at it; but he believed that they had brought them round to see that the Association was not so unreasonable. The Association might have made mistakes, and spoken too strongly sometimes, but if they did they were sorry for it, and had said so. It was not until the Association went to the House of Commons, and after several questions from Mr. Meldon, that they got the promise of a Royal Commission; but, just like a good many things in this country, they did not get it straightforwardly. In the matter of the proposed abattoir, he thought the Public Health Committee ought to receive the support of the public (hear, hear). They had brought a scheme forward, and deserved public approval in their efforts to carry it out. There were, of course, interests that immediately they were touched, began to cry out, and there was too much weight given to that in Dublin. He hoped the Committee would not allow themselves to be overborne in this matter by the special private interests which conceive themselves to be injured in the neighbourhood (hear, hear). He believed the place where it was proposed to put it was the proper place, alongside the Cattle Market. It had been said that instead of one there ought to be three or four small ones. He was informed that in Manchester, which was a larger city than Dublin, they had but one abbatoir alongside the Cattle Market. Although they had ratified the *entente cordiale* with the Pulic Health Committee, they did not give up the right of criticising just as before, and he believed there was hardly anything so much wanted in Dublin as intelligent criticism. He hoped that the Association would never, in its desire to conciliate anyone, give up its right and duty of freely criticising all that came before it. Some people had found fault with the title of the Commission. They said it was going beyond their warrant to call themselves the Royal Sanitary Commission; he had been told there was an article in the *Evening Telegraph* on the subject, which ought to be answered by the Association. He had got the paper, and had read the article; but, with all respect to the *Evening Telegraph*, he really did not think there was anything in it to answer. The article found fault with the name, and said the Commissioners might as well call themselves the Royal Agricultural Commission. Well, for his (Mr. Pim's) part, he did not care whether they did or not, and he did not think the Association need care either, whether they called themselves an Agricultural Commission or anything else, provided only that they published the evidence as it was taken, and reported on it. He hoped, however, they would not give up the name they had taken ; for though the name was of no importance, still the Commission was a Royal Sanitary Commission, and it might as well be called by the name which described it properly.

Mr. M. Brooks moved the appointment of the officers of the association. He had been a long time a member of the Public Health Committee, and he felt warranted in saying that that committee, composed of men who gave valuable time to the public work without fee or reward, was not at all unwilling to be criticised. Intelligent criticism undoubtedly was the life of every public association. But he thought the tone of the report, and the tone of the observations of the President, and the tone of the observations of Mr. Pim, had gone beyond that of mere criticism ; he thought there had been unmeasured and unmitigated censure of the proceedings of the Public Health Committee. They were as anxious as anybody could be to promote the public health and thereby the prosperity of the city. They should consider what had been done by the hon. gentleman who presided over that committee. The erection of artizan's dwellings in Dublin never would have been brought about but for the almost superhuman efforts of the gentleman in the face of the opposition of many of the citizens. Now that the Public Health Committee were chargeable with the deplorable death-rate of Dublin was, he thought, a most unfair statement, and if not untrue, was certainly not warranted by the facts.

Mr. Price—No one says it.

Mr. William Findlater, solicitor, seconded the resolution. He said that until he read the report he could scarcely have conceived that the sanitary state of Dublin was so bad. Referring to the artisan's dwellings scheme he said that even as a commercial speculation it was resulting successfully (hear, hear), and he was glad to know that the suggestions of this society were being carried out. He did not think that Mr. Brooks was justified in saying that there was such unqualified censure indulged in by any of the speakers or in the report on the Corporation.

Mr. Meldon, Q.C., M.P., moved—

That as the inquiry lately held by the Royal Sanitary Commission had caused a very considerable extra expense, which the ordinary revenue of the Association is insufficient to meet, a special subscription be raised amongst the members of the Association to defray the expenses so necessarily incurred.

He said this Association had done work which had been productive of great good for the citizens of Dublin (hear, hear). It was an Association that had been met with considerable difficulties in the course of its career. The Public Health Committee of the Corporation—when this Association called attention to the numerous points on which it appeared that Dublin was in an unsanitary condition, seemed to resent it as an intrusion by outsiders, and that the interference on such matters by anyone but themselves was really an attempt at dictation (hear, hear). Now he was exceedingly glad to be able to state that the good sense of many members of that Committee had dissipated the notion that there was anything like dictation intended. A great difficulty which the Association had had to encounter was the arrogance of the officials in this country. There were officials who could not in any sense be said to represent the people, and who went out of their way from arrogance, or he should perhaps say from ignorance, to throw difficulty in the way of this Association. These officials had been taught a lesson by their superiors and by the public, who have shown them that the arrogance or incompetency of officials could not be permitted to interfere with the well-being of this city (applause). What was the work this Sanitary Association was doing outside? It was easing the way for the Public Health Committee, facilitating them in doing their work. It was forming public opinion outside, removing the apathy and indifference of the persons sought to be served by this Association, and better work than that could not be done Reforms were not originated by public boards or public men.

Dr. James Little seconded the proposition. Alluding to the recent sanitary inquiry, he said the result of it was to bring about a more perfect understanding between this Association and the Public Health Committee of the Corporation (hear, hear). They now mutually understood and mutually respected each other. As to the death-rate, the report which had been read absolutely prevented the possibility of any denial of the fact that the public death-rate in Dublin was high.

Mr. Barbour having supported the resolution, the latter was put and carried.

Mr. George Price, B.D., moved a vote of thanks to the proprietors of the Dublin newspapers for their support of the objects of the Association. During the course of his remarks he said, on the part of the Committee of this Association, he wished to disclaim any intention whatever of a desire to censure the Public Health Committee (hear, hear). They had endeavoured to aid them, and, as a matter of fact, he believed they had aided them ; but they reserved to themselves the right to criticise the action of the Public Health Committee, as they did their right to criticise all public bodies administering the public business in the city of Dublin, when what they had to do came within the subjects this Association had been established to look after. The extension of the Artisans' Dwellings Acts to Ireland had been set going by the action of that Association, and the Artisans' Dwellings Company, formed in connection with that measure in Dublin, was the child of this Association.

Dr. F. W. Moore seconded the motion.

The Chairman, in putting it to the meeting, said, referring to the criticisms of the Public Health Committee and that Association, that both parties had the same wish—to be of use, and serve the cause they all had in view.

The motion was then adopted.

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## IRISH MEDICAL OFFICERS OF HEALTH, THEIR DUTIES AND THEIR PAY.

THE following letter, addressed by Dr. Chapman, Medical Officer of Health for the Pembroke Township, Dublin, to his Board, is deserving of perusal by every medical sanitary officer in Ireland. It is a manly, honest, and emphatic protest which not every one is in a position to make, and which very few would have the courage to send. It contains not one syllable which we cannot heartily endorse, and we wish we had some means of inducing every guardian and town commissioner in Ireland to read and digest it. That being impossible, we can only commend it to the careful consideration of the Local Government Board, and ask what they think of their system, which would evoke such a protest from every medical officer of health in Ireland if he only dare express his feelings?

18th September, 1879.

Sir,—With reference to the proceedings of the sanitary authority of the Pembroke urban district, at their meeting on the 1st inst., relative to the remuneration of the medical officers of health, I must respectfully protest against the salary of £20 a year being considered as equitable remuneration for the full and efficient discharge of the duties compulsorily imposed upon me as medical officer of health.

Be it remembered that only one-half of whatever amount of salary for the office, which meets with the sanction of the Local Government Board, is chargeable to the poor-rates of the union; the other half being payable out of moneys provided by Parliament, as enacted by the 11th Section of the "Public Health Act, 1878," and that no part whatever of such salary is chargeable to the rates of the Pembroke Township.

Such inadequate remuneration as that proposed can only be considered to be, to a great extent, a prohibitory salary; or in other words, one which would effectually prevent the full and efficient discharge of the duties.

I contend that Parliament, in appointing by statute, the dispensary medical officers to be the medical officers of health without option of refusal, and imposing such onerous and important public duties as are imposed on them, never meant or intended that they should not be equitably remunerated.

The Public Health Act of 1874 proved a failure, chiefly, if not solely, because the medical officers of health were not fairly paid for their services, and the insufficiency of the salaries paid under the scale fixed in accordance with its provisions was, I am in a position to state, admitted by Government, and also by Parliament, as evidenced by the withdrawal of that scale from the new Act.

The duties are adverse to the interests of the medical officers of health as medical practitioners, and involve many transactions, the extent, nature, difficulty, or delicacy of which do not appear.

In my opinion the salary of each of the medical officers of health of the Pembroke urban sanitary district should be about £200 a year, if the duties compulsorily imposed upon them by the new Act, and by the sanitary orders of the Local Government Board, are expected and intended to be fully and efficiently discharged.

The amount of the salary, viz., £20 a year, which the sanitary authority have proposed for my services could not reasonably be considered to require or command more than £20 worth of work.

I have no doubt the matter will be practically considered, and so dealt with by the sanitary authority, as well as by myself, from our several view points, but I trust and expect that I shall be placed in a proper position before the ratepayers of the township. Let it be known that I am not paid for the full performance of the duties, and therefore not expected to discharge them thoroughly, and I shall be satisfied to give services equivalent to the remuneration I receive.

Immediately after the meeting of the sanitary authority, when the amount of the proposed salary was made known to me by a member of the Board, I expressed my opinion that but little sanitary work would be done, and it was suggested to me that if no work were done I could not object to return the salary. I now beg to state that not only would I gladly return the salary, but that I would do anything in my power to relieve myself of an office, the duties of which could not be perfectly performed in consequence of the insufficiency of the payment offered; and the holding of which, under such circumstances, could only bring discredit upon me.

I am willing and prepared to give my best services for equitable remuneration, but I submit that I should not be expected to sacrifice my own interests in the discharge of *public* duties unless I am fairly remunerated, though I am fully aware that zeal and activity on the part of the medical officers of health are absolutely essential to the successful administration of the provisions of the Public Health Act.

Almost all the members of the sanitary authority are, in their individual capacities, employers, and therefore cannot fail to know that it is impossible to obtain good services unless fair payment is given. To them, as practical men, I need hardly say that they can only expect me to measure my services as they measure the award for them. However, as the sanitary condition of the township cannot possibly be made satisfactory unless by the energetic and constant supervision of the medical officers of health, the responsibility for default must not rest with me.

Indeed, were it not for the great zeal and interest which you yourself have invariably displayed in sanitary matters, the condition of the township would have been far worse than it is; however, the duty of making the necessary inspections and reports is not within your province as executive sanitary officer. These duties are imposed upon the medical officers of health, and unless effectively discharged by them the provisions of the Act of Parliament cannot be fully and satisfactorily carried out.

The expense of providing fair salaries for the medical officers of health would hardly affect the rates to any appreciable extent. So far as I can form an opinion, and my opportunities for so doing are not very limited, the ratepayers are quite willing to pay fairly for all the advantages which would accrue to them upon due and complete effect being given to the provisions of the Public Health Act, and they are unquestionably entitled to every possible advantage which can be obtained for the improvement of the public health.

The proposal of the sanitary authority of this wealthy, fashionable, large, and populous district to pay but ten pounds a year *out of the rates* for the services of each of the medical officers of health, is one which I feel confident would not be endorsed by the ratepayers, because it could not possibly have a satisfactory result.

The action of the sanitary authority must decide whether the provisions of the Public Health Act are to be carried out effectually, or to be, to a great extent, ignored in their district.

I am, sir, yours, &c.,

John H. Chapman,
Medical Officer of Health.

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## LIS OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF DECEMBER, 1879.

**December** 2nd.—Malcolmson, Samuel Murphy; 17 Cromwell Road, Belfast; M.D. 1879 and Mast. Surg. 1879 Q. Univ. Irel.

3rd.—Moore, Thomas Tilly; Cootehill Rectory, co. Cavan M.B. 1878 and B.Ch. 1879 Univ. Dub.

5th.—Lynch, Owen; Culmore, Londonderry; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

9th.—Ryan, Daniel; Drumeree, co. Westmeath; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

9th—Lewis, Frederick William; Moyfeigher, Ballivor, co. Meath; Lic. R. Coll. Surg. Irel. 1879.

12th.—Greany, Hugh; Mallow, co. Cork; M.D. 1879 and Mast. Surg. 1879 Q. Univ. Irel.

13th.—Corbett, Daniel (Jun.)—12 Clare Street, Dublin; Lic. R. Coll. Surg. Irel. 1878.

13th.—Semple, John; 10 Effra Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1879.

15th.—Cummins, Willian Edward Ashley; 11 South Mall, Cork; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

16th.—Cohen, Abraham; 34 Lower Gardiner Street, Dublin; M.B. Univ. Dub., 1879, Lic. Mid. K. Q. Coll. Phys. Irel. 1879.

16th.—O'Donovan, George Redmond; 2 South Mall, Cork; M.D. Q. Univ. Irel. 1879, Lic. R. Coll. Phys. Edin. 1878.

17th.—Meagher, Edmond Patrick; Templemore, co. Tipperary; Lic. K. Q. Coll. Phys. Irel. 1879, Lic. R. Coll. Surg. Irel. 1879.

18th.—Jackson, Thomas; Royal Irish Constabulary Office, Dublin Castle; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. 1879 and Lic. Mid. 1879 R. Coll. Surg. Irel.

20th.—Henn, Edmund Poole Howell; 10 Winton Avenue, Rathgar, co. Dublin; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

22nd.—Malley, Abraham Cowley; Munslow, Shropshire; M.B. 1878 and B.Ch. 1879 Univ. Dub.

23rd.—Hosford, John; Castletown, Bandon, co. Cork; M.D. Q. Univ. Irel. 1876.

23rd.—Vint, John; Comber, co. Down; M.D. Q. Univ. Irel. 1879.

23rd.—Philpot, Bartholomew Purdon; Newmarket, co. Cork; Lic. R. Coll. Surg. Irel. 1879, Lic. Apoth. Hall Dub. 1879.

26th—Macartney, George William; 60 Westgate, Gainsborough; Lic. Apoth. Hall Dub. 1879.

27th.—Delahunt, James Joseph; Ballinasloe, co. Galway; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll Surg. Edin. 1879.

27th.—Evatt, William Henry Pratt; Barrow-in-Furness, Lancashire; Lic. R. Coll. Surg. Irel. 1879.

29th.—Pratt, Joseph Dallas; Drumsna, co. Leitrim; M.B. 1879 and B.Ch. 1879 Univ Dub.

30th.—Barry, Edward Frederick Sheehy; Kanturk, co. Cork; Lic.1879, and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

30th.—Hayes, William Edward; Wexford; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

30th.—Finucane, Edward Michael; Ennis, co. Clare; Lic. R. Coll. Surg. Irel. 1879.

31st.—Williams, John Alexander De Courcy; Killucan, co. Westmeath; M.B. 1879 and M.Ch. 1879 Univ. Dub.

RESTORED (per Minute, 20th Nov., 1879).

McIvor, Robert; Medical Department Royal Navy; M.D. 1876 and M.Ch. 1876 Q. Univ. Irel. Registered 28th October, 1876.

The following names have been erased from the Register of the Branch Medical Council, Ireland, during the month of December, 1879, pursuant to the 14th section of the Medical Act, no reply having been received to several letters of application, viz.:—

Moran, Thomas; America.
Prendergast, Robt. K.; Deputy-Inspector-General, Army.
Roe, Robert Lloyd; Killaloe, co. Clare.
O'Hanlon, George; 4 Fitzwilliam Street, Dublin.
Maldonogh, Geo. Valentine; Inspector-General of Hospitals and Fleets.
Riordan, Thos. Travers; Marksbury, Somerset.
Purdon, Rowan; Tralee, co. Kerry.
McCulloch, Latham Blacker; Sandymount, co. Dublin.
Sutcliffe, George Gilbert Angell; Kelham, Lowthorpe, Hull.
Smith, Parker Arthur; Med. Department Army.
Alleyne, Robert Augustus; Assistant-Surgeon, Bombay Army.
O'Neill, Patrick; Castledermott, co. Kildare.
McCarty, John Winspeare; 47 Grand Parade, Cork.
Booth, John Mason; 6 Bloomfield Street, Circular Road, Dublin.
Kelly, Edward Joseph; Elphin, co. Roscommon.
Thomley, John George; Tring, Herts.
Jackman, Patrick Francis Hayes; Carrick-on-Suir, co. Tipperary.

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## CARLOW UNION.

### THE VACCINATION ACT.

THE relieving officer applied for a sum of £1 1s., expenses incurred in the prosecution of a number of parties for non-compliance with the Vaccination Acts.

In the course of a discussion it appeared that most of the cases were dismissed by the magistrates, Dr. Phillips having failed to furnish the parties with vaccination notices when registering the children.

The board decided upon ordering payment to the relieving officer, and referred the matter to Dr. Phillips for explanation.

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## DROGHEDA UNION.

### PROVISIONAL RELIEF TICKETS.

Chairman (handing about a small bit of paper)—Look at that; that's a nice way to send in orders for relief.

Mr. Eagar—I thought there were printed orders got by the board for the doctors?

Mr. Dowdall—So there are, you got several books of them printed; they are not used it appears by them.

Mr. Mangan—Why is it they do not give them you from the printed book?

R. O.—I don't know; they say they cannot carry them about with them.

It was an order to supply 3 lbs. of beef to a patient. The ink impression was very delicate.

Mr. Whitworth—I think their refusal should be brought under the notice of the Committee, and if they refuse I would not sign the cheque for their salaries until they comply.

Mr. Daly—The auditor tells us that he wishes that these order books should be used to facilitate the accounts, and the board wish it and ordered it, and surely in the face of that they won't say they will not do it.

Mr. Mangan—The committees should meet at once to ascertain their wishes, and if they don't consent to use them we need sign no cheques for them.

Mr. J. Moore—Cannot you order now that the R. O. take no more of these slips of paper from them, for payment will not be allowed.

It was ordered that the medical officers be again requested to use the printed forms supplied by the board.

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## LIMERICK UNION.

### THE VACCINATION PROSECUTIONS.

MR. DELMEGE put in the following notice of motion:—"Inasmuch as our worthy fellow-citizen, Joshua Jacob, has the strongest objections to having his child vaccinated, and inasmuch as he is upheld by the opinion of many of the ablest medical and scientific men in Europe, who have written that from theory, as well as from long experience and large practice, they believe that the lymph used in vaccination is often impure and poisonous, and even when diffused into some constitutions, from the bodies of numerous deadly and hereditary diseases. And inasmuch as the said Joshua Jacobs has been prosecuted seven times by this board for not having his child vaccinated, and yet states that he cannot conscientiously comply with the conditions of this compulsory Act, not from any disrespect to law, but from a feeling of parental duty and affection for his child. I shall therefore move at the board this day fortnight—'That no further prosecution be instituted against a very worthy, and in all respects (save this one) law-abiding man; and because that any further prosecution would in the eyes of many appear rather a persecution, which would be unbecoming of the position of justices and duty of this board.'"

Lord Clarina said he did not see how the guardians could move such a notice of motion; the law was laid down, and unless the Act is carried out it will be violating the duties the guardians owe to the public.

Mr. Bourke, L.G.B.I., said that he thought the notice of motion was illegal.

[Would Mr. Delmege favour us with the names of "the ablest eminent medical and scientific men in Europe" who supported the anti-vaccination fanaticism? We know of none but a few ignorant, obstinate, and unthinking fanatics who have ever supported that view. But we suppose Mr. Delmege would consider Mr. Ward—the poor half-witted man who recently addressed the *Times* on the subject—"one of the ablest," &c., &c.

If he accepts that standard of ability, he will find many such associated with the anti-vaccination craze. We believe that no single person whose scientific name could give his opinion the slightest weight, or who was willing to listen to reason on that or any other subject, ever held the tenets of the Anti-Vaccinationists.—ED.]

# IRISH POOR-LAW INTELLIGENCE.

## THE SOCIETY OF METROPOLITAN MEDICAL OFFICERS OF HEALTH FOR DUBLIN

AND its vicinity, which has recently been established under the presidency of Dr. Cameron, the Medical Officer of Health for the city, held its meeting on Jan. 16th, at the College of Surgeons. The purpose of the society is to unite the medical sanitary officers of the entire metropolitan and suburban districts for public benefit and mutual advantage, and we are pleased to say that the suggestion has been cordially received by the great majority of the medical officers of health, three-fourths of whom joined the Society, the small remaining minority have, apparently, not sufficient interest in their work to give themselves that much trouble.

We quite admit that neither the Public Health Committee of the Corporation, the Local Government Board, nor the Boards of Guardians have deserved from the medical officers of health anything except the most listless and perfunctory performance of sanitary duty, but we fully believe that the medical officers have higher aims than that of doing as little as possible for the largest salary they can beg, and we believe we can promise them the public appreciation of their disinterested effort to improve the public health of Dublin.

At the meeting of the society on the 16th, a paper was read by Dr. Chapman "On the Position of Medical Officers of Health," which we publish today in another part of our issue. The following resolution was then submitted by Dr. Chapman and after some discussion, unanimously adopted :—

That in the opinion of the Society of Metropolitan Medical Officers of Health, it is essential for the protection of public health that all public laundries should be registered and subjected to special surveillance.

That every person who undertakes to do laundry work for others, than the actual residents of the house in which a laundry is situate, should be deemed to have a public laundry.

That the work of a public laundry should not be permitted to be carried on in any room occupied as a sleeping apartment.

That any person suffering from, or exposed to any infectious disease, should not be permitted to enter, or to be employed in, a public laundry.

That whenever any case of infectious disease occurs in any part of any house used as a public laundry, the business of such laundry should not be permitted to be carried on until after the termination of such case, or removal of the patient, and until the whole house and laundry have been thoroughly disinfected, and they be certified by the medical officer of health for the district in which they are situate, to be to the best of his opinion and belief, free from infection, and from every source of danger to public health. That for every such examination and certificate, the medical officer of health should be entitled to the fee of one guinea, to be paid to him by the sanitary authority of the district, for which he is the medical officer of health.

That articles of clothing, &c., exposed to any infectious disease should not be permitted to be sent by any person to any public laundry until after such articles of clothing have been properly disinfected, and in such case that notice, with full information regarding the facts, be given to the registered proprietor of such public laundry, who should thereupon be required not to mix such articles with others in the process of laundry work.

That observance of each regulation should be enforced under penalties.

That a copy of this resolution be forwarded by the Honorary Secretary to the Chief Secretary for Ireland, the Local Government Board, and the Public Health Committee, &c.

The society then adjourned.

Dr. Purcell, of 71 Harcourt Street, has accepted the office of hon. secretary, and to him communications bearing upon the business of the society should be addressed.

## DROGHEDA UNION.

### CANCER CURING.

MR. DOWDALL said that a girl named Cosgrove had applied at the board some time ago, to get into hospital; but as it was a case of cancer it was thought better to send her forward to Dublin, to one of the hospitals. The Mater Misercordiæ would not receive such a case, as being incurable ; the girl came home ; application was made to the Meath Hospital ; she would be received there, and any donation the board would make would be acceptable to the hospital funds.

Mr. M'Kenna—You needn't trouble yourself any more about her ; Dr. Cronin cured her ; she went to Dr. Cronin, he examined her and took the case in hand, and cured her in five weeks, and gave her a present of money besides. He looked at it ; she told him what the doctors told her ailed her. "It isn't cancer," said he, when he examined her, and he cured her.

Mr. Mangan—Didn't the other doctors all say it was cancer ?

Mr. M'Kenna—Didn't two doctors say that that child in Barrack Lane would die, and there he is quite well ? I wouldn't mind what half of them say ; at any rate, if it was cancer, Dr. Cronin cured her ; there she is, cured.

Mr. Dowdall—Her mother told me she was quite well.

Mr. M'Kenna—Just as I tell you, Dr. Cronin cured her and gave her money.

Mr. M'Geown—He might be content to cure her without giving her money to boot.

Mr. Mangan—I hope he'll gain his reward out here in a dispensary.

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## COLERAINE UNION.

### INFECTIOUS DISEASES REGISTRATION.

**Read** letter from the L. G. B. in reply to the query by Mr. Hezlett whether it is the duty of dispensary doctors to report upon any case of contagious or infectious disease which he may discover in the course of his professional visits, and to take such steps as he thinks necessary to stop the spread of disease. The letter was as follows :—

"Sir,—The L. G. B. acknowledge the receipt of the minutes of proceedings of the guardians of the Coleraine Union, containing a resolution inquiring whether it is the duty of dispensary medical officers to give immediate notice of any case of contagious or infectious disease occurring in any house in which they have a dispensary patient in their districts, and to adopt all reasonable precautionary measures to prevent the spread of the disease ; and, in reply, the L. G. B. desire to refer the guardians to the order of the 8th of August last.

"It is the duty of a medical officer, under the Public Health Act, 1878, to take such steps as may appear to be necessary to check the progress of infectious disease when a case of the kind comes under his notice.—(By order of the Board).

"B. Banks, Sec."

The Chairman—That is not a very definite answer.

Mr. Taylor—But they refer us to the order.

The Chairman—Yes ; but I do not think the order is very clear. I shall read it :—

[*Copy of Order.*]

"Every medical officer of health shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district in his charge, and shall from time to time, as occasion may require, report on the subject to the sanitary authority, whenever required to do so, and recommend the measures which, in his opinion, should be adopted for the protection or improvement of the public health in such district."

Mr. Hezlett—That seems to be very vague.

Mr. Taylor—It leaves it open to the doctors to refer such cases to the sanitary officers.

The Clerk—In isolated cases.

Mr. Hezlett—But it may be, say in a case of fever, that if people are ignorant of the nature of the disease, and visit the patient, the entire neighbourhood may be affected. That is why I think the dispensary doctors should report.

Mr. Moody—I know that Dr. Lane (Aghadowey) has always been in the habit of doing so.

Mr. Hezlett—I have known five cases of death to occur in one townland, just because the doctor who was attending the patient did not inform the people that it was fever with which the person wes affected.

Mr. Ranken—All that we can do is to send a copy of this order to each of the dispensary doctors ; and I think the people should be informed that there is a penalty incurred if a "wake" is held over the remains of any person who is knowh to have died from the effects of an infectious or contagious disease.

The Chairman—Very likely the medical officers would tell you it is not their business to look after any cases of the kind. Instead of having this circular printed, if the guardian of each division took action in the matter, it would answer all the necessary purposes.

Mr. Moody—The guardian could not, as a general rule, be acquainted with the particulars in every case. It is not usual in our district to hold "wakes," and never, I think, where the person dies of fever.

Mr. Hezlett—But it may happen that a "wake" is held, and attended by people who do not know that the person died of a contagious disease ; and the consequence might be that the disease would be spread over the district.

The Clerk having been instructed to write to the several dispensary medical officers in the union on the subject, the matter dropped.

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## ATHY UNION.

### COST OF MAINTENANCE.

**Mr. Young** brought under the notice of the guardians the high rate of the average cost in this union as compared with other unions similarly circumstanced, notably that of Tullamore, which appeared to be the most similarly circumstanced to Athy. After a short discussion the following resolution was unanimously adopted :—

"We desire to call the attention of the L. G. B. to the continued enormous expenditure in our infirmary in extras, such as eggs, butter, and stimulants, by the order of the medical officer, over which we seem to have no efficient control, as the medical officer declines to act in accordance with our repeated remonstrances. In the returns for stimulants and extras with ninety to one hundred in infirmary, our average is about £7 weekly, while in the union of Tullamore, nearly similar in size, with same average in infirmary, the weekly expenditure is about 7s. What steps, if any, can we take to oblige our medical officer to modify the expenditure, as the poor-rates press very heavily on all classes in these hard times?"

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## GOREY UNION.

### ACTION AGAINST A SANITARY OFFICER.

**Mr. Palmer** told his Lordship that John Murray, Gorey, had issued a process against him for action taken by him in the performance of his duties as sub-sanitary officer. He produced a certificate from Dr. Weldon. It read as follows :—

"Gorey, 22nd Nov., 1879.

"Sir,—On receipt of your report I examined herrings exposed for sale in the street of Gorey by John Murray ; I find they were badly preserved, unclean, and have a bad smell. I am of opinion they are not fit for human food.

"G. Weldon."

Palmer—On the morning of the 22nd I found exposed for sale herrings which, on examination, I considered unfit for use. I reported the matter in writing to the sanitary officer (Dr. Weldon), who gave me that written certificate.

Chairman—The process is for damages, £10.

Palmer—When the case came before General Guise Dr. Weldon would not substantiate the certificate he gave me, and the case was dismissed. Dr. Weldon would not swear the herrings were unfit for human food.

The Chairman read the Sanitary Act, in which it stated that parties aggrieved by sanitary officers should before taking proceedings, serve a written notice on such sanitary officer within one month after the act of grievance.

Mr. Earl—While General Guise was reading the Act of Parliament over the herrings in the street, I know a woman who took three of them, and having cooked them had to throw them out, they were so bad.

His Lordship gave instructions to have the board's solicitor engaged for the defence of Mr. Palmer and Dr. Weldon Dr. Allen and Mr. Kirk said that Mrs. Fitzsimmons had to put the parties out of the "hotel," the herrings had so bad a smell.

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# IRISH MEDICAL ASSOCIATION.

*Report of the Proceedings of the Committee of Council during the Quarter ending* 31*st December*, 1879. *Read and adopted at the Quarterly Meeting of the Council, held the* 20*th January*, 1880.

Dr. Speedy (Chairman of Council) in the chair.

The ordinary time for this meeting having occurred during the Christmas holidays, you have not been summoned to meet earlier, but the Report about to be submitted is made up to this day.

During the past quarter, and up to this date, the Committee of Council have held twelve meetings; and in the same period seventeen new names have been added to the list of members.

### VACCINATION.

A copy of the resolution passed at the last quarterly meeting was forwarded to Mr. Meldon, M.P., and that gentleman, in acknowledging its receipt, kindly offered to move a resolution in Parliament next session, suggesting that the English system of inspection of vaccination and awards for excellence in results, be extended to Ireland, which, he hoped, would be favourably received and soon granted.

The Committee of Council, in accepting the offer, thanked Mr. Meldon for his kindness.

### MEDICAL OFFICERS OF HEALTH.

On the subject of remuneration of the medical officers of health, the Committee of Council have been in correspondence with the Local Government Board, several letters having passed to and fro, which will be found in the Appendix to this Report.

It having been observed in newspaper reports of the proceedings of sanitary authorities that in some instances medical officers of health were voted salaries somewhat in excess of the maximum under the repealed scale, and that the Local Government Board were reported to have stated that they could not sanction these proposed salaries because they exceeded the *scale at present fixed by the Treasury*, with whom, however, they were in correspondence on the subject, the Committee of Council remonstrated against this injustice, and were met with a request to name the medical officers of health referred to.

This information was of course supplied, but it was suggested to the Local Government Board that they could hardly have been in ignorance of it; and the Board having stated that the Council did not appear to be fully informed regarding the matter, the Committee of Council, in return, requested to be informed of any instances in which a salary to a medical officer of health, in excess of one-fourth of his salary as dispensary medical officer, had been sanctioned by the Board; but, as this very pertinent question has not been answered, the Committee of Council conceive that there is no such instance.

From the letters of the Local Government Board it is to be inferred that that body disclaims responsibility in the matter of limitation of the salaries of the medical officers of health, and casts it altogether upon the Treasury; and, further, that the Local Government Board are endeavouring to persuade the Treasury to sanction equitable remuneration to the medical officers of health. The result, however, has not as yet been communicated, and has probably not even yet been arrived at, though the present Public Health Act is more than seventeen months in operation; and it remains to be seen whether adequate payment will be made for the services of those officers.

The Local Government Board having stated in another letter that they are advised that there is no legal objection to a proportion applicable to all cases between the salaries of the medical officers of health and those of the dispensary medical officers, the Committee of Council again forwarded to them a copy of the opinion of Mr. Purcell, Q.C., to whom the question had been submitted. The opinion, it will be remembered, was directly contrary to the views previously and now again expressed by the Local Government Board; and, in order to put this question beyond cavil, the Committee of Council, in a letter to the Board, narrated the details of the proceedings, and the assurances given, at the time the Public Health Act of 1878 was before the Select Committee of the House of Commons, as well as subsequently, and up to the date of the passing of that Act. A copy of that letter was also forwarded to Sir M. E. Hicks-Beach (late Chief Secretary for Ireland), Mr. Lowther (the present Chief Secretary), Mr. Gibson (then and now Attorney-General), and also to Mr. Meldon, M.P., to whom the Attorney-General promised, on behalf of the Government, that the salary of each medical officer of health would in future be decided on the merits of the case; in consequence of which the then Bill was allowed to pass unopposed on behalf of this Association, and no attempt has so far been made to dispute the contents of that letter.

In the Appendix to this Report will also be found a letter addressed to Colonel King-Harman, M.P., in reply to a statement reported to have been by him made to the Boyle Board of Guardians as their chairman, in which reflections were made upon the Local Government Board, as well as upon the medical officers of health.

The Committee of Council desire to point out that there is an unmistakeable indication that the salaries of medical officers of health who are not giving sufficient services will soon be reduced, and to advise that services at least equivalent to the remuneration should be given.

### CONSULTING SANITARY OFFICERS.

The office of consulting sanitary officer having been abolished in two instances by the Local Government Board, at the request of the sanitary authorities, a remonstrance was forwarded by the Committee of Council to the Local Government Board, which will also be found in the Appendix to this Report.

### AMENDMENT OF THE MEDICAL CHARITIES ACT.

At the last quarterly meeting the Council were informed that a Bill for the purpose of endeavouring to obtain amendment of the Medical Charities Act was under the consideration of the Committee of Council, and the following are now submitted for approval as the suggestions which should be offered for that purpose, viz.—

#### *Interpretation of Terms.*

The term "poor person," wherever it occurs in the Medical Charities (Ireland) Act, should be held to signify a person who is not possessed of such property, or other qualification, as would entitle a man to be registered as a voter in an election for a member of Parliament, or a person who is not legally entitled to be maintained by any person possessing such property or other qualification; or a person whom the justices at petty sessions shall judge to be in receipt of income sufficient in amount to enable him or her to pay for medical advice and medicines.

#### *Medical Relief on Loan.*

With regard to persons whose fitness to receive dispensary medical relief is doubtful, such relief might be afforded *on loan*, is cases of emergency, through the issue by a relieving officer of a special form of ticket for medical attendance, medicines, and appliances, to a person who asserts his inability to pay, on the condition that he shall (unless he produces proof of his inability to do so) pay to the guardians of the union such fee or fees as the medical officer would have been entitled to had such person been attended as a "private patient," which fee or fees should be collected by the guardians for the medical officer, to whom the money so collected should thereupon be paid.

#### *Abolition of Wardens and Appointments to Committee in their place.*

The office of warden in a dispensary district should be abolished, and the Local Government Board for Ireland should have power to appoint from time to time, to be members of any dispensary committee, any persons residing within the district who are not qualified for election as members of said committee under the the provisions of the 14 and 15 Vic. cap. 68, sec. 7. Provided always that the persons so appointed shall not exceed in number one-fourth of the members holding said office otherwise; and that they shall hold office during the pleasure of the Local Government Board, and no longer.

### *Issue of Medical Relief Tickets and Cancelling of the same.*

The 9th section of the Medical Charities (Ireland) Act should be repealed; and it should be enacted that every member of a dispensary committee and every relieving officer acting for an electoral division included in such dispensary district should have power to afford medical relief by the issue of a ticket, in such form as the Local Government Board for Ireland shall prescribe, filled up and signed by said member or relieving officer, and addressed to the medical officer of the district, directing him to afford medicine and advice to, or to attend to, any poor person resident therein; and it should be the duty of the medical officer to afford medicine and advice to, or to attend, such poor person as thereby directed, as long as said ticket may remain in force. Provided always, that in case it shall appear to the medical officer that the person on whose behalf such ticket has been presented is not a poor person as above defined, it should be lawful for such medical officer to apply to a justice or justices sitting at petty sessions for the district in which the dispensary is situated, or to the dispensary committee, to have said ticket cancelled on the ground aforesaid; and the said justice or justices, if the consider that such person is not a poor person within the meaning of the Act, should be empowered forthwith to issue in the form contained in the Schedule A hereunder, an order cancelling said ticket, copies of which order should be forthwith served upon the medical officer, and upon the honorary secretary of the dispensary committee, and also upon the person for whom the ticket was granted; and thereupon it should cease to be the duty of the medical officer to afford medicine, medical attendance, or advice, to said person upon any ticket until after the lapse of three calendar months from the date of the order of said justice, and then only upon the issue of a new ticket.

### *Liability for Improper Issue of Tickets.*

The Local Government Board should have power, by their sealed order, to remove from office any member of a dispensary committee, or any relieving officer, who shall knowingly or wilfully issue a dispensary medical relief ticket to a person who is not a poor person as above defined, and at any time within three months next after the date of cancelling a ticket it should be lawful for the medical officer who shall have received such ticket, and who shall have procured a justice's order for the cancelling of such ticket, to proceed against the person who issued such ticket for the recovery of such fees for his attendance upon the person for whom the ticket may have been issued as the Justice may consider reasonable.

### *Posting of Notices as to these Provisions.*

The Local Government Board for Ireland should be empowered to cause printed notices, in the form set forth in the Schedule B hereunder to be placed in a conspicuous place outside each dispensary in Ireland, and should cause same to be maintained in a legible state for the information of the public.

### *Examination of Lunatics.*

The 15th section of the Medical Charities (Ireland) Act, so far as it refers to the examination and certifying of lunatics, and also the 14th section of the 38th and 39th Vic., cap. 37, should be repealed; and it should be enacted that it shall be the duty of any medical officer of a dispensary district, or (if more than one), then the nearest of such medical officers, save in the case of his sickness or necessary absence, and then the other nearest of such medical officers, to examine and certify as to the case of any person alleged to be a lunatic on whose behalf he may have received a medical relief ticket, or as to the case of any person whom he may be summoned to examine under the provisions of 30 and 31 Vic., cap. 118, section 10; and, notwithstanding anything contained in said section, the medical officer should, for his examination and certificate, be entitled to receive from the board of guardians of the union to which such person belongs, a fee of not less than £1 1s., nor exceeding £2 2s., and also any other reasonable expenses incurred in or about the examination of such person. All moneys so ordered to be paid by the guardians of such union should be respectively advanced, paid, and raised in like manner as any other moneys required for supporting and maintaining the destitute poor of such union.

### *Superannuation of Aged or Infirm Medical Officers.*

The Act passed in the 32nd and 33rd year of Her Majesty's reign, intituled "An Act to Provide for Superannuation Allowances to Medical Officers of Poor-Law Unions and of Dispensary Districts of Unions in Ireland," should be repealed, and it should be enacted that whensoever it shall appear to the Local Government Board for Ireland, upon the memorial of such officer or upon other information, that any medical officer of a union workhouse or of a dispensary district in Ireland is incapable of effectively discharging his duty in either capacity by reason of old age, such age being not less than sixty years, or from infirmity, or ill-health of mind or of body, the said board shall, if they see fit, require such medical officer to present himself before a medical board for the purpose of examination. Such medical examining board should consist of the Medical Commissioner of the Local Government Board for the time being, together with two other registered medical practitioners, in actual practice, nominated by said board, but not holding any other office under said board, and they should be empowered to decide by examination of said medical officer, and upon consideration of the nature and extent of his duties as union workhouse medical officer, or as dispensary medical officer, or other office held by him in virtue thereof, whether he is incapacitated from the effectual discharge of his duties in all or any of said offices by reason of the causes aforesaid. And if, upon the report of the said medical examining board, it should appear to the Local Government Board that the said medical officer is so incapacitated, the Local Government Board should direct that he should cease to hold all or any of said offices; and he should be thereupon held to have vacated such offices; and the Local Government Board, upon consideration of the age and length of service of said officer, and the nature and extent of his duties therein, and all other circumstances bearing thereon, should be empowered to grant to such officer in respect of each of the offices from which he may be thus removed, a yearly allowance not exceeding two-thirds of the salary and emoluments received by him in respect of such offices. Such allowance to be paid to said medical officer for the term of his natural life by the board of guardians of the union in which he may have held such offices, and to be charged to the same fund as that from which the salary of such officer was previously paid; and such allowance should be payable to or in trust for such officer only, and should not be assignable nor chargeable with his debts or other liabilities.

*(To be continued.)*

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## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

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## IRISH MEDICAL ASSOCIATION.

*Report of the Proceedings of the Committee of Council during the Quarter ending 31st December,* 1879. *Read and adopted at the Quarterly Meeting of the Council, held the 20th January,* 1880.

*(Continued.)*

### *Drug Contracts to be submitted to Local Government Board.*

A contract made by any board of guardians in Ireland for the supply of drugs, medicines, chemical preparations, surgical appliances, or other matters necessary for the medical or surgical treatment of the sick poor should not be valid or binding until same shall have been laid before the Local Government Board for Ireland and approved by them, anything to the contrary in any Act of Parliament notwithstanding.

### *Examination of Drugs and Inspection of Dispensaries, &c.*

The Local Government Board for Ireland should have power to appoint at such salary not exceeding say £600 per annum as the said Board shall fix, a fit and proper person, skilled in the examination and analysis of drugs—who should be a member of a Pharmaceutical Society or a licentiate of an Apothecaries' Company within the United Kingdom, and not directly or indirectly engaged in the sale of drugs. The person so appointed should devote his entire time to the duties of the office, and should be styled the examiner of drugs, and it should be his duty to examine into the quality of drugs, medicines, chemical preparations and appliances which may be supplied to boards of guardians in Ireland, and into the prices charged for same, and to report on same to the Local Government Board. The Local Government Board should also have power to appoint as many persons as they may see fit, who shall not be engaged, directly or indirectly in the sale of drugs, and at such salaries not exceeding say £300 per annum each as they see fit, who should be styled "inspectors of pharmacies," and whose duty it should be to visit and inspect the pharmacies of all dispensaries and union workhouses within the district which may be assigned to them, and to report to the Local Government Board as to the suitability in all respects of such premises, and of the articles kept in such premsses, for the medical relief of the sick poor. The salaries of the examiner of drugs, and of the said inspectors of pharmacies to be defrayed out of moneys to be granted by Parliament for that purpose.

### *Samples of Drugs, &c., to be taken for Examination.*

In case an inspector of pharmacies shall have reason to suspect that any drug, medicine, appliance, or chemical preparation used in a dispensary or union pharmacy within his district, is not of a quality fit and proper for the medical or surgical relief of the sick poor, he should forthwith take from the stock of such article three samples sufficient in quantity for examination, and should seal up the same in suitable enclosures, one of which samples he should send forthwith to the examiner of drugs for examination, and the others of which he should deposit with the clerk of the union in which such dispensary or union workhouse is situated, who should keep same safely and unopened, and send one of them to the contractor who supplied said article, upon being required in writing by said contractor so to do.

### *Local Government Board to Cancel Contracts or direct Prosecution.*

In case the Local Government Board shall upon such report consider that the drugs or other articles so supplied are not of such quality as is fit and proper for the medical and surgical treatment of the sick poor, it should be lawful for them, under their sealed order addressed to the Board of Guardians, to direct that the contracts under which such articles were supplied shall be cancelled, or that drugs of good quality shall be obtained at the expense of the contractor, from some other person ; or that a suit for breach of contract be instituted by said Board of Guardians against said contractor. All expenses of any suit so directed to be paid out of the funds in the hands of the Board of Guardians instituting such suit.

### REDUCTION OF SALARIES.

In a former report the Committee of Council drew attention to an agitation by several boards of guardians to have the salaries of their medical and other officers reduced, in consequence of the financially depressed state of the country. On that occasion satisfaction was expressed at the manner in which such requests were met by the Local Government Board, but it is much to be regretted that the action of the Board since has been inconsistent with their former ruling, and also with their own arguments why no reduction should be made; and the Committee of Council regret to have to report that the Local Government Board have recently sanctioned a material reduction of the salaries of Dr. Given as medical officer of Gortin Union and Dispensary, concerning which a letter was addressed to the Local Government Board, which will be found in the Appendix to this Report.

### REGISTRATION OF BIRTHS AND DEATHS.

The Committee of Council having inquired of the chief secretary whether it was in contemplation by the Government to introduce in the next session of Parliament any measure to amend the Registration of Births and Deaths (Ireland) Act, 1863, were informed that such was not the intention. They have accordingly taken steps to have the Bill—suggested and drawn up by this Association, and presented to the House of Lords in 1876 by the Right Hon. the Viscount Hutchinson — re-introduced early next session in the House of Commons by Mr. Meldon, M.P., and some other influential M.P.s shall also be asked to back the Bill. So far, it seems reasonable to expect that that Bill will become law next session, and should such happily prove to be the case, a much-needed reform—advantageous alike to the public and to the medical profession—will be obtained. It is hoped that each member of the Association will use his influence with his representative in Parliament, and endeavour to obtain for this measure all the support in his power.

It being understood that the subject of registration of marriages is at present engaging the attention of another society, the Committee of Council have been considering whether, in the event of an opportunity arising, it might not be advisable to endeavour to have the registrars of births and deaths relieved altogether of the duties connected with the registration of Roman Catholic marriages for the following reasons, viz. :—

(1) These duties are in no way connected with the medical profession.

(2) They are exceedingly troublesome, and frequently lead to ill feeling between the Roman Catholic clergy and the registrars.

(3) They are wretchedly paid for ; and

(4) It is believed that the registrars themselves are almost unanimous in wishing to be relieved of these duties, which are no source of profit, and the remuneration they receive being inappreciable as a source of income.

The Committee of the Council have arrived at the conclusion that it is extremely desirable in all interests that the office of Registrar of Roman Catholic Marriages should be disconnected from that of Registrar of Births and Deaths, or at least be left to the option of those officers to accept or decline ; and they hope that any member who thinks otherwise will *at once* inform the hon. secretary to that effect before this Association is pledged to the principle now put forward.

### Recovery of Fees upon a Red Ticket being Cancelled.

The following important case has been communicated, and will be found useful for reference when in search of a precedent :—

" At the Philipstown quarter sessions on 12th January, 1880, before the county court judge, John C. Neligan, Esq., Q.C., Dr. Barry, Kilbeggan, sued Mr. George Larke, as executor of his deceased brother, for medical attendance on the latter. It appeared that the brother of the defendant became suddenly ill, when, on the applicaton of a relative, a red ticket was given to him for the purpose of procuring the free attendance of the doctor. Dr. Barry, after attending, brought the matter before the dispensary committee, and they cancelled the ticket, giving as their reason that Mr. Larke could well afford to pay. After hearing evidence, the judge gave a decree for two guineas with costs and expenses."

### Inquest Fees to Prison Surgeons.

A prison surgeon having recently been summoned by a coroner to make a *post-mortem* examination on the body of a man who had been executed in the prison, and to give evidence at the inquest, and the coroner having refused to pay his fees, the matter was communicated to the hon. secretary, who forwarded to the prison surgeon a copy of a letter on the subject, which will be found in the appendix to the report for the quarter ending 21st April, 1879 (v. pp. 31-34).

The existing law relative to this question is clearly set forth in that letter, which also cites a precedent for recovery of such fees by a prison surgeon.

### Bills before Parliament.

The several bills likely to be considered in Parliament next session, which affect the interests of the medical profession, are receiving the best attention of the committee of council, by whom preparations are being made for taking such action as may be desirable with regard to them. These preparations are well advanced, and have occupied much of the time of the committee.

### A Vacant Seat on the Council.

A vacancy which cannot easily be filled having occurred in the council, through the resignation of Dr. Grimshaw, upon his acceptance of the Registrar-Generalship for Ireland, it becomes necessary to elect a new councillor, and also to appoint a member of council to the vacancy in the committee of council.

The committee of council desire to inform the members that the tabular statement referred to in the last quarterly report, setting forth the particulars relating to cases of superannuation of medical officers, computed from the last annual report of the Local Government Board, is now printed, and that copies of it may be obtained from the hon. secretary by any member of the Association who contemplates resigning a workhouse or dispensary medical officership.

The hon. treasurer reported that the balance in hand to credit of the Association amounts to £70 12s. 1d.

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### SCHEDULE A.

#### ORDER FOR CANCELLING MEDICAL RELIEF TICKETS.

To the Hon. Secretary of the Committee of Management, and to the Medical Officer of the ............................ Dispensary District, and to the person herein named.

By virtue of the provisions of the Section of the Medical Charities (Ireland) Amendment Act, the Justices of the Peace at ............................ Petty Sessions do hereby Cancel and Annul the Ticket for Medical Relief granted to ........................ ...................................., of ....................................

(Signed) ........................................
Justice presiding at ............................ Petty Sessions.
Dated this ............ day of ...................... 18......

### SCHEDULE B.

#### DISPENSARY MEDICAL RELIEF.

Notice.

Any person, who is entitled to vote for a member of Parliament, or who is qualified to register as a voter, or who is in receipt of income sufficient to enable him to pay for medical advice and medicine, is not entitled to Dispensary Medical Relief for himself or for any one dependent on him.

Should a Ticket be granted to any such person, it may be immediately Cancelled by the Magistrates at Petty Sessions or by the Committee of Management ; and the person who has knowingly or wilfully issued it will then be liable to be sued for the amount of the expenses of the Medical Officer's attendance and medicines, &c., supplied.

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## CORRESPONDENCE.

### THE SALARIES OF MEDICAL OFFICERS OF HEALTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the report of the proceedings of the Committee of Council of the Irish Medical Association for the last quarter it is stated that " there is an unmistakeable indication that the salaries of medical officers of health who are not giving sufficient services will soon be reduced." I wish to say that for five weeks during this winter I did not receive *one* report from a sanitary sub-officer, and that I wrote to the sanitary authority advising more activity on the part of the sanitary sub-officer. If sanitary sub-officers are permitted to be idle by the sanitary authority, the medical officer of health ought not to get the blame or suffer in consequence. Besides, in the winter filthy places are not so much nuisances as in the summer, and there is not occasion for so much action as in hot weather.

As to cancelling relief tickets, I am of opinion that the person who issues a ticket should have the power to *cancel it* or *take it back* when convinced by the dispensary surgeon, or in any other way, that he was wrong to issue it. *The issuers of tickets are often imposed on.* They cannot be expected to know the means of every person who seeks a ticket. If issuers of tickets had this power I believe it would be used in my district occasionally.

I am, yours, &c., Omega.

# Medico-legal Intelligence.

## THE IRISH COLLEGE OF SCIENCE.

### Galloway *v.* Barrett.

Last week in the Dublin Exchequer Court this case was at hearing. It was an action to recover damages, laid at £10,000, for alleged libel and slander. The statement of claim set forth that the plaintiff was at the time of the matter complained of Professor of Chemistry in the Royal College of Science in Ireland, the defendant being Professor of Natural Philosophy in the same institution; that in the winter of 1878-79, in consequence of complaints necessarily made in discharge of his duty by the plaintiff, the Dean of Faculty of the College was directed by the governing body to hold an inquiry in reference to said complaints, and accordingly he deputed Professors Hull and Barrett (the defendant), being professors of the same standing as plaintiff, to hold the inquiry, and that to the joint report sent in was appended the libellous matter complained of, falsely and maliciously written and published by the defendant. In this appendix Professor Barrett said:—To the foregoing I wish to add that, whilst anxious to treat the serious charges brought by Professor Galloway, with the respect due to his important position, it is to be regretted that owing to the absence of co-operation on the part of Professor Galloway, the inquiry was limited merely to evidence given by porters in the College, one of whom stands accused. Upon this Professor puts the inuendo (meaning thereby that the plaintiff had been guilty of disgraceful conduct, unbecoming a gentleman and a professor of said Royal College of Science in Ireland, in rashly, wilfully, and without foundation making serious charges which he was unable to prove, and allowed to hang over the head of the accused by avoiding the said inquiry and absenting himself therefrom, and had also failed in his duty as a professor of the said Royal College by neglecting to co-operate with his colleagues on said inquiry). It was also averred—as special damage—that the plaintiff had by reason of this and the slanders charged suffered great loss and injury, having been deprived by the governing authority thereof of his professorship. The defendant had pleaded, first a traverse of the defamatory sense alleged, and secondly, privilege. The case cow came before the court on demurrer, which was taken to the second plea—that the defence did not disclose any privilege on the part of the defendant to write and publish the words complained of. The Lord Chief Baron said on glancing through the demurrer books he found that this whole thing had arisen out of the penury of the Treasury in having only one porter at the College of Science. Mr. Baron Dowse—Is this the usual way of managing business—that when one professor makes a complaint two of his brother professors are set upon him? Mr. Heron, Q.C., said it was done in this case at all events. What they contended was that when Professors Hull and Barrett signed the joint report their office was discharged, and that what had been appended by the defendant was not privileged. Mr. Baron Dowse—The inuendo is a very strong one, and a very strong one also to plead privilege to. The arguments were only opened when the court rose.

## DUNLAVIN DISPENSARY COMMITTEE.

A meeting of this committee was held on Friday, the 30th ult., Mr. J. P. Tynte presiding, and also present—Messrs. A. H. P. Allen, A. Dixon, and Joseph Norton. In consequence of the illness of Dr. Howe, the committee appointed Dr. Young as his substitute for one fortnight, at a salary of three guineas a week.

## ATHY UNION.

### THE MEDICAL OFFICER FOR STRADBALLY.

The following letter was read:—

"Local Government Board, Dublin,
29th January, 1880.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of Athy Union on the 21st inst., and with reference to the minute relating to the proposed remuneration of Dr. Dugdale for his services as temporary substitute for the medical officer for Stradbally Dispensary District, I am directed to state that the Local Government Board cannot legally sanction a payment which the Medical Charities Act declares to be illegal, and their sanction would not deprive the payment of its illegal character.

"With regard to the proposed appointment of Dr. Kilbride as temporary substitute for the medical officer of the district above referred to, the Local Government Board concur in the view of the guardians. The medical officer of the Athy dispensary district ought not to be entrusted with additional duties in a district that extends to so great a distance from Athy, and the committee of management should appoint a duly qualified medical practitioner, who will reside in the district, and who can give his whole time to the duties of the district.

"By order of the Board,
"B. Banks, Secretary."

After some conversation it was decided to take no steps regarding the appointment of a new temporary medical substitute until after Saturday.

## SKIBBEREEN UNION.

### ADDITIONAL HOSPITAL ACCOMMODATION.

*Report to the Guardians of Skibbereen Union.*

Gentlemen,—Since my last report, only one case of fever has been admitted into hospital. There are at present four bad cases of fever in hospital. All those previously reported on are now convalescent, and the others, with two exceptions, are progressing favourably. Since the 1st October, 1879, thirty-one cases of fever, the majority of the typhus and typhoid character, have been admitted into the fever hospital sheds; out of these three died, two of which were in a very weak condition when sent in. The worst cases, and the greater number also, came from the parish of Myross Drimoleague and High Street, Skibbereen. I may remark that, more than twelve months ago, as sanitary officer of the Skibbereen district, I drew special attention to the wretched, overcrowded, ill-ventilated dwellings of High Street, and the very defective condition of the sewerage, and subsequently reported on the matter also, as likely to produce contagious disease unless rectified.

I wish to draw your special attention to the absolute necessity of immediately fitting up in a satisfactory manner the additional hospital ward which I applied for on the 23rd Oct., 1879, in order, as I then reported, to supply "sufficient room for any increase in numbers which may occur." No order was then made on my report, except merely to refer it to the master for his report on the matter. I subsequently reported on the necessity of fitting up the ward in such a manner that it might be safely occupied by patients on the 27th November; on the 4th December, when I stated there was 181 patients in hospital, and room for only 143; on the 8th January; on the

15th January; and still the ward is not completed, and by no means fit for occupation yet. What I require, and what should be immediately done, is to supply proper bedsteads in place of the rough unpainted planks at present supplied, which are not suited for the use of old and infirm patients. Moreover, unless a door with a ventilator over it is opened into the hospital yard from the ward, the ventilation will be quite imperfect, making the ward thereby dangerous to the health and most uncomfortable for the occupants. On the 29th January I performed successfully amputation of the thigh, assisted by Drs. Hadden, Jennings, and Robinson, in the case of a man named Cornelius Collins, who about four months ago sustained a most severe compound comminuted fracture of the leg, which terminated in mortification. The patient was greatly exhausted, and almost in a dying state from prolonged suffering and debility consequent on the inflammation of the leg. His family finally consented, as a last resource, that he should undergo the operation. I am happy to inform you that he is at present progressing most favourably.

Your most obedient servant,

5th February, 1880. Daniel Donovan, M.D.

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## NAVAN UNION.

### PAINSTOWN DISTRICT.

The following was read :—

Jan. 19th, 1880.

My Dear Sir,—It is with much regret I forward to you as Chairman of the Painstown Dispensary District the letter containing my resignation of my office as your medical attendant. I am compelled to do so in consequence of a severe accident to my knee cap received in the execution of my duties, which will prevent my being able to perform the active duties of my office. I much regret having to do so, and beg to return my sincere thanks to your committee for their uniform kindness I always received from its every member during my long term of office, 45 years.

I remain, gentlemen,
Yours very sincerely,
Thos. M'Gusty.

Mr. Lambart—To what amount of superannuation would he be entitled ?

Mr. Lacy—It is altogether permissive for the board to give or not as they may decide ; at same time when they decide to give it, the amount is restricted within a certain scale apportioned generally to the amount of salary and emoluments and term of service. You may give up to two-thirds of the salary and emoluments unless you see some reason for disentitling the party to it.

Mr. Lambart—What has been the practice at this board ? Has it not been to give the full sum we are permitted to give, unless there has been some maladministration. What did you give Dr. Hamilton ?

Mr. Lacy—Two-thirds of the salary and emoluments—£100 a year.

Mr. Lambart—What service had he ?

Mr. Lacy—Twenty-five years, I believe, or thirty.

Mr. Lambart—Dr. M'Gusty has 45.

Mr. Shiels—He is entitled to the very highest ; he is well entitled to all you can give him.

Chairman—There never was a board so fortunate in securing the services of attentive medical officers as Navan Union, Drs. Hamilton, Nicholls, and M'Gusty—the three original members of our staff.

Mr. Shiels—Dr. M'Gusty always discharged his duty faithfully ; no complaints against him, and to the satisfaction of the neighbourhood and of the committee.

Mr. Lambart gave notice of motion, to take into consideration the propriety of granting a suitable retiring allowance.

Mr. Osborne—If he let it alone he would have a much better chance of its getting better, but he seems to pride himself on a kind of appliance he has invented for it; when you ask him how he is getting on, up goes the leg, as he pulls a string, to show his cleverness in dodging it about.

Mr. Bradley—He had better take care that his leg doesn't drop off some fine day, if he keeps manœuvring it in that style (laughter).

Mr. Shiels—He is very bad entirely ; he was coming down stairs to get something for a patient, it seems, that was below waiting for him, and he missed his step, and it brought him to his knees.

The subject here dropped.

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## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1880.

January 5th.—Dowling, John Edward ; 120 Lower Gardiner Street, Dublin ; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

6th.—Durdin, Robert Charles Garde ; Oldcaste, co. Meath ; Lic. R. Coll. Surg. Irel. 1879.

10th.—Smyth, Patrick ; Baltrasna Cottage, Moynalty, co. Meath ; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1879.

10th.—Acheson, John ; Tassagh, Armagh ; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

12th.—Kenny, Michael Joseph ; Carrick-on-Suir, co. Tipperary ; Lic. 1879 and Lic. Mid. 1879 R. Coll. Surg. Irel., Lic. R. Coll. Phys. Edin. 1879.

12th.—Barron, James ; Royal Hospital, Belfast ; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

12th.—Exham, Arthur Richard Frederick ; 1 Tobernia Terrace, Monkstown, co. Dublin ; M.B. 1879 and B.Ch. 1879 Univ. Dub.

15th.—Browning, Winthrop Benjamin ; 3 Perry Street, Limerick ; Lic. K. Q. Coll. Phys. Irel. 1879, Lic. R. Coll. Surg. Irel. 1879.

15th.—Parkinson, James Henry ; 4 Vico Road, Dalkey ; co. Dublin ; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

16th.—Pank, Phillip Durrell ; North Walsham, Norfolk (Eng.) ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll Surg. Edin. 1879.

17th.—Bernard, Charles John ; Dundrum, co. Dublin ; Lic. Apoth. Hall Dub. 1880.

19th.—Brownrigg, Herbert Watson ; Camolin, co. Wexford ; Lic. R. Coll. Surg. Irel. 1879.

20th.—Milward, Edwin Oswald ; Clonrood House, Ennis, co. Clare ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

22nd. — Dugdale, William ; Donamore, Ballybrophy, Queen's County ; Lic. R. Coll. Surg. Irel. 1879, Lic. K. Q. Coll. Phys. Irel. 1879.

23rd.—Wickham, Edward De Lacey ; 2 Osmington Terrace, Limerick ; Lic. R. Coll. Surg. Irel. 1879.

24th.—Higgins, Thomas ; Clonmellon, co. Westmeath ; Lic. R. Coll. Surg. Irel. 1879.

27th.—Gilmore Robert ; 64 York Street, Belfast ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

29th. — Reynolds, Thomas Taylor ; 13 Emor Street, Dublin ; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

29th.—Middleton, Lucas Alfred ; Mullingar. co. Westmeath ; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879, and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

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## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## CORRESPONDENCE.

### SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the report of the proceedings of the Committee of Council of the Irish Medical Association for quarter ended 31st December, 1879, there are some suggestions offered for an amendment of the Medical Charities Act. I had expected that any Bill that might be brought into Parliament for this purpose would contain a clause as regards superannuation much more satisfactory than what is contained in the report before me. To me it appears that it would be a more just way to settle the superannuation by the length of service, not by the age that a man may have reached. Some medical officers join the Poor-law service at 23 years of age. Others, again, may not obtain an appointment in the same service until they are 40 years old or more. Now would it be fair to give these the same retiring allowance on reaching the age of 60 years. In my opinion any suggested amendment should recommend a retiring allowance after twenty years' service, even if it were only one half the amount of the salary and emoluments, and two-thirds after thirty years. I may mention in conclusion that if the medical men attached to the Dublin schools would recommend young men when qualified to decline to look for appointments in the Poor-law medical service until it is placed on a much more satisfactory footing than at present, there is little doubt that in a short time the result would be equally satisfactory as in the case of the Army Medical Department.

Yours, &c.,

W. Leatham.

Brackaville, 11th February, 1880.

[We do not think that any proposition for superannuation would be entertained, except upon the ground that the medical officer was unfit for duty. We do not think that a man who entered the service at 23 years of age could expect to be pensioned at 43, unless he were incapable from ill-health. At 60, on the contrary, it may be assumed that an average man is unfit for the hardships of red ticket work. According to the proposal of the Irish Medical Association, an officer would receive superannuation in proportion to the length of his service, and the nature and extent of his duties, so that he who joined the service late in life would get less than he who began at an early period. The proposition of the Association is simply that an officer should have his pension *when unfit for duty* without being obliged to beg cap-in-hand from guardians.—Ed. M. P. & C.]

## METROPOLITAN MEDICAL OFFICERS OF HEALTH, IRELAND.

A meeting of the Society was held at the Royal College of Surgeons in Ireland on Wednesday, 18th ult., C. A. Cameron, M.D., in the chair. After the reading of the minutes, the Secretary informed the members present that he had made satisfactory arrangements, whereby the papers read at the meetings of the Society would be printed and issued in a yearly volume at a moderate cost to each member. Dr. C. F. Moore then read his paper on "Some Points of Domestic Scavenging."

An interesting discussion took place on this paper, in which most of the members took part, and the following resolution was unanimously adopted :—

Resolved—"That this Society is of opinion that all privies situated in the city should be removed, and that water-closets should be provided instead."

## LIMERICK UNION.

### VACCINATION.

Mr. Hennessy, superintendent of compulsory vaccination, again applied to the board for orders to prosecute Mr. Jacob, who still persists in holding out against the law. Mr. Hennessy applied for a new order in the case of Robert Jacob.

Alderman Myles was of opinion that the guardians should prosecute Mr. Jacob quarterly, so that it might give him more time to consider his situation.

Mr. Croker said he would oppose any such course, the guardians had a duty to perform.

Mr. Cooper would like to be informed if they were prosecuting the 600 other defaulters.

Alderman Phillips said that was a very important question.

Mr. Hennessy replied that he had served all the notices, but the time of the notices had not yet expired, so he was prevented from entering on any new prosecutions. He also stated that the parents of the poorer classes of children were all willing to comply with the law.

An order was made to prosecute Mr. Jacob.

After the disposal of some routine business the board adjourned.

## BRAY DISPENSARY.

### RESIGNATION OF DR. WHISTLER.

At the meeting of the committee held last week, a letter was read from Dr. Whistler stating that on account of his failing health and under the advise of Mr. Darby, he felt obliged reluctantly to tender his resignation. He drew attention to the fact that his late illness was contracted from having been in attendance for some hours on a woman in Little Bray in the middle of the night, while still unwell from previous night work, and reminded the committee that he had been for thirty years doctor of Bray Dispensary District.

The Committee accepted the resignation, with an expression of regret at the cause which compelled him to give up a post he had held for so many years.

The following resolution was then adopted unanimously :—

"In sending forward this application to the Board of Guardians, this Committee desire to record their expectation that the board will, at a suitable time, take into their favourable consideration the value of the services rendered by Dr. Whistler within his district during the lengthened period of thirty years, and that the guardians will be pleased to grant him the maximum amount of his retiring allowance for the arduous duties he has performed so long for the ratepayers."

[We are gratified to observe the readiness of the Committee to do justice to themselves, to the sick poor, and to Dr. Whistler, by recognising the value of his thirty years, service to the Union. Dr. Whistler deserves nothing less than the full superannuation permitted by the law, and the Committee as gentlemen felt that his long and self-sacrificing discharge of his duties merited their consideration. However praiseworthy it may be to keep down Union outlay, it is, as a simple matter of business, a wise expenditure to enable a deserving officer to resign, and to place in his position an officer whose age and energy is better suited for dispensary work, and a simple matter of fairness to give to a meritorious officer the means of taking rest in his declining years.—Ed. M. P. & C.]

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## KILRUSH BOARD OF GUARDIANS.

### ELECTION OF MEDICAL OFFICER.

There were only two candidates—Dr. Madigan, Kilrush, and Dr. Studdert, Carrigaholt. Both gentlemen were spoken of in complimentary terms.

Mr. Brew proposed the following resolution, which caused considerable surprise :—"Resolved—That with a view of making a judicious appointment of a duly-qualified physician and surgeon to our Union Workhouse, each candidate in attendance be required to make the following declaration before we proceed to a poll being taken, viz.: 'I do hereby declare that I am a *bonâ fide* candidate for the office of medical officer to the Kilrush Union Workhouse, and that I have not endeavoured, through myself or my friends, to procure the appointment thereto by the payment of any sum of money or other pecuniary offer, directly or indirectly, for the purpose of securing votes, and I hereby repudiate the use of any such objectionanle means of obtaining votes on my behalf.'"

Mr. M. Studdert seconded the resolution.

Chairman—If you (Mr. Brew) can show that there has been bribery we will give the case our full consideration ; until then we should object to entertain such a resolution.

Mr. Dalton—It is a serious charge to be made before such a large and influential meeting as this to say that any of its members could be corrupted by bribery from discharging his duties.

Mr. Hann—We all should be only influenced to vote for the man who has the highest testimonials.

Mr. Glin—I propose as an amendment—"That no such declaration be required." I think such a resolution should not be proposed here.

Mr. Henn—I second the amendment.

Mr. Brew—I will now assume that the amendment is carried, but I wish to say that I did not want to charge any member of the board with corruption or bribery, but I say that certain influence has been brought to bear here.

Chairman—I never heard of such a proposition being put before a board of guardians.

Mr. Glynn—We are here an independent body, and I say that this is a most uncalled-for charge.

The poll was then taken, when there voted for Dr. Madigan, 26 ; for Dr. Studdert, 10.

Dr. Madigan was then declared elected.

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## KILMEAGUE AND ROBERTSTOWN DISPENSARY.

The committee of this district reported that they had recommended one month's leave of absence to Dr. Sale, who was unable from illness to attend to his duties. Dr. Sale named Dr. Ward as his *locum tenens*, but that gentleman was unable to act.

Mr. Ireland—Dr. Sale cannot get anybody to take up the district. He told me so yesterday.

Clerk—What can be done, then ? The rule is for a medical officer to name his *locum tenens*.

Mr. Ireland—But he cannot get any. He is in a bad state of health, and is he to be allowed to die ?

Mr. Hemmingway—He has asked as many as six gentlemen to act.

The Clerk said the board could do nothing in the matter, and the discussion dropped.

[The medical officer is obliged by the regulations to "recommend" a fit and proper person to act as his substitute. But he is not at all responsible beyond this, and must have his leave if really ill.—Ed.]

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## SUICIDE AT THE LUNATIC ASYLUM, LETTERKENNY.

Recently a young man was found by his keeper to have hung himself in his room by means of a strip of his blanket, one end of which he contrived to fasten to the top of the wainscoting of his winnow and the other end around his neck, and throwing himself off an elevation beneath the window. The deceased had been in the asylum at first for about a year, and was discharged cured. Some time afterwards he returned alone to the asylum, and on being observed looking in over the walls he was asked what he wanted, and said he would like to see one of the keepers. Dr. Petit, Superintendent of the Asylum, had him taken care of until he communicated with his relations, who came and had him re-admitted to the asylum as a dangerous lunatic in the beginning of November last. Dr. Petit had him put into a room, the walls of which were padded, to prevent him from injuring himself, but he ingeniously removed the padding, &c., from the top of the wainscoting of the window of his room, so as to allow him to fasten the strip of the blanket thereto.

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## ATHY UNION.

### PAYMENT OF SUBSTITUTES.

The Local Government Board forwarded their sanction to the appointment of Dr. O'Mara as temporary substitute for the medical officer of the Stradbally district, at the rate of £3 15s. a week.

A circular was before the Board from the Irish Medical Association, calling the attention of the Board of Guardians and the Dispensary Committees to the regulations laid down by the Local Government Board with reference to the remuneration of practitioners who have acted as substitutes for dispensary medical officers, in case of their incapacity owing to illness. The circular quoted the 22nd Article of the Dispensary Regulations, and added: "As regards the continuance of the salary of the dispensary medical officer during his illness, the Council desire to point out that the dispensary medical officer who complies strictly with the terms of the Regulations as above referred to, is entitled, as a matter of right, to receive his salary during the continuance of his illness, and it is not within the power of the Board of Guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens*, or for any other purpose. It is not within the authority of a Board of Guardians by any resolution made at the time or previously, to alter the provisions of the regulations or to create a rule having such effect; and in case of their refusal to pay the *locum tenens*, the dispensary medical officer is not bound in honour or in law to make good such payment unless he has previously entered into an implied or expressed understanding with the *locum tenens* to that effect, which he is in no way called upon to do.

Mr. O'Beirne—What about the payment now?

Mr. Redmond—We can pay the substitute or not as we think fit, or make the medical officer pay him.

The Chairman read the paragraph given above from the circular.

Mr. Redmond denied that such was the meaning of the regulations. It rested with the Board of Guardians to pay or not to pay the substitute.

Mr. Redmond—Even though the Local Government Board have sanctioned the rate of remuneration to be paid to Dr. O'Mara it is not imperative on us to pay the money. We can stop it from Dr. Percival.

Chairman—As the entire matter is likely to come before us this day week, we had better leave the consideration of the matter until then.

The circular was marked read, and the subject dropped.

## BOYLE UNION.

### DOCTORS' OUT-DOOR RELIEF VISITS.

The following was read:—

Local Government Board,
Dublin, 19th Feb., 1880.

Sir,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of Boyle Union on the 20th ult., containing an entry of a report from relieving officer Martin to the effect that Dr. Drapes, Medical Officer of the Keadue Dispensary District, refused to give a certificate as to the fitness or otherwise of a man named Thomas Duignan for removal to the workhouse hospital.

The Local Government Board have also had before them the minutes of proceedings of the Board of Guardians of the 3rd inst. containing a communication from Dr. Drapes on the subject; and a resolution requesting instructions as to the course to be pursued in such cases; and in reply the Local Government Board desire to state that the duty of inquiring into cases of applicants for relief, and of furnishing the guardians with such information as they may from time to time require in reference to such cases should be performed by the relieving officer.

The tickets which the relieving officer is authorised to issue to the medical officer, are for affording medical advice and medicine to a person requiring such aid; and article 21 No. 4 of the Dispensary Regulations defines the circumstances under which he can call upon medical officers for a certificate as to the fitness of persons for removal to hospital.

By order of the Board,
B. Banks, Secretary.

The following is the section referred to:—"He shall give a written certificate under his hand to the Committee of Management, or the Board of Guardians, or the Relieving Officer, when called upon to do so, of the state of health of any dispensary patient attended by him, and of such patient's fitness or unfitness to be removed to any union hospital as the case may be."

Clerk—The man was a dispensary patient, and Dr. Drapes was entitled to attend him.

Chairman—He did not refuse, and he thought it better to communicate with the Local Government Board. Whether it is the duty of our officers to do so is another thing.

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## THE NEW REGISTRATION OF BIRTHS AND DEATHS BILL FOR IRELAND, SUGGESTED BY THE IRISH MEDICAL ASSOCIATION.

The following are changes which will be made in Registration of Births and Deaths in Ireland if this Bill, now before the House, become law:—

### Births.

The duty of giving information to the Registrar concerning births will henceforth devolve upon the father and mother, and the other persons set forth as before. Hitherto the responsibility only rested upon a person present at birth, or the occupier, in case of the inabillty of the parents to comply. The period for giving notice of birth is to be forty-two days instead of twenty-one days. The Registrar is to issue a requisition to the informant after seven days from receipt of the notice of birth, and within three months of date of birth.

Clause 5 provides:—

> "In case the birth of any child has not been registered in accordance with the Act, the Registrar may, after three and not later than twelve months after birth, require any of the persons required to give information to attend personally at the Register office within such time as may be specified in the notice, and to produce a declaration, made before a J.P., of the particulars required to be registered; the Registrar shall then and there register the birth. After the expiration of twelve months, birth shall not be registered except with the written authority of the Registrar-General."

Section 32 of the old Act, which proved so troublesome and vexatious, not only to the Registrars but to the public, will be removed, and births to be registered after three months and within twelve months (six months was the limit in the old Act) can be registered upon the informant producing to the Registrar a declaration made before a J.P., and paying a fee of 2s. 6d. The Registrar will not have to attend before the Justice as undee the old Act he had to do before the Superintendent-Registrar. If a birth shall not have been registered within twelve months, the Registrar must obtain the authority of the Registrar-General to enable him to register such birth, and in that case the informant is to pay 5s. to the Registrar, and the fact of such authority being given shall be entered in the Register. The extension of time for registry is a great boon, and the removal of the necessity for the Registrar to go before the Superintendentdent Registrar will be hailed with delight. Few, if any, births will henceforth escape being registered.

Clause 6 provides:—

> "Any person required to give information who removes before such birth is registered out of the district may, within three months give information by signing a declaration in

writing of the particulars required to be registered concerning such birth; and such Registrar, on payment of the appointed fee (2s.), shall receive the declaration, and send the same to the Registrar of the district in which the birth took place; and the last-mentioned Registrar shall, in the prescribed manner, enter the birth in the register."

Clause 7 provides :—

> "In the case of an illegitimate child no person shall, as father, be required to give information, and the Registrar shall not enter in the register the name of any person as father of such child, unless at the joint request of the mother and of the person acknowledging himself to be the father of such child, and such person shall in such case sign the register, together with the mother."

Clause 8 allows the name to be altered, or the baptismal name added, within twelve months of the date of registration (hitherto the period was six months).

### Deaths.

As to the registration of deaths, the responsibility of giving information rests equally upon all informants, in like manner as regards births. The information must be given within seven days, but if the informant sends to the Registrar a written notice of the death, accompanied by the medical certificate (in present form), the information need not be given (*i.e.*, the death need not be registered) within seven days, but shall be given within fourteen days of date of death. If a death be not registered within fourteen days of the occurrence, the Registrar may, within twelve months of date of death, register same upon the information of a qualified informant. After twelve months, the Registrar-General's authority must be obtained, and the Registrar is entitled to a fee of 5s. from the informant. The fact of the authority having been given is to be inserted in the register.

### Burials.

The new Bill provides that no dead body shall be buried (under a penalty of £10) until after the death has been registered, and a certificate of same, signed by the Registrar, has been presented to the person who buries, or performs any funeral or religious service, except that a coroner, *after holding an inquest* (not otherwise), may authorise the body to be buried before registry of the death.

There are further clauses as to the burial of still-born children.

Registered medical practitioners are bound to give certificates as to cause of death of patients attended by them during their last illnesses (in prescribed form) to some qualified informant, who is bound to deliver it to the Registrar. This will ensure prompt registering of the certified cause of death, and will relieve the Registrars of much trouble. If the informant fail to deliver the certificate to the Registrar within seven days of its receipt, he is liable to a penalty of 40s.

### Superintendent-Registrars and Registrars.

The alteration under this heading is the substitution of the term *assistant* for *deputy*—the assistant having power to act at all times when directed so to do by the Superintendent-Registrar or Registrar—hitherto the deputy could only act in case of the illness or unavoidable absence of his chief. All prosecutions to be instituted by the Superintendent-Registrar or his assistant. The Registrar will, therefore, be relieved of this unpleasant duty.

Clause 26.—A Registrar shall, upon demand made at the time of registering any birth by the person giving the information, and upon payment of threepence, give to such person a certificate of having registered that birth. This form will only require the insertion of a few words or names, and will not be nearly so voluminous as a complete copy; it will probably be asked for by almost every informant, and consequently will be a source of income, though small.

### Fees.

Clause 27 provides that every Registrar shall be entitled to the payment of 2s. 6d. for each of the first twenty entries of births and deaths, or either, but not for the first twenty entries of each—thus, he is to get twenty, *not forty*, half-crowns per quarter, which will amount to an *increase* of £6 a year to every Registrar who registers twenty entries in each quarter. The new Bill provides that a fee of 1s. (instead of 6d. as hitherto) shall be paid to the Registrar for each entry of marriage. The Registrars are also to receive 1s. for each search, and 2s. 6d. (instead of 1s.) for each certified copy (with 1d. stamp) given to the public.

### Correction of Errors.

Clause 30 of the Bill will relieve the Registrars of the trouble and loss of time hitherto experienced by them in attending before the justices and bringing their books when an error was to be corrected; the facilities afforded will tend to the correction of many errors which heretofore were allowed to exist, in consequence of the trouble and loss of time incurred, and the result will be far greater accuracy in the particulars registered. The Registrar will receive a fee of 2s. 6d. from the person seeking to correct for each error corrected; and instead of having to make out a full copy of the entry to send to the Registrar-General, he will only have to forward the declaration.

The time for prosecutions under this Act will be extended to three years.

So far we have given the chief points of interest to the Registrars of births and deaths, whom we think may be congratulated on the expected results of the labours of the Irish Medical Association; and we hope that this Bill, which has been so favourably received up to its present stage, may soon become law. By it the emoluments of the Registrars will be materially increased, even though all they could wish or hope for be not attained, whilst their duties and relative troubles will be greatly diminished. This Bill must be received only as a first instalment of justice to the Registrars, who will upon its becoming law be on a par with the Registrars in England, as far as fees and duties are concerned. When the proper time arrives, the Irish Medical Association will seek, in conjunction with the English Registrars, such modifications and improvements in the registration laws as appear to be obtainable; it is, however, a great matter to have a fair prospect of gaining so much. We foresee that nearly every Registrar in Ireland will gain by the passing of this Bill an increased income of at least £8 a-year, whilst the Registrars of large districts will gain considerably more, and both proportionately enjoy immunity from a large amount of trouble.

# IRISH POOR-LAW INTELLIGENCE.

## THE ISSUING OF RED TICKETS BY DEPUTY.

POOR-LAW medical officers of Ireland do not need to be told that the issuing of medical relief tickets without any inquiry whatever as to the means of those to whom they are issued, has come to be a gross abuse. To such an extent has this system been pursued that in many dispensary districts the books of red and white tickets are as much a part of the stock-in-trade of the shebeen proprietor and the huxter as the whisky of the former or the oatmeal of the latter, and in such districts it is quite the rule for committee men or wardens who are also shopkeepers to sign a book full of tickets and leave them with their shop assistants to be given out to anyone who asks for them, and who acquires a claim by buying something in the shop. This system—respecting which we cannot use any milder term than nefarious—has grown out of the breach of its own regulations which the Local Government Board has long permitted and still encourages. The Local Government Board framed, and still publishes, a regulation, of which the following is a part:—

"The ticket and counterpart are both *to be filled up* by the person authorised to issue the ticket; one part to be retained by the person issuing the ticket, and the other to be detached from the book and given to the applicant, for presentation to the medical officer.

"*Care should be taken in the issue of the tickets accordingly*, and tickets should be issued in the Form E 2, for visiting at the residence of the applicant, in cases of necessity only, and with all available information as to the nature of the case."

The obvious intention of this regulation is that the issuer should himself be compelled to make inquiry of the applicant as to the means of the patient, and that it should not be open to him to say he had imposed the attendance upon the medical man without due knowledge of the circumstances.

As a commentary upon the foregoing regulation we reprint the following correspondence between the relieving officer of the Kilmallock Union, the Guardians of that Union, and the Local Government Board:—

### *The Relieving Officer to the Guardians.*

### No. 1.

GENTLEMEN,—I beg you to state for my future information whether during Board hours on Thursdays that Dr. O'Connell can refuse and tear up tickets signed and dated by me, and authorised to be filled by my daughter, for patients who have come a long distance to his dispensary, as you can see by the enclosed tickets. This he has done, and says I must write out the whole tickets even in Board hours. He did a similar thing before, as well as I can remember, and reported the same to the L. G. Board, and they said any body could fill a ticket under my instructions during my unavoidable absence at Board hours.

Your humble servant,
JOHN LYONS, R.O.

5th February, 1880.

The Board of Guardians made the following order:—

Clerk to write to Dr. O'Connell for his observations, and to be informed, that the Board cannot dispense with Mr. Lyons' presence during Board hours.

H. L. G., Presiding Chairman.

5th Feb., 1880.

### *Dr. O'Connell to the Guardians.*

### No. 2

Kilmallock Dispensary,
12th February, 1880.

GENTLEMEN,—The Clerk of the Union has forwarded me by your directions a report of Relieving Officer Lyons, of the 5th instant, to the Guardians, as to dispensary tickets refused by me as Medical Officer of the Kilmallock Dispensary, and in reply I beg to state for your information, and that of the Local Government Board also, the following facts, viz.:—During the year 1879 I attended to 179 dispensary tickets, issued and filled by Relieving Officer Lyons's daughter. Of this number 64 were issued on Board days, and the remaining 115 were issued on Tuesdays and Saturdays.

At the commencement of 1880 I received a ticket issued and filled by Lyons' daughter, and not wishing that tickets should be recorded unless from persons legally authorised to issue and fill them in accordance with the L. G. Board's circular, 31st August, 1878, I immediately cautioned her not to do so again, or if she did I would forward them to the L. G. Board. Notwithstanding this caution she still persevered in filling and issuing tickets on the 5th February, which I refused.

I may here state that the dispensary hours are from 10 to 12 o'clock. The Board of Guardians meet at 11 o'clock on Thursdays, consequently there is a full hour for issuing legal tickets by the relieving officer before his presence is required by the Guardians at Board hours with which I never contemplated interference, or stated "whole tickets should be then written out by him."

I furthermore wish to state that several persons, "not at all poor persons" within the Medical Charities Act, received tickets faom this relieving officer during the past two years as reported on the Medical Officer's Report Book, Form I. It is also quite untrue for the relieving officer to say that I ever reported a "similar thing" to the L. G. Board, or that I received any communication from them on the subject.

In conclusion I am quite sure that the Guardians are convinced, after my long services, that I would have attended an urgent case even without a ticket, as I often before did, but the parties applying on the 5th instant were not of this description, and could have easily procured tickets from the Guardian of their district, who lives quite close to the dispensary, nor have they since applied for medical aid, though three dispensary days have since passed over.

I have the honour to remain, gentlemen,
Your obedient servant,
MORGAN D. O'CONNELL,
Medical Officer, Kilmallock Dispensary.

To the Chairman and Board of Guardians, Kilmallock Union.

### *The Local Government Board to the Guardians.*

[COPY].

Local Government Board,
Dublin, 25th February, 1880.

No. 4395, 1880, Kilmallock Union.

The Local Government Board for Ireland have had before them a minute of the Board of Guardians of Kilmallock Union of the 12th instant, together with a copy of the explanation of the Medical Officer of the Kilmallock Dispensary District, in reference to his alleged refusal to attend on medical relief tickets filled up by the daughter of the relieving officer; and I am to state that the practice of signing blank tickets, and leaving them to be filled up and issued by a person not authorised to do so by law, is at variance with the provisions of the Medical Charities Act, and such practice should be at once discontinued.

I am at the same time to state that this Board has frequently advised that a medical officer would act prudently in accepting a medical relief ticket, signed by the proper person, for if he were to decline to act on a ticket on the ground that it was not filled by the person signing it, he would incur a grave responsibility if it should turn out that the filling up and issuing of the ticket had been authorised by the person signing it.

By order of the Board,

B. Banks, Secretary.

Marked "read only at the Board."

This correspondence calls, we think, for a very emphatic remonstrance with the Local Government Board on behalf of the dispensary medical officers. Here we have an official who is paid a salary for the express object that he may know all about the means of the people of his district, and may make distinction between those who need poor relief and those who do not. This trouble and responsibility he relieves himself of by permitting and facilitating the issue of tickets to all comers, rich or poor, and thereby he renders himself liable—as we should conceive—to reprimand from the guardians and the central controlling department.

On this ground we take warm exception to the tone of the letter of the Local Government Board, especially of its last paragraph, which threatens the medical officer with a "grave responsibility if it should turn out that the filling up and issuing of a ticket had been *authorised by the person signing it.*"

While we counsel the medical officer to give the patient —in all cases—the benefit of the doubt, and to attend all cases which appear necessitous and deserving, despite any irregularity of the ticket, or indeed without any ticket at all, nevertheless we assert without hesitancy, that, under the ninth section of the Medical Charities Act, and the printed regulations by which the medical officer is bound, no one has any power to "authorise" the filling up of a ticket already signed by him. It is, therefore, we believe, fully open to a medical officer to refuse positively to attend upon a ticket which he is certain is not filled up by the issuer, and while we do suggest that a medical officer should contest the point by refusing his attendance under such circumstances, we will be pleased when any case arises by which the position of the medical officer may be fairly ascertained.

It is greatly to be regretted that we should find the Local Government Board identified in this case, as in many others, with the policy of encouraging the breach of its own regulations, and the abuse of the poor-relief system. No one can know better than the Local Government Board that the ratepayers and the medical officers are the victims of systematic imposition by persons who have no claim to poor relief, and it is not a little disappointing to find the department which ought to be most jealous of such imposition, encouraging and fostering it, and even suggesting the proper method of abusing the system.

## THE IRISH LOCAL GOVERNMENT BOARD AND MEDICAL REGISTRATION.

We think ourselves bound to make an *amende* to the Local Government Board for the remarks upon their proceedings with reference to the Stradbally Dispensary which we published on the 7th of January. In order to remind our readers of the facts we quote a portion of our comments on that occasion. The facts of the case are stated by us as follows:—

"The medical officer of Stradbally, in the Queen's Co., falls very ill. His dispensary committee appoint as his temporary substitute a gentleman who is not registered under the Medical Act, or fully qualified. From one cause or another this gentleman was allowed to act, and he does the duty for a fortnight. The question then arises as to his payment, and the L. G. B. is asked for its approval for such payment. It replies as follows:—

"'Local Government Board, Dublin,
30th December, 1879.

"'Sir,—The Local Government Board for Ireland have had before them minutes of proceedings of the board of guardians of Athy Union on the 24th inst., relating to the proposed remuneration of Mr. Dugdale for his services as temporary substitute for the medical officer of the Stradbally district, and I am to state that under the provisions of sections 32 and 36 of the Medical Act, no person can recover charges in a court of law if under the age of twenty-one years, or be entitled to hold public appointments if not registered under the Act.—By order of the Board,

"'B. Banks, Secretary.'"

"We do not aspire to teach the L. G. B. its business, but, from our unofficial aspect of the affair, we should have thought that the Board should either have vetoed the appointment instantly, and ordered a new *locum tenens* to be chosen, or, if the appointment had been tolerated and the duty performed, should have informed the guardians that the irregularity must not occur again, but that, the work having been done, the doctor ought to be paid. The foregoing letter seems to convey a hint that the guardians may, if they please, repudiate payment because the doctor cannot recover the money at law."

Since this was written, the following letter has been addressed to the Board by Dr. Percival, the medical officer who had been on leave:—

Stradbally, 9th Feb., 1880.

Sir,—In the matter of remuneration of my *locum tenens* as medical officer of the Stradbally Dispensary District, I am obliged to trouble you with the following circumstances.

An idea having been expressed that the proper persons having failed to pay Dr. Dugdale for so acting, I am morally, though not legally bound to do so. I cannot see any justice in such an idea.

I am convalescent from a very formidable illness. When I became ill, I notified the circumstance to the secretary of the Dispensary Committee, and promptly made inquiry, by telegraph and otherwise, in various directions, to procure a substitute. The result was that I had but one person to name to the Committee.

I was informed and believed that he was duly qualified. I have since learned that he is not technically so, according to the rules for the regulation of dispensaries. Be that as it may, he was the only available person at a time when this district was in a very unusually unhealthy state, and when a failure of appointment would have been a cause of serious responsibility, and, as a matter of fact, he, while he continued to act, gave very great satisfaction in the district. The Dispensary Committee having appointed, the Board of Guardians confirmed their act, and I believe fixed the amount of remuneration which I am informed your Board refused to sanction, on the ground that all the requirements of the rule of qualification were not observed. But I beg respectfully to call attention to Article 20, Rule III, of the Dispensary Regulations as sufficient warrant for payment of Dr. Dugdale, together with the circumstance of the present medical officer of Athy Dispensary District having been in the year 1877 approved of as *locum tenens* of the same district—although at the time imperfectly qualified, and paid out of the rates, affording ample precedent for the reasonable and equitable settlement of the present claim. I have to trouble you with these details, as I believe you are not fully in possession of the circumstances and the difficulty surrounding them.

Wm. Percival.

To B. Banks, Esq.,
Secretary to the Local Government Board.

To this letter the L. G. B. gave the following reply:—

Local Government Board, Dublin,
25th February, 1880.

Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 9th instant in reference to the remuneration of Mr. William Dugdale for his services as temporary medical officer in the Stradbally Dispensary District; and I am to point out that Mr. Dugdale not being registered under the Medical Act was disqualified for the office referred to, and the Local Government Board cannot legally sanction a payment which the Medical Act declares to be illegal.

Their sanction would not deprive the payment of its illegal character.

By order of the Board,
B. Banks, Secretary.

To William Percival, Esq., Medical Officer,
Stradbally Dispensary District, Stradbally.

The gist of this answer is, that inasmuch as the 32nd and 36th Sections of the Medical Act forbid any person holding a public medical office, or receiving fees for public medical services, unless he be not only fully qualified, but registered in books of the Medical Council—a payment by the Board of Guardians to a person not so registered would be illegal and would be disallowed by the auditor and surcharged against the persons who signed the cheque. By the 20th article of the Dispensary Regulations the L. G. B. is empowered to dispense with one of the usual medical qualifications when under exceptional circumstances they see fit to do so; but they have no power to dispense with registration, and therefore their sanction to the payment of an unregistered medical man would not make that payment legal, or relieve the auditor of his duty of disallowing it.

This is a perfectly sufficient reason why the L. G. B. should refuse their sanction to the payment of Dr. Dugdale, no matter what the merits of the case might be, and as we think that the Board had no option in the matter, and is acting rightly in insisting on the due registration of their officers, we withdraw and apologise for our animadversions upon their policy.

But we have an excuse to offer for our error. We believe that this is the first occasion on which the L. G. B. has asserted the necessity of registration, and though the 32nd and 36th Clauses of the Medical Act have been in operation for over twenty years, we are not aware that the L. G. B. has ever, until now, refused sanction to the appointment or payment of a medical officer on the ground that he was not registered, while we had knowledge that several medical practitioners had been appointed and paid for years, although they had not been registered. It did not occur to us, therefore, that the L. G. B. had suddenly determined to enfore registration and—assuming that the Stradbally case would be governed by the previous usage of the department—we though that the L. G. B. might, with propriety, have availed itself of its dispensatory power, and allowed the payment to Dr. Dugdale. It has not acted, we assume, at the instance of the Registrar of the Branch Medical Council, and it has done rightly in so acting, though the sudden enforcement of the Medical Act has been hard upon Dr. Percival, who has been obliged, as a matter of honour, to pay Dr. Dugdale, whom he did not appoint, or whose payment he did not guarantee. We think that every Poor-law medical officer in Ireland should be registered, and we assume from this action of the L. G. B. that in future their being so will be a *sine quâ non*.

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## REGISTRY OF DEATHS FOR BURIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I see by your issue of to-day that in the "New Registration of Births and Deaths Bill" it is provided that the registrar of births and deaths shall supply to the registrar of the burial board a certificate of the registry of each death registered by him *without payment*. Is this fair? I am sure it is not. You are aware that it is now enacted that the registrar of each burial board is to make a return at stated periods of the names, &c., of persons who have been interred in the burial ground under his care to the registrar of the district in which the persons died, and for each death so reported he is to be paid threepence. Why for work equally troublesome should the one registrar be paid and the other not? I have been often asked to give to the registrar of the burial board a certificate of the cause of death of a person about to be buried. I have always refused, and I will hold it a grievance if the law will oblige me to do work without remuneration.

I am, Sir, yours, &c.,
Registrar.

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## NEWTOWNARDS GUARDIANS.

### THE DOCTORS' SALARIES.

The committee appointed on the 7th inst. to revise the salaries of the officers in the Union met at ten o'clock.

Mr. Young read the report, from which it appeared that the committee unanimously recommended amongst other changes fifteen per cent to be taken off the salaries of the dispensary medical officers. It was also recommended that ten per cent be taken off the salary of Surgeon Parke, and that the office of consulting sanitary officer be abolished.

The report of the committee was adopted, one member alone dissenting.

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## REDUCTION OF MEDICAL OFFICERS' SALARIES.

TO THE EDITOR OF THE DOWN INDEPENDENT.

Sir,—At the meeting of the Board of Guardians of the Newtownards Union on Saturday last a resolution was passed reducing, along with others, the salaries of medical officers of the Union by fifteen per cent. This reduction would, on the dispensary medical officers and house surgeon, amount in the aggregate to nearly £114 of a saving—a considerable amount, some may say, these bad times; but it must be borne in mind that the half of the medical officers' salaries is paid out of the Consolidated Fund, and that the half of the remainder is borne by the owners of property, called landlords, leaving exactly one-fourth of the whole to be paid by the ratepayers.

The total amount of this reduction of fifteen per cent. on the seven medical officers of the Union would be, as stated above, about £114, the half of which would be retained by the Government, leaving the to be paid out of Union property, and as the landlords repay the half of the poor-rates, there is only £28 10s. to be gaid by the ratepayers of the entire Union, the rateable property in which amounts to £133,694, or the marvellous sum of one-twentieth of a penny in the pound is saved; so that a person holding property valued at £20 will be benefited by the resolution to the amount of exactly one penny!! Is there a farmer in the Ards who, to gain such a boon, would consent, had he been consulted, to the reduction of his medical officers salary by

Yours, &c.,
A Ratepayer.

## BOYLE UNION.

**The** Clerk read the following:—

Keadue, Feb. 9, 1880.

**Gentlemen,**—My attention having been called to last week's proceedings of the Boyle Board of Guardians, as reported in the *Roscommon Herald*, from which it appears that Mr. Odbert, the clerk, stated that it was the duty of medical officers to continue attending cases which simply require out-door relief (as certified by me), and neither medical nor surgical aid, I must say that I am much astonished that a clerk of his vast experience could make such a grave mistake as to mislead the board by such a statement. I am perfectly conversant with my duties as medical officer, and don't require any instructions from the clerk of the union.

I am, gentlemen, your obedient servant,
**John B. Drapes**, M.D., Medical Officer.

The Chairman, Boyle Union.

Chairman—If he attended to his duties, he would not write so many letters.

Mr. Sharkey—He writes once a week.

The Clerk—I said it was his duty to attend to a dispensary patient as long as the party was one, and on the contrary I said it was not Dr. Drapes' duty to attend a case of out-door relief. If I was a relieving officer down there, Dr. Drapes would have more to complain of, I promise you.

The letter was marked "read."

[We have on a former occasion had to remark upon the dictatorial tone which the clerk of the Boyle Union is permitted by his Board of Guardians to assume, and the impertinence with which he is allowed to treat officers of the Union, his superiors alike in social and official position, in education, and in manners.

We are not a little surprised that a number of gentlemen should tolerate the style and language of the clerk's address, and that an administrative board should permit such presumption in their subordinate; and we should suggest that, if the medical officers of the Union do not find even one of the board independent enough to call their clerk to order, one of them should forward this report to the Local Government Board, and ask their opinion thereon. We may add that, in this instance, the clerk is as ignorant of the law and the regulations as he is of the bearing of a gentleman, and that he is completely misleading the gentlemen to whom he presumes to dictate.—**Ed.**]

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## PAINSTOWN DISPENSARY, NAVAN.

A **meeting** of this committee was held for the purpose of electing a medical officer in the room of Dr. M'Gusty, resigned.

There were several applications for the post, but ultimately only two candidates claimed the votes of the meeting. These were Dr. Richard Cronin, Drogheda, and Dr. Murray, who has been acting as *locum tenens* for some time.

The result of the polling showed—for Dr. Murray, 4; for Dr. Cronin, 10.

The Chairman declared Dr. Cronin duly elected.

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## NEW ROSS UNION.

### PAYMENT OF SUBSTITUTES.

**Mr. Ryan** moved that the resolution—"That in future any medical officer requiring leave of absence, half his salary be paid by the board to a substitute for doing the duty be rescinded."

Proposed—That all officers receiving pay out of the rates of this union, whenever they require leave of absence from any cause whatever, that they appoint their own *locum tenens*, and pay them in full for discharging their duties for the time being; and in case any officer neglect to make the appointment, the board of guardians then appoint a proper *locum tenens*, and pay them out of said officer's salary at such a rate as may be determined on at the time of making the appointment as *locum tenens*, to be subject to the sanction of the board of guardians.

Mr. Flynn proposed as an amendment—That any medical officer deserving leave of absence for recreation or pressing business, shall pay a substitute to perform his duties during the time of his absence; but that in case where a doctor is incapacitated by sickness from performing his duties, the board should employ and pay a substitute his full salary.

Mr. Moffat said there was no notice given of these resolutions. He believed there ought to be a fortnight.

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## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1880.

**February** 2nd.—Rice, Henry James; Mountmellick, Queen's County; Lic. R. Coll. Surg. Edin. 1879, Lic. R. Coll. Phys. Edin. 1879.

2nd.—Davis, Henry Jones; 33 Grosvenor Street, Chorlton-on-Medlock, Manchester; Lic. R. Coll. Surg. Irel. 1879.

3rd.—Keelan, Michael; Ardee, co. Louth; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

5th.—O'Donnell, Wm.; Sneem, co. Kerry; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1879.

5th.—Lenihan, Patrick Joseph; Scariff, co. Clare; Lic. 1879 and Lic. Mid. 1880 R. Coll. Surg. Irel., Lic. Apoth. Hall Dub. 1880.

9th.—Murphy, John; 6 Mountjoy Square Dublin; Lic. R. Coll. Surg. Irel. 1879.

10th.—Mitchell, Andrew Alexander; 211 Regent Road; Salford, Manchester; M.D. Q. Univ. Irel. 1879.

11th.—Irwin, John Anderson; Ounabridge, Dungannon; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1880.

13th.—Mason, Alfred; 92 Harcourt Street, Dublin; Lic. R. Coll. Surg. Irel. 1878, M.B. Univ. Dub. 1880.

13th.—Langan, Joseph; Lenamore, co. Longford; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

18th.—Kane, John Seymour; Grosvenor Lodge, Bath; M.B. Univ. Dub. 1880.

16th.—Beatty, Wallace; 48 Waterloo Road, Dublin; M.B. 1879 and B.Ch. 1879 Univ. Dub.

17th.—English, John Augustine; Main Street, Tipperary; Lic. R. Coll. Surg. Irel. 1879.

17th.—Fisher, George Edward; Portarlington, Queen's County; Lic. R. Coll Surg. Irel. 1879, Lic. 1880, and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

19th.—Delmege, Wm. Henry; 36 Fitzwilliam Square, Dublin; Lic. R. Coll. Surg. Irel. 1879.

20th.—Smith, David Chadwick; Ennis, co. Clare; M.B. 1880 and B.Ch. 1880 Univ. Dub.

21st.—Hickey, Patrick Carroll; Kilkee, co. Clare; M.D. Q. Univ. Irel. 1879, Lic. R. Coll. Surg. Edin. 1880.

26th.—Hayes, John Joseph; Nenagh, co. Tipperary; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

26th.—Walsh, George Joseph; 47 Darling Street, Enniskillen; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

27th.—Fraser, Archibald Craig; Manor Hamilton, co. Leitrim; M.D. Q. Univ. Irel. 1879, Lic. Fac. Phys. and Surg. Glas. 1880.

**Restored** (per Order of the Council).

January 1, 1859.—Lewis, Charles; Hay, Breconshire, N.B.; Member 1852 and Lic. 1852 R. Coll. Surg. Eng., Lic. R. Coll. Phys. Edin. 1865.

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# IRISH POOR-LAW INTELLIGENCE.

## PROPOSED REDUCTION OF DISPENSARY SALARIES.

In reference to the resolution of the Newtownards guardians to reduce the salaries of their medical officers, the Council of the Irish Medical Association has addressed the following—their second—communication on the subject to the Local Government Board:—

"Irish Medical Association,
"Royal College of Surgeons in Ireland,
"6th March, 1880.

"Sir,—The Council of the Irish Medical Association having observed a published report of the proceedings of the guardians of the Newtownards Union, wherein it is stated that the board of guardians adopted a resolution for reduction of the salaries of the workhouse and dispensary medical officers of that union, I am directed to revert to a letter addressed to your board at the instance of the Council on the 30th October, 1879, relative to the case of Dr. Quinn, and to express an earnest hope that the board will extend to each of the cases in the Newtownards Union their best consideration before confirming the proposition of the board of guardians.

"The Council desire to bring prominently before the Local Government Board the following substantial reasons why the salaries of medical officers—workhouse and dispensary—should not be reduced. Owing to the financial depression of the country, a far greater number of persons than usual will undoubtedly be compelled to avail themselves of the services of the medical officers, whose official labours must in consequence be considerably increased, and whose means from private practice must be proportionately diminished.

"The medical officers, as ratepayers, must bear the burthen of increased taxation on exactly similar terms with the other ratepayers; the Council, therefore, submit that the medical officers should not be called upon to contribute more than a fair quota to the relief of the prevailing distress, their increased duties and diminution of income from private practice being a full set-off against the extra demands imposed upon others.

"The Council submit further, that it is neither just nor reasonable that medical officers should be forced to suffer in this twofold manner, as ratepayers and in their official capacity, no other class of the community being taxed thus, while the Council and the public generally are well aware that, as regards voluntary charity, medical men have always been foremost among donors, frequently contributing to an extent largely out of proportion to their incomes.

"The Council would refer to the feeling of insecurity and dissatisfaction which such a course as that proposed by the Guardians of the Newtownards Union must, if sanctioned, inevitably cause the officials concerned, and would also remind the Local Government Board of their own views upon the subject, put forward so fairly and forcibly in the following words:—'But the Board thinks that when a person engages in the services of the guardians at a salary, and that the terms of his appointment are, that he shall be paid such a salary, it is not reasonable or just to reduce that rate of payment on grounds such as those which now appear to influence the guardians, while he satisfactorily discharges the duties which he undertakes to perform.' To the Council it appears most unreasonable and very extraordinary that any exception whatever should be made to the views of the Local Government Board above quoted, and they sincerely hope that no other case of injustice connected with the question may be sanctioned.

"I am, Sir, yours, &c.,

"John William Moore, M.D.,
"Hon. Sec. to the Council.

"Sec., B. Banks, Esq.,
"Local Government Board."

## STATEMENT OF THE SURGEONS OF IRISH PRISONS.

Relying on the opinion of eminent counsel, who state that the General Prisons Board *have no power* to impose upon the medical officers, appointed *prior* to the passing of the Prisons Act, the duties of apothecary, or to compel them to compound medicines; also, relying on the 27th Clause of the said Act, which distinctly states, "that all such officers shall perform such duties as they may be required to perform by the said General Prisons Board, so that such duties are *the same, or analagous* to those they performed previously to the commencement of this Act; and, subject, as aforesaid, they shall perform the same duties, as nearly as may be, as they shall be performing at the said date." (This duty the surgeons were never called upon to perform heretofore.) However, most of them are willing to become responsible for the due performance of it, by properly qualified persons, should the Treasury grant such payment as would enable them to pay for it.

With the exception of Class 3 of the Report of the Departmental Committee, the surgeons are willing to accept the salaries named therein, subject to the above proviso; but the salary of the surgeons of Class 3 should be, at least, £80.

In regulating the amount of *back pay*, the surgeons should be allowed the *same* amount of 1878-79 as for 1879-80, its refusal being an injustice, manifest by the advance offered, and the duties being the same in both years.

In the case of the gaols about *to be closed*, where the duty has hitherto been performed by Infirmary surgeons, in estimating the amount of superannuation, the salary they would have been entitled to under the Grand Jury Act, 6 & 7 Wm. IV., ch. 116, should be allowed; and the *number of years* during which the duty was performed, with the *addition* of *twenty* years, as *provided in the Act of* 1859, 22 *Victoria, ch.* 26, *sect.* 4, should be the basis on which the superannuation should be estimated.

With regard to the compounding of medicine by the surgeon, there are at present apothecaries in several of the gaols who were appointed by the Grand Juries and Boards of Superintendence, and have been discharging their duty ever since the 1st of April, 1878, and whose position is secured to them by the 27th Clause of the Prisons Act. It is, therefore, unreasonable and unnecessary to attempt *to compel (by threat of a reduction of* 20 per cent. of the proposed salary) the surgeons to perform that duty; but should the apothecaries be removed for one cause or other, most of the surgeons would be willing to act as mentioned above.

With few exceptions, the surgeons have not received *any payment* whatever for the extra duty, which, in fact, commenced on the 1st of December, 1877, as shown by the first circular issued by the Board, requiring those duties to be performed, with the additions of reports, &c. One surgeon who retired received but £35 for six months' service.

E. G. BRUNKER, M.D.,
Honorary Secretary of the Association
of Infirmary and Gaol Surgeons.

6th March, 1880.

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## FEES FOR INQUESTS IN GAOLS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can you inform me if I am entitled to a fee for attending and giving medical evidence at an inquest on the body of a prisoner who dies in gaol. A few days ago a case in point happened, and the coroner refused to sign for my fee.

I am, Sir, yours, &c.,
Otter Holt, Carlow, EDWARD A. RAWSON,
23rd Feb., 1880. Surgeon, Carlow Gaol.

[In a letter addressed on the 12th of April, 1879, by the Council of the Irish Medical Association to the surgeons of gaols, the law as to medical testimony at coroner's inquests is set forth founded upon the following section of the Coroners' (Ireland) Act, 9 and 10 Vict., cap. 37, sec. 33:—

"In all cases where any coroner shall hold an inquest upon any dead body, and shall deem the attendance of some medical witness to be necessary at such inquest, he shall summon as such witness any legally qualified medical practitioner, being at the time in actual practice at or near the place where the death happened."

From the operation of this provision medical officers of hospitals, "or other public medical institutions," are exempted by the 32nd section of the same Act, which is as follows:—

"When any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided."

The Council understands that it had been originally the custom to remunerate medical officers of prisons for their testimony at inquests upon prisoners dying in gaol, and that the fees so paid were always allowed by grand juries, and by the fiating judges; but that that system had been altered some years ago, and that fees have been since then refused without any apparent legal authority.

It will be observed that the 32nd section of the Coroners' Act, quoted above, withholds a fee for medical evidence from "the medical officer whose duty it may have been to attend the deceased person as medical officer of such institution." The institution here referred to is defined by the section to be either—*a.* "A public hospital or infirmary;" *b.* "A county or other lunatic asylum;" or *c.* "Any public infirmary or other public medical institution."

The Council conceive that the sick wards of a prison are not included, or intended to be included, within the operation of this section, and that the medical officer of a prison is therefore entitled to the statutory fee payable for medical testimony. The Council are borne out in this view by the words of the Act, which restrict the gratuitous testimony of medical officers to institutions "supported by endowments or by voluntary subscriptions"—which definition clearly excludes prisons—and by a judgment given at the Lifford Assizes in July, 1861, by Mr. Justice Ball, now Lord Chancellor of Ireland.

His Lordship said that, on looking at the section of the Act handed to him, he did not find that it was among the duties prescribed for the medical officer that he was to give evidence when called on without the usual fee paid to other medical men. He must decide that the fee be paid.

In view of this decision by the highest legal authority in Ireland, it seems to have been decided that it is no part of the duty of a prison medical officer to testify at inquests, and that officers so doing are entitled to be paid, and the Council have, therefore, not considered it necessary to take legal advice, but have instructed me to lay the facts before you to be used as you may see fit.]

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## NEW ROSS UNION.

### PAYMENT OF SUBSTITUTES.

A bill from Dr. Doyle was handed in amounting to £16 10s., bill of remuneration due to him for acting as *locum tenens* for Dr. Stock, Clonroche, who was ill.

Mr. Sinnot—The reason Dr. Doyle was not paid before now, there is a resolution on our books to the effect that in the case of any medical man having a substitute, he should pay half the salary, and the board of guardians the remaining half.

Mr. Doyle—Such a resolution is, no doubt, on the books, but it was never placed there to meet such a case as this, where a doctor was ill, and unable to do duty. I will, therefore, now propose that Dr. Doyle's bill be paid.

Mr. Casey—it is most unfair to ask Dr. Stock to pay in his case; he is an old and faithful officer, and such a case as his was never contemplated when the resolution asking doctors to pay half was passed.

Mr. Harpur—Gentlemen, the ratepayers' interest ought to be looked after as well as medical men, and we ought to be very careful before we rescind the resolution.

After some further remarks, Dr. Doyle's bill was ordered to be paid.

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## RECOVERY OF FEES IN POLICE CASES.

## FERMANAGH ASSIZES.

### Before Mr. Justice HARRISON.

*Dr. Baptist Gamble, appellant; Thomas Magee, respondent.*

THIS was an appeal from a dismiss on the merits by the County Court judge on the hearing of a civil bill process for £3 for medical attendance to Magee.

Mr. Alexander appeared for Dr. Gamble; and Mr. John Graham for the respondent.

Dr. Gamble, medical practitioner and dispensary doctor, deposed—On the 10th November, 1877, I saw Thos. Magee in Constabulary barracks, he was bleeding from a severe beating; saw him three times on the next day; next saw him at my own house on the 15th November.

He is a farmer and is, I believe, very well off. Next saw him on the 19th at my own house and dressed his wounds also; saw him afterwards on 4th December, at which time the wounds were healing and I recommended a course of treatment. When I asked him for money he said it was his mamma had it, and again that he would pay me when he had some money; and again that he was hard up and that he wanted time. In July last he refused to pay me. I only charged him the low sum of £3.

Cross-examined by Mr. Graham—I am the medical attendant of the police force; a policeman came for me, but as a messenger. I told Magee I would charge for attendance, and he promised to pay me.

If any policeman heard you say that why do you not produce him?—I did not think of it.

Thomas Magee, the respondent, in reply to Mr. Graham, said that he went to the police barrack for protection after having been beaten; he did not send for Dr. Gamble, nor did he tell him that he would pay him. In consequence of what the doctor told him he called again, but all he did was to put in the stitches and take them out. When Dr. Gamble spoke to him for the money he told him to look to the Crown for it.

To Mr. Alexander—It was Dr. Gamble dressed all the wounds I got. I lend money and I have a farm. On my oath I never said that my mother would pay him.

Mr. Graham then asked for a dismiss on the merits.

Mr. Alexander said that the County Court judge very seldom erred, and the appeals from his decisions were generally at his Worship's own request; but he (Mr. Alexander) thought he had made a fair case for the payment of the doctor.

The Judge said that he must differ from the County Court judge in this instance. A man—and here one of substance—cannot get out of medical attendance every time he chose to get into a drunken row. It appeared that the police acted simply as messengers, and the doctor swore that the man had even promised payment. He would give a decree.

Mr. Graham—As to the amount, my lord?

His Lordship—The doctor charges £3, and I think the claim is not unreasonable.

[This case is valuable as confirming the judgment given recently in favour of Dr. Barry, of Kilbeggin, who recovered his fees in another case when called in by the police. We ask the attention of police magistrates to the principle here established, that when the doctor is sent for to see a person who is able to pay, the patient and not the police must pay. There is, therefore, no reason for the issue of red tickets in such cases.]

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## THE FERMANAGH COUNTY INFIRMARY.

Major D'Arcy said he would oppose every presentment made for the co. Infirmary. He believed the co. Infirmary to be abolished under the Poor-law Act. He believed the payments to be illegal.

The Foreman believed that Major D'Arcy's view of the law could not be correct as Mr. Meldon, one of the ablest men on the opposition benches, brought in bills amending the Infirmary Act.

Major D'Arcy quoted the 15th section of the 14th and 15th Victoria, chap. 68, in support of his allegation, and said that the same Act provided for the attendance of the dispensary medical officer at the bridewell or prisons.

Major D'Arcy afterwards opposed the passing of the presentment before Judge Deasy, and repeated his arguments. His lordship heard his case. He received a written statement of the facts, and said Dr. Walsh, treasurer to the Infirmary, should have had due notice of the objection. On Monday his lordship announced he would *fiat* the presentment.

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## BALLINASLOE UNION.

### SANITARY PROSECUTION FEES.

The following was read :—

Local Government Board, Dublin,
February 28, 1880.

Sir,—The L. G. B. for Ireland have had before them the minutes of proceedings of the Board of Guardians of the Ballinasloe Union of the 18th inst., containing the entry of a letter from the Medical Officer of Health for Ahascragh Dispensary District, relative to his claim to be remunerated for attending Petty Sessions to give evidence in a sanitary prosecution; and in reply to the guardians' minute, on the subject I have to state, that unless there was a distinct arrangement made with the medical officer to the contrary, he is, the board considers, entitled under section 258 of the Public Health Act, 1878, to remuneration for the services referred to.

By order of the Board,
B. Banks, Secretary.

The Clerk, Ballinasloe Union.

The Clerk, in explanation of this matter, stated that when this Act came into force the guardians passed a resolution that the medical officer should attend to the sanitary prosecutions *gratis*. The L. G. B. in reply to this said that such a resolution might take away some of the emoluments of the medical officer. A subsequent resolution was passed to give the medical officer reasonable expenses when obliged to go outside his district.

Mr. Hardy—You made no contract to the contrary with this officer, as referred to in this letter from the L. G. B.

The Chairman—We are to pay him reasonable expenses when going outside his district. In this case the doctor had not to go out of his district, and had only to cross the street to the Petty Sessions Court.

Mr. Hardy—What does he claim?

The Chairman—A guinea.

Mr. Hardy—That is too much for crossing the street (laughter).

Mr. Comyn said that the "reasonable expenses" meant "travelliing expenses." In this case there was no travelling expenses.

After further conversation it was agreed to inform the L. G. B. that as Dr. O'Kelly had not to go outside his district he had no claim for expenses, and that copies of the resolutions quoted by the Clerk should be forwarded.

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## BRAY DISPENSARY.

A special meeting of the members of the Bray Dispensary Committee was recently held in the Courthouse, for the purpose of electing a medical officer for the Bray Township, in room of Dr. Thomas Whistler, who retires from the post through failing health. Dr. Abbott, of Bray, was elected by 13 to 1.

## WEXFORD UNION.

### RELIEVING OFFICERS AND VACCINATION.

With reference to the resolution relative to the remuneration to be allowed to the relieving officers for their services in noticing defaulters under the Compulsory Vaccination Act, the Local Government Board desired to state that, as already pointed out, this duty cannot be allowed to remain undischarged, and the board must therefore request the guardians to adopt some measures for having the necessary notices served on the defaulters. The board at the same time pointed out that there were at present only two relieving officers in the Wexford Union which comprises an area of 128,801 acres, and a population of 40,646, and it appears to the Local Government Board that the question now arises whether the guardians should not make further provisions for the administration of outdoor relief by the appointment of at least one additional relieving officer. The board request that this subject may receive the guardians' immediate consideration.

Mr. Roche commented on the kindness of the Government in suggesting to the guardians that they should spend the ratepayers' money and create new offices.

The Chairman said that both the relieving officers were doing their work very efficiently. The question they had to consider was with regard to the serving of the vaccination notices. On that day week Dillon had consented to receive 30s. per annum for the serving of them, but Keating had refused to accept it. It was for the guardians to say what they would do in the matter. He suggested on that day week, in order to get them out of the difficulty, that they should serve the notices through the post, but they did not approve of it.

Mr. N. Codd suggested that they get the notices printed, and that each guardian should have them posted up in the divisions, and that if there were any defaulters to have them summoned before the magistrates.

The Chairman pointed out that it would not be legal to serve notices in that way; they should serve the notices personally.

Mr. Ryan pointed out that under the recent Vaccination Amendment Act they were called upon four times each year to serve these notices.

Mr. P. Codd said if they instituted a prosecution they should prove personal service. It would cost them more to conduct a prosecution than to pay for the serving of the notices.

Resolved—"That £2 per annum be allowed to R. O. Keating for the serving of vaccination notices."

## MOUNTMELLICK UNION.

### THE CONSULTING SANITARY OFFICER.

The Clerk read Mr. Cobbe's notice of motion as follows:—

"That in consequence of the apparent persistent determination of the Local Government Board to keep up unnecessary taxation by allowing heretofore a consulting sanitary officer, which up to the present has cost the ratepayers over £100 for about five visits or certificates, and seeing the absurdity of appointing such an expensive officer, especially where in cases arising in the Mountmellick sanitary district, said officer has to be paid a heavy sum for consulting himself, I hereby give notice that I will move on the 21st inst. to dispense with such office, as it has been a gross fraud (in my opinion) on the over-taxed ratepayers, and how any government of intelligence invented it I am at a loss to know."

Mr. Cobbe at some length moved his resolution, and said that the guardians found after six years that the ratepayers had been robbed by the existence of this unnecessary office. He exonerated the guardians from any blame in the matter, and the gentleman who filled the office of consulting sanitary officer, he said, only did what anyone would have done. He accepted £20 a year when it was given him. The Local Government Board alone was to blame for the appointment. He found from returns he had received that in sixty unions very much the same size as Mountmellick, the consulting sanitary officers were paid in many instances less than £20 a year. Even in Donaghmore the light had dawned on them, and the guardians had resolved to abolish the office of consulting sanitary officer. Mr. Cobbe then moved that the Local Government Board be requested to sanction the abolition of the office of consulting sanitary officer.

Mr. Cullen—I have great pleasure in seconding the motion. (To the Clerk)—Might I ask was there ever any complaint from the Mountmellick dispensary district, or did you ever find any necessity for a consulting sanitary officer in it?

The Clerk—No, I don't think I did.

Mr. Cullen—Well then we sent the consulting sanitary officer over to Mountrath, where there was a great deal of discussion about certain works. The consulting sanitary officer agreed with the medical officer of Mountrath. But then Sir Charles Coote objected to the view taken by them, and the medical officer of Mountrath turned round and chimed in with Sir Charles, leaving our consulting sanitary officer standing alone. The work was done, leaving the consulting sanitary officer's report worthless. We see that it is influence and power that carries on this work.

Mr. Vanston proposed that the consideration of the question be adjourned to that day six months. Not seconded.

Resolution carried.

## NEWTOWNARDS UNION.

### REDUCTIONS OF SALARIES.

In accordance with the notice given a fortnight ago the report of the committee appointed to revise the salaries of the officers in the union was taken up. It was resolved that the portion of the report recommending a reduction of 15 per cent. in the salary of the medical officer, Dr. R. C. Parke, be adopted. The salaries of the chaplain and the dispensary medical officers are also to be reduced 15 per cent.

## FISSURED NIPPLES.

Dr. King, of St. Louis, recommends the application to fissured nipples of a solution of gutta percha in benzine or bi-sulphide of carbon. He paints this solution all over the nipple, except the apertures of the milk ducts. It remains on two or three days, and usually the parts are entirely healed. Occasionally it needs to be re-applied. It is suggested that the cement used by cobblers in mending shoes, by what they term "seamless patch," would answer the above indication.

## TREATMENT OF HÆMORRHOIDS BY SIMPLE SUPPORT AND PRESSURE.

Dr. Chas. F. Stillman, of New York, gives this method thus: Place the patient in the knee-chest position, and after anointing the parts with some lubricator, gently exercise traction, as in a hernia reduction, and the force of the atmospheric pressure will cause the piles to return. Follow them with the finger till each pile is in place. He now supports them by introducing a rubber ball, semi-solid and very flexible, so shaped as to be readily introduced into the rectum and retained by a T bandage. The rubber pessary is removed before defecation and at night. The patient readily introduces it after the first lesson.

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medica Press.* Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## MR. MELDON'S CANDIDATURE FOR CO. KILDARE.

The following resolution did not reach us sufficiently early to enable us to publish it last week. We do so now —although its value as a recommendation to the medical electors has lapsed—because we believe that Mr. Meldon deserves everything which the medical profession in Ireland have it in their power to do for him.

"Irish Medical Association (founded 1839).

"Royal College of Surgeons, Dublin,
"27th day of March, 1880.

"At a meeting of the Committtee of Council of the Irish Medical Association, held on Tuesday, the 16th inst., it was unanimously resolved—

"'That in view of the approaching election for Parliamentary Representatives in the county of Kildare, the Council of the Irish Medical Association strongly urge on the attention of the medical electors the great claims of Mr. Charles H. Meldon to the representation of the county.

"'During several years Mr. Meldon has consistently, untiringly, and eloquently advocated in the House of Commons the views entertained by the Irish Medical Association on the many subjects connected with the interests of the profession which were brought before Parliament in each succeeding session, and at the present time he is actively engaged in promoting, on behalf of the Association, most important legislation in connection with Irish medical affairs.'

"A. O. Speedy,
Chairman of Council.
"J. W. Moore,
Hon. Sec. to the Council.
"J. H. Chapman,
Hon. Sec. to Association."

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## THE GENERAL ELECTIONS.

The following circular was issued by the Irish Medical Association, and we hope that the advice which it gives was fully availed of :—

Dear Sir,—In view of the approaching general election for members of Parliament, I am directed by the Council of the Irish Medical Association to remind you that there are several very important measures affecting the interests of the medical profession in Ireland, which shall be brought under the early notice of the new Parliament, viz. :—

1. A Bill to amend the "Medical Charities (Ireland) Act," prepared and brought in by Mr. Meldon and Mr. Errington, at the instance of the Irish Medical Association, which suggests satisfactory provisions for (*a*) prevention of abuse of the system of medical relief, and recovery of fees in such cases ; (*b*) payment for examination of alleged lunatics (harmless or dangerous) ; (*c*) equitable superannuation of workhouse and dispensary medical officers ; (*d*) examination of drugs and pharmacies ; and (*e*) cancelling of unsatisfactory drug contracts.
2. A Bill to amend the "Registration of Births and Deaths (Ireland) Act, 1863," prepared and brought in by Mr. Meldon, Mr. Errington, and Major Nolan, at the instance of the Irish Medical Association, which proposes assimilation, as far as it is desirable, to the law in force in England. This measure, in a word, provides that the registrars shall be better paid for far less irksome duties, and suggests that each registrar shall, as in England, be paid two shillings and sixpence (instead of only one shilling) for each of the first twenty entries made in each quarter, so that each registrar may receive a fixed *increased remuneration* of *six pounds a year*. Attendance with books before the superintendent registrar for registry of births after three months, and before the justices for correction of errors, will be dispensed with ; and, in many instances, this Bill provides for payment of special fees to the registrars amounting in the aggregate to a very considerable increase on the present remuneration.
3. Lord O'Hagan's "Neglected Lunatics Bill," which provides for payment of fees to medical officers for examining and certifying as to the condition of lunatics from time to time at their homes, as in England.
4. Several Bills to amend the Medical Act of 1858, suggesting many essential reforms with regard to new entrants and their qualifications for the practice of the profession on equitable, uniform, and universal bases ; and representation of the profession on the General Medical Council, which now represents only the Colleges and Corporations.

In addition to the above-mentioned Bills already introduced, a Bill for the regulation of public laundries will be brought in by Mr. Meldon (at the private instance of the Honorary Secretary of this Association), providing, amongst other matters, for inspection of laundries when cases of infectious disease occur in them, and that for each inspection the Medical Officer of Health shall be paid a fee of one guinea.

The inadequacy of the salaries, and the unsatisfactory assignment of the duties to the Medical Officers of Health will also be brought under the notice of the Legislature, as well as a proposal to extend to Ireland the English system of awards for excellence in results of vaccination, whereby each medical officer may become entitled to a premium of one shilling for each case in which a satisfactory cicatrix has been produced, in addition to the fee of two shillings, recently obtained by this Association, for each case of successful vaccination.

The Council consider that the points above referred to are of paramount importance to those interested, and hope that medical men will deem their professional interests to possess the greatest claims upon them; and it is recommended that in each city, borough, and county, *all the candidates* for Parliamentary representation should be pressed to support the interests of the profession regarding these provisions; but, in order to have weight and to do this effectively, the Council strongly advise that in each place electing a member of Parliament, whether there be a contest or not, all the medical practitioners who have votes should meet at once, and consult amongst themselves as to what pledges connected with the above measures they can agree to ask from the candidates, and, having done this, to put them forward as the resolution of the whole body of medical electors, whose number should be stated, as proof of their strength.

Probably many years may pass ere such an opportunity as the present recurs; the Council, therefore, earnestly hope that all differences as to other topics may be sunk, and that the medical electors will, for their own advantage, make their influence and power felt and recognised by the several candidates.

It will, however, be necessary to proceed in a business-like way, and, if you and some others of your *confrères* agree, all the medical practitioners of the electing place should be forthwith summoned to meet, and, resolutions having been agreed to and pledged to be acted upon, a deputation of a few of the most influential practitioners should be appointed to present them, and submit your points to each of the candidates who present themselves for your suffrages. If your demands be well supported and fairly put forward, they will, doubtless, command attention and respect.

I enclose a form which the Council consider might be presented by a deputation to each of the Parliamentary candidates.

Further particulars concerning the above-mentioned measures and proposals may be found in the reports of the Council, and also in the *Medical Press and Circular.*

I am, dear Sir, yours faithfully,
JOHN H. CHAPMAN, Hon. Secretary.

(By Order of the Council),
27th March, 1880.

day of 1880.

The medical electors of the of
have agreed not to vote for, or use their influence in favour of, any candidate seeking to represent them in Parliament who does not consent to give a general support to the following measures and proposals; and we are authorised, in their behalf, to bring them under your notice, in the hope of obtaining a promise of your support to them, viz.:—

1. A Bill to amend the Medical Charities (Ireland) Act, prepared and brought in by Mr. Meldon and Mr. Errington.
2. A Bill to amend the Registration of Births and Deaths (Ireland) Act, 1863, prepared and brought in by Mr. Meldon, Mr. Errington, and Major Nolan.
3. Lord O'Hagan's Neglected Lunatics Bill.
4. The following principles in connection with medical reform, to be brought forward upon consideration of the various Bills now before Parliament to amend the Medical Act of 1858, viz.:—
    (*a*) A thorough revision of the constitution of the General Medical Council.
    (*b*) The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the license or degrees of any of the medical authorities.
    (*c*) The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.
5. A Bill for Regulation of Public Laundries, to be introduced by Mr. Meldon.
6. Extension to Ireland of the English system of awards for excellence in results of vaccination.
7. A proposition to award equitable remuneration for the services of the medical officers of health under the Public Health (Ireland) Act, 1878.

To (Signed)

## THE HEALTH OF IRELAND.

THE mortality last week in twenty large English towns, inclusive of London (in which the rate was 21·4), was equal to an average annual death-rate of 21·9; Glasgow, 25·2; Edinburgh, 26·2.

The annual death-rate represented by the deaths registered last week in sixteen towns of Ireland was 32·0, ranging in the following order:—Queenstown, 3·6; Kilkenny, 12; Galway, 13·2; Limerick, 20·0; Londonderry, 21·9; Dundalk, 22·4; Drogheda, 23·5; Cork, 26·6; Sligo, 30·1; Belfast, 32·0; Dublin, 35·7; Wexford, 41·3; Newry, 42·7; Waterford, 47·5; Clonmel, 63·1; and Lurgan, 64·0. Eight of the 14 deaths registered in Clonmel were inquest cases. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 4·3.

In the Dublin district the deaths represent an annual rate of mortality of 36·5. Forty-five deaths from zymotic diseases were registered, being 6 more than in the preceding week, and 14 over the average for the twelfth week of the last ten years: they comprise 4 from small-pox, 5 from measles, 10 from scarlatina, 2 each from diphtheria and croup, 8 from whooping-cough, 8 from fever (1 typhus, 5 typhoid or enteric, and 2 simple continued fever), &c.

The registered deaths (4) from small-pox are 1 in excess of the number for the preceding week, but 3 less than in the week ending 13th instant. Twelve new cases of the disease were admitted into the Dublin hospitals during the week (against 11 in the preceding week, and 21 in the week ending 13th instant), 12 patients were discharged, 3 died, and 45 remained under treatment on Saturday last, being 3 under the number in hospital at the close of the previous week.

There were 18 typhus cases admitted into the principal hospitals, being 7 over the admissions for the preceding week.

Eight new cases of typhoid fever and 8 of scarlatina were admitted: the numbers for the week ending 20th instant were, typhoid fever 5, scarlatina, 9.

## FEES FOR MEDICAL EVIDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The following may not be uninteresting to your readers, as showing the necessity of fixed remuneration for medical witnesses when attending Courts of Justice.

On the 1st inst. I attended the Ahascragh Petty Sessions on Crown summons in a case of grievous wounding, and having given evidence as to the inability of the injured party to attend Court, the case was adjourned till next Court day. True I had no distance to travel, but I was detained from my dispensary (which was four miles distant) from eleven to near three o'clock in the day. I applied to the presiding magistrates for my fee, and asked them to sign a recommendation to the Castle for two guineas, but they could not see their way to so doing. Accordingly I wrote to the Under Secretary stating the facts as above, and so yesterday, after a lapse of three weeks, received a communication informing me that the Lord Lieutenant had directed the Crown Solicitor to pay me the munificent sum of one guinea!

Truly, Sir, it is disgraceful, the cheeseparing and penury of the authorities in the treatment of medical witnesses, and this will continue so long as we are silent on the matter, and allow ourselves to be, as a profession, ignored and slighted, instead of, as a united and powerful body, demanding ample remuneration for our services, not as a matter of courtesy, but as a matter of right and justice. Surely it is high time in this enlightened age of progress that the remuneration to medical men for attending petty sessions courts should have long since been definitely fixed (with extra allowance for travelling expenses), and not, as at present, viz., two guineas when the magistrates recommend, and one guinea only when application is made direct to the Castle, though the services rendered are identical. This is only one of the many grievances under which our profession labour, and for the honour of the profession I trust every man connected with it will make a firm stand till our grievances are redressed and our services duly appreciated and remuneratively acknowledged.

I remain, your obedient servant,

Richard O'Kelly.

Abascragh, Ballinasloe.

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## BRAY DISPENSARY.

The following letter has been addressed to Dr. Whistler by the Bray Township Commissioners, on his resignation of the post of Medical Officer of Health for Bray :—

"Dear Sir,—I am directed by the Bray Township Commissioners, in reply to your letter of the 22nd inst., to convey to you their regret at the severance of the connection which has so long and so satisfactorily existed between you and them during the many years you have had charge of the sanitary state of this township. The duties of this office, to which you were attached, often of a disagreeable and even dangerous character, were always faithfully discharged by you, and it affords the Commissioners much pleasure to learn from you the healthy state of the town on your quitting office.

"I am, dear Sir, yours faithfully,

"Edward Dempsey, Town Clerk."

We are pleased to notice that the Rathdown Guardians have granted Dr. Whistler a superannuation allowance of £100 a year.

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## THE INQUEST ON MRS. CLARKE, OF BALLYTRAIN, CO. ANTRIM.

It will be remembered that the body of a Mrs. Clarke, of Ballytrain, had been exhumed for inquest, a suspicion of foul play having arisen after her death. The inquest concluded last week, when the jury found "That deceased died at Ballytrain on the 5th Feb., 1880, from failure of the heart's action, the result of the use of alcoholic drinks; and we are also of opinion that Dr. Clarke took no means to prevent deceased getting the drink. We are also of opinion that Messrs. Cochrane were perfectly justified in instituting this inquiry."

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## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1880.

March 1.—Daly, Richard Condon; 2 Patrick Street, Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

9th.—Smyth, John; Killalief Cottage, Monaghan; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

17th.—Walshe, Edward; Whitworth Hospital, Drumcondra, co. Dublin; Lic. Apoth. Hall, Dub., 1880.

19th.—Silcock, Alexander; Ballinahinch, co. Down; M.B. 1880 and B.Ch. 1880 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1880.

19th.—Montgomery, George Alexander; 9 Harrington Street, Dublin; Lic. R. Coll. Surg. Irel. 1879.

23rd.—Browne, Robert Joseph; Carnacregg, Moylough, co. Galway; Lic. R. Coll Surg. Irel. 1878.

23rd.—Hartt, Chas. Henry; Hargham, Norfolk; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

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Restored (per Order of the Council of 18th March).

Jan. 8th, 1859—McKeogh, Daniel; Nenagh, co. Tipperary; Member R. Coll. Surg. Eng. 1850.

Dec. 31st, 1858.—Welsh, William Dobbs; 1 Carlisle Terrace, Reddish, Stockport; Lic. Apoth. Hall, Dub., 1852.

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## LISMORE UNION.

### SERIOUS CHARGE AGAINST THE MEDICAL OFFICER.

Mr. Currey said he regretted it was his duty to bring under the notice of the board a complaint against the medical officer for neglecting to visit a child named Kate Ahearn, though he had received a dispensary visiting ticket. He read the following :—"Mrs. Ussher is feeling much distressed that a child of the name of Kate Ahearn has died without assistance. The bearer obtained a visiting ticket. The doctor gave an order for the covered van to convey her to the hospital without seeing her, but the father and mother would not send her in, as she was in much suffering, without the doctor seeing her."

Mr. Hely—Before going any further I think this is a matter for the dispensary committee to investigate. I think it is their duty to look into such cases.

Chairman—It is transformed from a dispensary to a workhouse case by the order which the doctor gave to have the child removed to the hospital.

Dr. O'Reilly was then asked to give an explanation of the matter. He said no one regretted the circumstance more than he did. The facts of the case were as represented. He asked the boy what was the matter with his sister. He said she was suffering from pains in the back and cold sweats. He (the doctor) considered she was suffering from gastric disease. He would have gone to see her only for the reprsentation of the brother. He (the doctor) gave the order to have the child brought into the hospital, and told him that if his mother did not wish to send in the child the brother was to let the doctor know of same before twelve o'clock the following day; the boy did not come and he never heard any more about the child, and when he inquired of the nurse at the hospital whether the child had come in, he was told that she was up and strong. He was extremely sorry that he had unwittingly trusted to what he had heard. It was the first time in thirteen years that any complaint had been brought against him for neglect. He would take good care in future not to be unwittingly led astray by anyone. The doctor then retired.

The boy Ahearn was then called before the board, and he appeared very stupid.

Chairman, to the boy—Why did you not go to Dr. O'Reilly and acquaint him that your mother would not let the child come in?

Ahearn—He told me to bring her into hospital.

Mr. Currey—How did you describe to Dr. O'Reilly what your sister was suffering from?

Ahearn—I told him she had pains in her back.

Mr. Currey—Did he tell you to be very particular, and report to him whether you brought in the child or not?

Ahearn—He did, sir.

Mr. Currey—And why did you not acquaint Dr. O'Reilly of that?—No answer.

Major Gyles—I think it is a case for the Local Government Board.

Mr. Fitzgerald—I can't see a greater irregularity than Dr. O'Reilly has admitted in ordering a child into the fever hospital without seeing her; not knowing whether she was suffering from fever or not.

Mr. Currey—I must confess it is a gross neglect of duty, and the medical officer should not take stories from parties without seeing the patient.

Major Gyles—In signing that ticket, he went beyond the bounds of neglect of duty.

Mr. Currey—I think the best thing to do would be to have the matter placed on the minutes with the doctor's explanations, and let it go before the Local Government Board.

After some further remarks it was finally decided to place the matter on the minutes and lay it before the Local Government Board, and to request the doctor to send in a written explanation by next board day. The doctor was then called in and informed of the decision of the board.

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## CLAREMORRIS UNION.

### OUTDOOR RELIEF DUTY.

A LETTER was read from Dr. Burke, who had been for a few weeks back doing temporary duty in Ballindine dispensary district, owing to the illness of Dr. Kelly, medical officer of that district, asking the board of guardians to appoint another doctor to take charge of Ballindine district, as Dr. Kelly was not likely to be able to resume the charge for some weeks. In ordinary times he (Dr. Burke) would be able to discharge the duty of both districts, they being contiguous and compact, but at present the number of visiting tickets sent him had become so numerous he wished to be relieved of the responsibility of a second district.

In reply to the board,

Dr. Burke said he feared that anything should occur, or that any person in his own district really sick would be neglected. Many of the tickets now were in cases where persons wanted to be put on out-door relief, that he could not know until after visiting the applicant, he could not therefore feel justified in refusing in any case. He had lately gone a considerable distance to attend a case where the person was represented as being almost in a dying state, and on going to the village found the person merely wanted out-door relief. He did not know of any doctor in the district that he could name who would undertake the duty in Ballindine district.

The board determined to advertise for a duly qualified doctor to discharge the duty for a month, or during the illness of Dr. Kelly, at £3 a week, requesting Dr. Burke to continue in charge of the district until such appointment be made, next week, and expressed their appreciation of Dr. Burke's very creditable manner in giving up the district when he apprehended any difficulty about the fair and proper discharge of his duty towards the poor.

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## NEWTOWNARDS GUARDIANS.

### THE PROPOSED REDUCTION IN THE OFFICERS' SALARIES.

THE Clerk read the following communication:—

"Local Government Board, Dublin,
25th March, 1880.

"SIR,—The Local Government Board for Ireland have had before them the resolution of the Board of Guardians of Newtonards Union on the 13th inst., proposing that the salaries of the chaplains, clerk, workhouse medical officer, and the six dispensary medical officers be reduced 15 per cent.; that the salaries of the relieving officers and school-master and mistress be reduced by £5 per annum each, and that the shoemaker be paid 17s. per week instead of £1, and that the collectors be paid 5d. in the pound instead of 6d. as at present.

"In reference thereto, the Local Government Board desire to state that they have given this proposal due consideration, and it appears to them that on the occurrence of any vacancy in an office, it would be a legitimate question for the Guardians to consider whether the salary of such office might not properly be altered and reduced; but the Board thinks that when a person engages in the service of the Guardians at a certain salary, and that the terms of his appointment are that he shall be paid such a salary, it is not reasonable or just to reduce the rate of payment while he satisfactorily discharges the duty he undertook to perform.

"With reference to those officers whose salaries have been raised after many years' efficient service, the Board are of opinion that it would be unwise to deprive them of the advantages so gained while their duties remain unchanged, and that such a proceeding would tend to produce discontent, and a feeling of insecurity in regard to their position, which would have an injurious effect in the administration of the affairs of the union, as it would discourage zeal and attention on the part of the officers in the performance of their duties.

"The Local Government Board observe that in the following instances the officers whose salaries the Guardians propose to reduce are the clerk of the union, who has acted in that capacity for thirty-eight years, the workhouse shoemaker, who has served as such thirty-three years; relieving officers M'Kee and Boyd, who have been in office for thirty-two years, and Drs. Ringland and Frame, whose services as such extend respectively over periods of twenty-three and twenty-one years.

"It is of course open to the Guardians to propose an alteration of salary in any instance in which there has been a change in the circumstances under which it has been fixed and increased, but for the reasons given above, the Board are not prepared to give their sanction to a reduction of the officers' salaries in the manner proposed.

"By Order of the Board,
"B. BANKS, Secretary.

"To the Clerk of Newtownards Union."

A Guardian drew attentian to the fact that the Local Government Board in their letter took no notice of the recommendation of the Guardians to add £5 to the salary of Miss Kennedy, the superintendent of the lunatic ward; and, on the motion of Mr. Mackintosh, J.P., seconded by Mr. Gelston, it was resolved that the attention of the Board be directed to that omission.

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## TUBERCULOSIS FROM DISEASED MILK.

PROFESSOR OTTO BOLLINGER, of Munich, says, in a paper recently read in that city, that repeated experiments show that the milk of tuberculous beasts has a very decided contagious influence, and reproduces the disease in various animals, and that its noxious properties cannot be expelled even by boiling. While the tuberculosis of man is not completely identical with that of the cow, it is exactly similar; hence, there is constant danger to any community where milk is freely used. The professor enjoins upon farmers the necessity of taking the strictest care of their stock, and upon people generally the greatest care as to the quality of milk they use.

It is well known that phthisis is a common disease in cows. In some herds 10 per cent. die of it.

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## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## THE ESTIMATION OF SUPERANNUATION ALLOWANCES OF MEDICAL OFFICERS.

The Irish Local Government Board has within the past fortnight promulgated a very important legal decision in reference to the estimate of pensions for medical officers, which decision must certainly be confirmed by competent legal authority before it can be accepted by the Irish Poor-law Medical Service. They have refused to sanction the superannuation allowances proposed to be granted to Dr. McGusty, of Slane, and Dr. Whistler, of Bray, on the ground that the salary received by these gentlemen as public health officers and for lunacy inspection, cannot be included in the assessment of a pension. The letter of the Board to the Guardians says :—

Local Government Board,
Dublin, 30th March, 1880.

Sir,—The Local Government for Ireland acknowledge the receipt of your letter of the 22nd inst., furnishing, in reply to their letter of the 16th inst., a statement of the particulars on which the superannuation allowance proposed to be granted by the Board of Guardians of the Navan Union to Dr. M'Gusty, late medical officer of the Painstown Dispensary District, has been calculated, and in reference thereto the Local Government Board desire to state that they have been advised by counsel that the additional salary paid to a union officer or a dispensary medical officer, under the 11th section of the Public Health Act of 1878, cannot be taken into account in calculating his superannuation allowance ; and, further, that the fees paid to a dispensary medical officer for examining and certifying in the cases of dangerous lunatics cannot be included in the amount on which the allowance is calculated. It will, therefore, be necessary to exclude from the calculation the salary paid to Dr. M'Gusty as medical officer of health, and to omit from the estimate of his income on the average of the last three years as dispensary medical officer, any fees paid to him by the Guardians, under justices' orders, in respect of alleged dangerous lunatics. The replies to the usual queries are accordingly returned herewith, and you are requested to amend the document in the particulars above referred to, and return it to this office.—By order of the Board,

B. Banks, Sec.

This decision is obviously a very important one, and, as far as we know, is a departure from the rule hitherto followed. We cannot undertake to express an opinion upon the accuracy of this interpretation of the law, which, we understand, is the deliberate judgment of the law adviser of the Local Government Board, but, so far as we can judge, the ruling is open to grave doubt, and, as we know that the legal advice upon which the Board acts is not always to be depended on, we entertain a confident hope that this decision may be reversed. We expect and believe that the Irish Medical Association will obtain at once the opinion of its law advisers, and will contest the question if advised that they can do so. The law of Poor-law medical superannuation in Ireland is settled by two Acts which will be found *in extenso* in the Irish Medical Directory, page 508. The first of these Acts came into operation on the 26th of May, 1865, and provides for pensions for all union officers "whose whole time has been devoted to the service of the union," the purpose of this phrase being to exclude the medical officers from the benefits of the Act. Under it the "guardians may, at their discretion, grant . . . . . . an annual allowance not exceeding two-thirds of his *then salary*," the word *then* meaning the date at which the officer ceased to hold office. The second Act was passed 2nd August, 1869, to extend the benefits of the former Act to medical officers, and it includes "any medical officer, including in that term a surgical officer of such union or of any dispensary district in such union."

There are two grounds upon which we can conceive that the law adviser of the Local Government Board rests his decision—*Firstly:* That the Act contemplates only the assessment of pension on salaries for such duties as existed in May, 1865, and does not include salaries payable in respect of subsequently-created offices. *Secondly:* That the second Act allows of payment to an officer only in his capacity as "medical or surgical" officer of the union, and not in respect of any other function which he may fulfil.

If these be the grounds upon which the Local Government Board bases its decision we do not feel at all convinced as to the validity of their ruling. The second Act certainly defines the recipient of the pension as being the "medical or surgical officer," but it gives to that officer his allowance "under and subject to the provisions of" the first Act, and that Act makes no reservation whatever as to the nature or period of the duties which shall entitle the officer to a pension. It speaks simply of the officer's "then" salary, and—as we read it—covers every salary received by any person as a union officer at the moment of his resignation, no matter whether that resignation be to-day or fifty years hence. Undoubtedly the public health officer is a union officer, and therefore entitled to the benefits of the Act of 1865, no matter in what capacity he acts for the guardians.

We have given our own reading of the law, which may or may not prove correct. There is, we think, an abundant *prima facie* case for disputing the ruling of the Local Government Board.

The third Act—35 and 36 Vict., cap. 89—was passed on the 10th of August, 1872, and its object is to extend the provisions of the preceding Acts to the registrars of births, deaths, and marriages, and the superintendent registrars, and also to legalise the counting of emoluments—as, for instance, vaccination and registration fees—in the assessment of superannuation allowances. It is a question whether the omission to pass a subsequent Act, to include the public health salaries and the lunacy examination fees in the calculation of a pension, can be held to bar the rights of the medical officers who enjoy these emoluments. We certainly think it does not, inasmuch as the words of the Union Officers' Superannuation Act are wide enough to cover for all time the salaries from all sources of all persons who are officers of a union. The Act of 1872 was needed because neither registrars nor superintendent registrars were necessarily union officers, and in some instances were not medical men at all, and therefore until the passing of such an Act these functionaries could not receive any pension whatsoever. In any case, if the legal decision of the Local Government Board is correct, steps must be at once taken to obtain an amending Act to meet the objection which the Board has raised.

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## FEES TO MEDICAL WITNESSES.

In reply to the letter of Dr. O'Kelly, which we published last week, in reference to the remuneration paid him for attending on a Crown summons at Petty Sessions, we would observe that the remuneration for medical witnesses at Sessions in Crown cases is fixed by the rules of the Attorney-General at £1 1s., if the medical witness lives in the Sessions town, and is not detained in Court longer than three hours; if he be detained in Court longer than three hours the fee is £2 2s. per diem, or if he reside in any other place than the Sessions town the fee is £2 2s. a day for each day he is necessarily detained from home, together with the amount of actual travelling expenses and hotel expenses at 15s. a day if incurred. The rate of remuneration is no doubt insufficient in many instances, but until the Irish Medical Association obtained the above rate, the allowance was only £1 1s. *per case*, no matter how many days the medical witness had to attend at Court.

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# IRISH MEDICAL ASSOCIATION.

## REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

*During the Quarter ended* 31*st March*, 1880.

(Read and adopted at the Quarterly Meeting of the Council, held the 6th April, 1880.)

Dr. Purcell, and subsequently Dr. Speedy (Chairman of Council), in the Chair.

Mr. Chairman and Gentlemen,

Since the last Quarterly Meeting, the Committee of Council have held ten meetings, and in the same period five new names have been added to the list of members. With deep-felt regret the Committee of Council have to announce the death of Dr. Charles Benson, for many years the earnest friend and zealous supporter of this Association, as Member, Councillor, and President. A resolution, expressing condolence with his family, was forwarded to Mrs. Benson. The vacancy thus caused in the Council should be filled up this day.

### DISSOLUTION OF PARLIAMENT.

Owing to the dissolution and its consequences, it is feared that the progress during this session in the various measures now before Parliament which affect the interests of the medical profession will be retarded. The Committee of Council, however, have to report that the Bill drawn up by this Association for amending the "Medical Charities' (Ireland) Act" has been introduced in the House of Commons by Mr. Meldon and Mr. Errington; and that the Bill also drawn up by this Association to amend the "Registration of Births and Deaths (Ireland) Act, 1863," has been introduced by Mr. Meldon, Mr. Errington, and Major Nolan. Both of these Bills have been printed by order of the House. The former was brought under the notice of the Local Government Board, who, however, declined for the present to receive a deputation to confer with them upon its provisions.

A suggestion made by Dr. Chapman, that public laundries should be subjected to special surveillance for the protection of public health, was approved by the Committtee of Council, and it is understood that a Bill with that object will shortly be brought before Parliament by Mr. Meldon.

All preparations for the Parliamentary campaign had been perfected some weeks before the dissolution was made known. Dr. J. W. Moore was specially requested to watch the Medical Act Amendment Bills; Dr. Jacob, the Medical Charities' Bill; Dr. Purcell, the Registration of Births and Deaths Bill; Dr. Speedy, the Neglected Lunatics Bill; and it was arranged that when the "Public Health (Ireland) Act Amendment Bill, 1880," came under consideration, the general dissatisfaction regarding the duties and remuneration of the medical officers of health should be brought under the notice of the Legislature. A tabular statement, comparing the salaries of medical officers of health, and the population and extent of their districts, in England and Ireland, was laid before the committee by Dr. Brown, which conclusively proved that the average salary of the Irish officer is far below that of the English, considering the extent and population of districts. It was also arranged that a resolution should be proposed in Parliament to extend to Ireland the English system of inspection of vaccination, and awards for excellence in results.

A letter was addressed to the Attorney-General, inquiring if the Coroners' Bill was to extend to Ireland, and the reply received was to the effect that the Select Committee to whom the Bill had been referred did not appear to be in favour of Ireland being included in that measure.

A letter was addressed to the chairman of the Select Committee on the Medical Reform Bills, requesting that

Dr. J. W. Moore should be summoned to give evidence on behalf of this Association.

Shortly after the dissolution was announced the Committee of Council issued a circular to each member of this Association, suggesting the advisability of the medical electors of each borough and county holding meetings with a view of agreeing to resolutions concerning medical interests, which, if they saw fit, they might press upon the several candidates for their suffrages. The circular afforded brief information regarding the various measures affecting their interests which appeared likely to be brought before the new Parliament, and contained a form which it was considered might be adopted, asking the candidates to pledge themselves to a general support of the measures referred to. The Committee of Council are not aware to what extent action has been taken on that circular, but, in a few instances which have as yet been reported, the candidates made no objection to the request made. The Committee of Council considered it their duty to put prominently before the members the subjects which affect their interests, without, however, attempting to dictate or interfere with their discretion.

In recognition of the valuable services rendered to this Association and the medical profession at large by Mr. Meldon, the Committee of Council adopted a resolution favouring his candidature for co. Kildare, and reminding the medical electors of that county of the able and zealous manner in which he, with great success, pleaded in Parliament in their behalf.

### REGISTRARS OF MARRIAGES.

In the last Quarterly Report the advisability of separating the office of Registrar of Marriages from that of Registrar of Births and Deaths was suggested, and all members who hold a contrary opinion were requested to inform the Hon. Secretary at once of their dissent, but, as not a single objection has been received, the Committee of Council conclude that the proposal meets with general approval. Newly-appointed Registrars of Births and Deaths are not bound to accept the Registrarship of Marriages. Those already holding the office who wish to relinquish it should request the Registrar-General to relieve them at his earliest convenience; but, as some time must necessarily elapse before the Registrar-General could make the necessary arrangements, it would not be considerate of the Registrars of Births and Deaths *en masse* to press for immediate release from the duties connected with registration of marriages.

### REDUCTION OF SALARIES.

The Committee of Council have observed that another attempt has been made to reduce the salaries of the Medical and other Officers of a Workhouse and the Dispensary Districts contained in a Union. On this occasion the proposal was made by the Guardians of the Newtownards Union; but, before their resolution was adopted, the Committee of Council addressed the following letter on the subject to the Local Government Board, remonstrating against the injustice of the proposition, and quoting the Board's own expressions as to the impropriety of adopting such a course:—

Irish Medical Association,
Royal College of Surgeons,
Dublin, 6th March, 1880.

SIR,—The Council of the Irish Medical Association having observed a published report of the proceedings of the Guardians of the Newtownards Union, wherein it is stated that the Board of Guardians accepted a resolution for reduction of the salaries of the workhouse and dispensary medical officers of that union, I am directed to revert to a letter addressed to your Board, at the instance of the Council, on the 30th October, 1879, relative to the case of Dr. Given, and to express an earnest hope that the Board will extend to each of the cases in the Newtownards Union their best consideration before confirming the proposition of the Board of Guardians.

The Council desire to bring prominently before the Local Government Board the following substantial reasons why the salaries of medical officers—workhouse and dispensary—should not be reduced. Owing to the financial depression of the country, a far greater number of persons than usual will, undoubtedly, be compelled to avail themselves of the services of the medical officers, whose official labours must, in consequence, be considerably increased, and whose incomes from private practice must be proportionately diminished.

The medical officers, as ratepayers, must bear the burthen of increased taxation on exactly similar terms with the other ratepayers; the Council, therefore, submit that the medical officers should not be called upon to contribute more than a fair quota to the relief of the prevailing distress, their increased duties and diminution of income from private practice being a full set-off against the extra demands imposed upon others.

The Council submit, further, that it is neither just nor reasonable that medical officers should be forced to suffer in this twofold manner—as ratepayers and in their official capacity—no other class of the community being taxed thus; while the Council and the public generally are well aware that, as regards voluntary charity, medical men have always been foremost among donors, frequently contributing to an extent largely out of proportion to their incomes.

The Council would refer to the feeling of insecurity and dissatisfaction which such a course as that proposed by the guardians of the Newtownards Union must, if sanctioned, inevitably cause the officials concerned, and would also remind the Local Government Board of their own views upon the subject, put forward so fairly and forcibly in the following words:—"But the Board thinks that when a person engages in the services of the guardians at a salary, and that the terms of his appointment are that he should be paid such a salary, it is not reasonable nor just to reduce that rate of payment on grounds such as those which now appear to influence the guardians while he satisfactorily discharges the duties which he undertakes to perform." To the Council it appears most unreasonable and very extraordinary that any exception whatever should be made to the view of the Local Government Board above quoted, and they sincerely hope that no other case of injustice connected with the question may be sanctioned.

I am, Sir,
Your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to Council.

The Secretary,
Local Government Board.

The Committee of Council are pleased now to be in a position to report that the Local Government Board have declined to sanction the resolution of the Newtownards Guardians.

### INQUEST FEES TO PRISON SURGEONS.

The case referred to in the last Quarterly Report, in which a prison surgeon had been summoned by a coroner to make a post-mortem examination of the body of an executed criminal, and to give evidence at the inquest, for which he had not been paid his legitimate fees by the coroner, has been under the consideration of the Committee of Council, who, finding that the coroner still declined to pay, advised the prison surgeon to consult a solicitor, and take proceedings against the coroner, and offered a sum not exceeding £10 to defray costs, in the event of the prison surgeon being charged with them, upon a decision of the Court being arrived at.

The particulars have not, as yet, been communicated, further than that an appeal was made by the solicitor before the Grand Jury, whom he convinced of the justice of the claim, and who thereupon presented for the amount of the prison surgeon's fee.

Another Prison Surgeon claimed fees for similar services, which were at first refused. However, the Coroner, upon reading the letter of this Association (*vide* Appendix to the Report for the Quarter ending 21st April, 1879, pp. 31-34) admitted the justice of the demand, and immediately paid the fees.

It is to be hoped that Prison Surgeons may henceforth have no difficulty in obtaining their fees for services of this nature, and that they will invariably claim them.

### SANITARY PROSECUTIONS.

Another instance has been communicated in which a sanitary authority refused payment of fees to a medical officer of health for evidence given by him at their request, in sanitary prosecutions under the 258th section of the Public Health Act, although he had not agreed at any time to forego his claim to such fees; and the medical officer of health referred to has been duly advised of the course he should adopt for the recovery of his fees.

Unless a medical officer of health expressly agrees to give evidence at sanitary prosecutions without being paid for such special services, he is entitled to a fee from the sanitary authority of not less than one guinea, nor exceeding two guineas for each day or part of a day in each case in which he shall have given evidence at their request, and it is not necessary to obtain any certificate from the justices in such cases.

### WORKHOUSE MEDICAL OFFICERS.

A workhouse medical officer has brought two grievances under the notice of the Committee of Council:—1st. That fees are not allowed to those officers for evidence given at coroners' inquests held on the bodies of paupers, even when *post-mortem* examinations are made. This hardship, which, however, presses more severely upon the medical officers of hospitals who give their services gratuitously, is imposed by the 32nd section of the Coroners' (Ireland) Act (9 & 10 Vic. cap. 37), which provides that for such duties no fee whatever shall be payable to the medical officer of any public institution for the reception of patients, even whether the same be supported by endowments or voluntary subscriptions.

The Council have made many attempts to have this grievance removed, but this can be effected only by the passing of a new Act of Parliament.

2nd. That for attendance upon pay patients treated in workhouse hospitals the medical officers are not remunerated. This, assuredly, is a grave injustice; for, if such persons were attended at their own residences, they would have to pay for medical attendance.

The Committee of Council will investigate the facts and particulars connected with this arrangement, and report on the subject as soon as possible; but, in order to do this thoroughly, it is hoped that the workhouse medical officers who can afford any information on the subject will be good enough to do so at their earliest convenience, through the hon. secretary.

### VACCINATION.

There appears to be some uncertainty as to the right of dispensary medical officers to payment for vaccinating persons who do not actually reside within their districts. The law does not require that the person vaccinated shall reside in the district; but that the vaccination shall have been performed, it matters not where, provided it is within the dispensary district, to entitle the medical officer to payment of two shillings for every person successfully vaccinated or re-vaccinated by him, which, of course, includes even those for whose vaccination he may have received a private fee.

### CERTIFICATES TO DISPENSARY PATIENTS.

With regard to giving certificates as to the state of health of a dispensary patient there appears to be considerable misapprehension. The medical officer is required to give such certificate to the guardians, or to the committee of management, or to the relieving officer, but he is not bound to give any certificate of illness to the patient. By giving such certificates gratuitously the medical officers frequently lay themselves open to greater abuse of the dispensary medical relief system, for the majority of persons applying for certificates require them for presentation to sick clubs or societies, which should provide medical attendance for their members, and would have to do so if denied certificates by the dispensary medical officers. There are instances, however, in which the patient's employer may require medical evidence that his *employé* is really ill, and in these such certificates might reasonably be given, provided the patient be a fit recipient of dispensary medical relief; but care should be taken in discriminating the fit cases, lest improvidence be encouraged by the mistaken kindness of the medical officer.

## DR. ROBINSON.

The *West Cork Eagle* announces with sincere regret the death of Dr. Robinson, of Skibbereen, who died after nine days illness, from a malignant form of typhus fever. It will be remembered that in conjunction with the late Dr. Donovan he took a prominent part in eradicating the Cape Clear epidemic, and it was during his efforts to stamp out the outbreak of fever in Hare Island that he got struck down with the disease which so quickly terminated his useful labours. We thought a few weeks since, says our contemporary, that nothing could have exceeded the seriousness of Dr. Donovan's early demise, but in this instance stern death has inflicted a more calamitous blow, as a large and absolutely helpless family are left totally unprovided for. The good-natured doctor was a general favourite, and a distinguished feature in his abruptly-closed life was his kindly, generous consideration for the poor.

## REMEDY FOR BURNS.

The *Allg. Hopfer Zeitung* points out that one of the best remedies for relieving the pain of burns and scalds is oil of peppermint, applied by a camel's hair pencil. It is said to give prompt relief and to lead to a rapid cure without scars. This accords with what is already known of the similar action of turpentine and creosote. Either of these agents should not be applied where the skin is destroyed, if the object be to relieve pain.

## POSTURAL TREATMENT.

Dr. Emmet, in his *Principles and Practice of Gynæcology*, describes the following method of treatment of procidentia uteri as being practised successfully by a shrewd border physician. His practice was almost exclusively confined to the negroes. A case was cured in ten days. The woman was placed in a swing, suspended to a beam, in the knee and chest position. This was maintained for ten days, during which time the vagina was kept filled with a strong decoction of oak bark, which was changed every day by means of a syringe. With a properly padded swing there was no difficulty, as the woman slept all the time, and was disturbed only to receive her food or to answer a call of nature. The principles of treatment were undoubtedly correct, although the method may be unsuitable in other races.

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## THE LAW OF DISEASED MEAT.

### WM. DILLON, APPELLANT; EDWARD M'CRAITH, RESPONDENT.

THIS was an appeal from the decision of the magistrates at Mitchelstown Petty Sessions, imposing a fine of £5 on the appellant "for having in his possession, and exposing for sale, meat unfit for human food." The respondent was Dr. Edward M'Craith, executive sanitary officer, who brought the prosecution for the sanitary authority, the board of guardians, and the appellant was contractor for supplying meat to the barracks at Fermoy.

Mr. Rose said that the prosecution was brought under the 41st and 42nd Vic., cap. 52, sections 132 and 133. He quoted the words of the Public Health Act to show that any person exposing for sale, or having in his possession for sale meat unfit human food, shall be liable to a penalty not exceeding £20, or in default to a term of imprisonment not exceeding three months. The summons was brought under those sections by the sanitary officer against Mr. William Dillon, victualler, Fermoy, charging him with having, on the 3rd February, 1880, a quantity of meat unfit for human food in his possession.

His Worship—Is the fact of having such food in his possession an offence under the Act?

Mr. Rice said it was. The Act said "any sanitary officer of the sanitary authority may at all reasonable times inspect any animal, carcase of meat, poultry, game, fish, corn, and butter, being exposed for sale, which is unfit for the food of man; and the proof that same was not exposed for sale rests with the party charged."

Dr. W. M'Craith, in reply to Mr. Rice, said—I am medical officer of health for Midleton under the board of guardians; I remember the evening of the 2nd February; a man knocked at my door and said he had some meat in a car outside, belonging to Mr. Dillon, which he wished me to see. I then had a piece of the meat brought into the house, and it was so putrid that it created a stink all over the place; I nearly got sick in my stomach from it. Next morning the R. M. ordered the destruction of the meat. I would have known nothing about it only for Dillon's man; the report that I heard was that the meat was portion of a bull which died of some kidney disease (laughter); such a disease would cause putrefaction to set in rapidly.

John Cahill—I am a cattle dealer; I sold some beef to Mr. Dillon, two quarters, at 35s. 4d. a cwt. I got the animal from Mr. Barry, and I never paid a penny for it; the animal died, and Dillon knew it; I told him so.

Mr. Lawrence, for the appellant, submitted that no offence was proved against his client. The summons was brought under a complete misapprehension of the meaning of the Act. The Public Health Act, 1878, was passed to provide against the exposing or offering for sale of unsound meat or for having same in possession for selling; but it was no offence to have unsound meat in one's possession if it were not exposed or offered for sale. If it were otherwise any person who got bad meat supplied to him would be liable to be punished after having been made a victim. He went on to say that the law was that if any person was found selling or exposing for sale or having in his possession for the purposes of sale unsound meat, the sanitary officer could take same before a Justice of the Peace, and he was bound to do so forthwith. The sanitary officer could not keep such meat in his possession for twenty-four hours, because it was necessary that the justice should see what was exposed for sale and what condition it was in at the time. If the justice condemned the meat, then the sanitary officer could found on that condemnation a prosecution, and the person having the meat in his possession for sale, or exposing it for sale, could be punished either by the justice who condemned the meat or by other justices. The gist of the offence consisted in having the unsound meat in possession for purposes of sale, or in exposing it for sale. Suppose a man had unsound meat in his possession, that he determined to bury it, and that he sent for a cart to take it away—if the sanitary officer then came in he could not bring a prosecution, for no offence was committed, as the man was not going to dispose of it. Such was the case in this instance, for they found it was Dillon's man who brought the meat to the sanitary officer for the purpose of getting it condemned.

His Worship—The only evidence I see against Dillon is the evidence of Cahill, who sold the meat.

Mr. Lawrence—He doesn't say it was unsound when he sold it. There was no offence committed under the Act unless the sanitary officer saw the meat exposed for sale or in possession for the purpose of sale, and the sale of which would likely take place but for his intervention. In this case the sanitary officer did not see it exposed for sale, or in anyone's possession for sale, but he saw it for the purpose of being destroyed.

Mr. Rice said there was no doubt the wording of the Act of Parliament was very defective, and it was shameful that such an important Act of Parliament should be so difficult to construe. There was no doubt that Mr. Dillon knew from the price he paid that it was bad beef.

His Worship, on looking through the Act, said he felt bound to agree with Mr. Lawrence's view of the case.

Mr. Rice said he was forced to come to the same conclusion, but the Act was undoubtedly a very bad one.

Mr. Lawrence said the Irish Public Health Act was only a mutilated form of the English Public Health Act, and it was impossible to understand the Irish Act, unless by comparing it with the English one. The English Act was a complete and comprehensive one, while the Irish one was neither complete, comprehensive, nor intelligible, and ever since it was passed it had plunged unhappy corporations and sanitary boards into the greatest confusion.

His Worship reversed the decision of the magistrates at the Petty Sessions Court.

## NAVAN UNION.

### PANESTOWN DISTRICT.

A SEALED order was read, granting Dr. M'Gusty £88 14s. 6d. superannuation.

Mr. Lacy—The sum voted by the board was reduced; it appears that no superannuation is allowed on salary paid under the Public Health Act; there was a deduction accordingly.

Mr. Sheridan—£100 was voted to him.

Mr. Lacy—Yes; it was explained to him; the Local Government Board took opinion of counsel on the subject. He was entitled to nothing on the amount paid him under the Sanitary Act.

## KILKENNY UNION.

### DOCTORS DIFFER.

The following letter was read:—

Local Government Board,
Dublin, 21st April, 1880.

SIR,—The Local Government Board for Ireland have received a minute of the board of guardians of Kilkenny union of the 15th instant, in reference to the case of Jane Fitzpatrick, whom the medical officers of the workhouse recommended should be sent to a Dublin hospital to undergo an operation, and with regard to this subject I am to call attention to section 7 of the Act 25 and 26 Vic., c. 83, under the provisions of which the guardians have power to send inmates requiring medical or surgical treatment to any hospital or infirmary, and the Local Government Board think that it may be assumed the medical officers of the workhouse thought it was for the interest of the patient in this case to be so dealt with. The Local Government Board therefore request that the guardians will be good enough to reconsider the matter.

By order of the Board,
B. BANKS, Secretary.

Alderman Meagher—If the medical officers recommend that a child should be sent to Dublin to undergo an operation, it would be unbecoming of any guardian to question the discretion of the medical officers.

The Chairman said that there were cases which might be regarded as specialties, and were usually sent to Dublin.

Alderman Murphy—Dr. Lyster said it was a simple thing and might be done here. Have the medical officers called and asked them will they undertake the operation with Dr. Lyster's assistance.

Alderman Murphy repeated his opinion that the medical officers ought to be asked would they undertake the operation with Dr. Lyster's assistance.

Mr. Rice—That would be making very little of our medical officers.

The child referred to and her mother appeared before the board. The child's left jaw was enlarged to a terrible extent.

Mr. McCreery—Get the child a ticket to admit her to the infirmary.

Alderman Meagher—Having heard the medical officers' letter read, every word of which I endorse, and from what the woman states, as well as from the appearance of the child, I now move the child shall be sent to Dublin.

Mr. R. Comerford—We should not overlook our own medical officers.

Alderman Murphy—There is not a guardian here who is not most anxious to have the child cured. It would be as well to ask the doctors if they could perform this operation with Dr. Lyster's assistance.

Alderman O'Donnell seconded Alderman Meagher's proposition, which was passed unanimously, and it was ordered that the child's mother should be sent in charge of her to Dublin, at the expense of the guardians.

## BOYLE UNION.

THE following was read:—

Ballyfarnon, April 12th, 1880.

GENTLEMEN—I beg leave to again call your serious attention regarding the want of a proper paved channel in the town of Ballyfarnon. I have reported over and over again, as my sanitary book can show, on these matters; still no heed is taken, and now that hot weather is likely to set in, the consequences may prove serious, and fever or such like break out. In all cases I have given out the usual disinfectants. I trust that the guardians will see that the constant recommendations of the medical officer of health on said matters reported from time to time shall be carried out, as it is for the benefit and health of his district such reports are forwarded to your board.

I am, gentlemen,
Your obedient servant,
W. J. KIRBY, Medical Officer.

The clerk said that was only one of two or three letters he got from him during the week. In one of them he notified that unless his registration books were not examined this week he would not attend again. He (clerk) wrote to him that the fixing of a day is with the superintendent registrar, and not with the registrar. He cares little about what is going on so as he facilitates his own ends. When I require registration I will appoint a day, and let him attend or not. *If he does not, I will find someone who will.*

Chairman—What about this sanitary report?

Clerk—There is not a cleaner town in the province of Connaught than Ballyfarnon.

The letter was referred to the dispensary committee.

## NAVAN UNION.

### VACCINATION FEES.

Mr. Daly—The fees for vaccination have been doubled. Does the amount of these fees fall on the rates of the district, or is any part of them paid from the Government grant? Does every doctor get a fee from the union for every child he vaccinates, no matter what the position and means of the parents may be? A great many get it done at the expense of the rates who could afford to pay for it.

### THE PUBLIC HEALTH ACT.

The following was read:—

Town Clerk's Office, Drogheda,
6th April, 1880.

DEAR SIR,—Referring to sec. 258 of the Public Health Act, 1878, and to the circular issued on the 22nd November, 1878, by the Local Government Board, with respect to the expenses of medical witnesses for attendance and assistance at prosecutions under the Act, I am directed by the urban sanitary authority to inquire whether the salaries paid by the guardians to Drs. Murtagh, Kelly, and Delahoyde include remuneration for their attendance and assistance at prosecutions in Drogheda—as in that case the sanitary authority would request the guardians to instruct those officers to discharge the duty free of charge.

I am, &c.,
Patrick Devin,
Executive S. Officer.

Mr. Daly explained that the Corporation desired to be informed on the subject; Captain Keogh and Mr. Plunkett require the attendance of these officers to give evidence; that necessitates a fee which is added to the penalty, and presses severely on parties against whom orders were made. An expression of opinion from the board was therefore desirable whether they considered that the medical gentlemen should not, as part of the duty for which they were paid, attend to give evidence.

The board was of opinion that they should do so.

Mr. Dowdell explained that, unless, when fixing the salary of these officers, it was plainly stipulated at the time of making the appointment, that the salary was also to remunerate them for attending to give evidence, and the doctors agreed to these terms at the time, fees could be ordered to them. That was the reading of the circular from the Local Government Board. No such stipulation was, however, made by the board when appointing them, nor when the subject of refixing the sanitary salaries was brought specially before them some months ago.

The board were of opinion they should attend without fee, and assented to a motion to that effect.

[Mr. Dowdall, the clerk, is perfectly correct in his exposition of the law, and the board perfectly wrong in their decision. We commend them to peruse Section 258 of the Public Health Act, page 57, "Irish Medical Directory."—Ed. M. P. & C.]

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## NEWTOWNARDS BOARD OF GUARDIANS.

### PROPOSED REDUCTION OF SALARIES.

The following resolution was unanimously adopted:—"That the board of guardians, after taking into consideration the Local Government Board's letter of the 25th of March regarding the reduction of officials' salaries, cannot see their way to change their opinion as already expressed; and further, that they cannot help but express their surprise at the readiness shown by the Local Government Board generally to sanction and approve of an increase, and meeting any attempt at reduction by a decided and absolute refusal, and they therefore respectfully ask the Local Government Board to reconsider their decision."

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## SLIGO UNION.

### THE LATE FATAL OCCURRENCE IN BALLISODARE.

Mr. Collery—I was informed by Mr. Egan, S.I., that at an inquest held recently, the substance of the verdict was, that a man and his wife died through privation and want, and because of insufficient clothing. After the clothing on the son was destroyed, the doctor sent in a report to this board that the people should be indemnified. No action was taken to supply clothing. The jury passen a resolution that the people died of exposure and want, and they stated the guardians were guilty of a dereliction of duty. He reminded the board that he had suggested that a second relieving officer should be appointed there, but there was no action taken by the board of guardians. The relieving officer says he had no instructions to supply clothes. The board took no action.

Mr. Tute said there seemed to be an order made to clean and whitewish the place.

Mayor—The guardians should have ordered food and clothes.

Mr. Collery—They got neither.

Chairman—If this thing occurred in a mountainous district we might not be surprised; but it actually occurred in a village, in a public street, and where respectable people live all round——

Mr. Cogan—And a police barrack near hand. I wish to make an observation. I have made complaints that the relieving officer's district is too large. No officer in the world could discharge his duty situated as he was.

The Mayor wished to know where the clothes were supplied.

Mr. G. Simpson—But is our relieving officer to give clothes to people who are in receipt of 25s. a week?

Mayor—Yes, when he destroys other clothes.

Mr. Walker—He has full power to destroy clothes for sanitary purposes.

Mr. Collery—He did supply clothes last week. If he had power to supply clothes in one case he had in the other.

Mr. Sedley—He was examined before the jury, and they exculpated him and the doctor.

Mayor—They incriminated us.

Mr. Sedley—You want to exculpate him now.

Mr. Walker—It is perfectly plain it is the guardians who are to blame, for the jury have exonerated the relieving officer and doctor.

The Relieving Officer said that, on the 10th of March, he first got notice of this matter. He went at once, in company with the doctor. The people lived in rather a sunk place, and when they were going to the house, after the son died, the doctor, turning towards him, said he did not see what business he (the relieving officer) had to go into the house where a man died of such a virulent fever. He stayed outside, and the doctor went in. While down at the river they saw a little girl washing clothes, and the woman said this was a little girl from the fever house. The doctor asked if the clothes which were being washed had been in use by the boy that died, and the girl said they were. He then asked him (the relieving officer) if they had the power of destroying those clothes, and he told the doctor he had—that it was usual to burn such clothes. The doctor said that, being wet, he could not burn them, but would cut them up and render them useless. The doctor then took out his knife, and cut up the clothes in pieces, and let them go with the stream, the woman who was with them valuing them at 22s. 6d. I asked the father if he had another bed to lie on, and he said he had. To my great surprise I got a letter on the 1st of April, stating that the father was very bad. I at once started, and found the old man, his wife, and the little child in a very bad condition. I asked if I should remove them, and they stated they would die first.

Mr. Tute—Had the doctor been to see them?—Yes, he had been attending them. He asked the little girl if she would like to be removed to the hospital, and she said she would leave herself in the hands of the priest. He (the relieving officer) was told that the local relief committee was very kind to these people. From the 12th of March to the 26th they received between them £1 13s. 10d.

In reply to Mr. Walker,

The Relieving Officer said that when the boy's father brought out the old blanket to be cut he led him to believe there was another bed with clothes on it in the house. Till he went there afterwards he did not know of their wanting clothes.

The Mayor was anxious to know if other clothes were supplied after the old ones were destroyed.

Relieving Officer—When I went there on Thursday I had no conception they were so badly off for clothes.

When I saw the state they were in I immediately sent clothes to them.

Chairman—It appears to me a censure should not have been cast on this board, as everything was done which was considered necessary to do for those poor people.

Mr. Collery considered that in contagious disease cases prompt action should be taken by their officers; and the doctor very improperly prevented Mr. Mahon from seeing the state those people were in.

Mr. Barber—It is unfair to censure the doctor in his absence.

Mr. Tute—The doctor did his duty, for he reported to the guardians the outbreak of fever, and suggested what should be done. He told the guardians that the clothes should be destroyed and these people get compensation.

Mr. Walker—The relieving officer goes in to do his duty, and is stopped by the doctor. I do not want to say a word against the doctor, but a regular slur is thrown on the whole board, when the evidence is clear, so far as we can see it, that we are not entitled to it.

The Mayor protested, as a member of the board, against the verdict of the jury. Their two officers went to this house on the 13th of March, yet they never supplied clothes till the 31st. The censure lay between the doctor and the relieving officer, and not on the guardians.

Mr. Tute—I propose we call on the Local Government Board to hold a sworn inquiry into the whole matter.

Agreed to unanimously.

## LUCAN DISPENSARY.

At a recent meeting of the Lucan Dispensary Committee Dr. E. G. Levinge was elected, vice Dr. Albert Watson resigned. There were twenty-five candidates.

## BLESSINGTON DISPENSARY.

### REGISTRAR OF BIRTHS, ETC.

A letter was read from Dr. A. S. Bleakley, declining through pressure of other engagements to accept the registrarship, &c., for the Blessington district.

The Clerk said the only course now open was to advertise the appointment, which, in reply to Mr. Craig, he said was worth from £14 to £16 a year.

Mr. Driver observed that it was a great pity Dr. Bleakley could not take it, for the accommodation and convenience of all parties.

The matter dropped.

## ATHY PETTY SESSIONS.

### THE FOOD AND DRUGS ACT—SEVERE CAUTION.

Constable Bergin, as inspector under the Sale of Food and Drugs Act, summoned Mr. Phillips, publican, to answer the charge of having sold to complainant on the 1st of March, 1880, whisky containing fusel oil, and forty degrees under proof, the same being unfit for human use, contrary to the provisions of the 38th and 39th Vic., c. 63, and the 42nd and 43rd Vic. c. 30.

The result of Dr. Cameron's analysis was as follows:—

"I am of opinion the said sample was whisky of an extremely bad quality, and unfit for use. It contains much fusel oil, is forty degrees under proof, and is an adulterated drink. The sample had undergone no change which could have prevented me from properly examining it. The whisky is forty degrees under proof.

"C. A. Cameron,
"Public Analyst, co. Kildare."

Mr. Phillips said he was away from home when the constable called, but his wife, with the assistance of a boy, turned the barrel on its side and ran off the dregs and rinsings of the barrel. It was this that the constable took, which was never intended to be sold at all.

Constable Bergin denied that statement.

Phillips fined £5, and 14s. 6d. costs, the conviction to be endorsed on the license.

### ADULTERATED BUTTERMILK.

Constable Bergin summoned Patrick Nolan for selling to complainant buttermilk containing 65 per cent. of water.

Dr. Cameron's analysis was as follows:—

"I am of opinion that the sample was buttermilk to which had been added as an adulterant 65 per cent. of its weight of water, after allowing 15 per cent. of water to have been purposely added in churning. The sample had undergone no change which would have prevented me from properly examining it.

"C. A. Cameron."

Defendant, in reply to the bench, said all he had was only a small quantity in the market that day—thirteen gallons—and it was one of the wettest days that ever came, and the rain-water must have got into it, and being such a small quantity it was affected as stated.

The constable stated that there was another case similar to this one.

Patrick Wall was then called on summons, charged with a similar offence on same date.

The analysis in this case stated:—

"The sample contained 30 per cent. of water after allowing 15 per cent., as added in churning, which is a most ample allowance, and more than is generally used.

"C. A. Cameron,
"Public Analyst, co. Kildare."

Sir A. C. Weldon—It is really too bad that such stuff as this should be sold to the poor. In Nolan's case, the deffendant is fined £2, and the costs 14s. 6d., and in Wall's, £1, and 14s. 6d. costs.

## SUPERANNUATION.

At a meeting of the Rathdown guardians a letter was read from the L. G. B. in reply to a communication from the board asking what maximum retiring pension should be allowed to Dr. Whistler. The reply was that he was entitled to two-thirds of his salary and two-thirds of his emoluments for vaccination and registration. It was proposed that the amount given should be £87 16s. per annum.

The board unanimously agreed to this, but at the same time expressed regret at not being able to give more.

The decision of the L. G. B. was, as we stated in our last issue, that the public health salary and lunacy fees cannot be included in the calculation of superannuation. We understand that the Council of the Irish Medical Association has placed the matter in the hands of its legal advisers.

## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## PICTURES FROM IRELAND.

### XIV.—A Dispensary Doctor.

The dispensary district of Belgorman was stirred to its very depths by the contest for the appointment vacant by the death of the dispensary doctor. The necessary advertisement for a successor was answered by forty-five applicants, and if the printed testimonials forwarded by each as to his industry, cleverness, promise as an ornament to the profession, and peculiar fitness for the vacant situation were to be depended upon the medical profession was that year enriched by the addition of forty-five men whose early promise bespoke a genius and devotion to science that must one day shed a lustre upon a profession whose teachers so generously crowned them in anticipation. Of the forty-five candidates but fifteen went so far as to canvass the members of the dispensary committee, and a fortnight before the election the field had dwindled down to two competitors, between whom the committee was so evenly divided that excitement was at fever point. Dr. Macnamara was supported by all the influence of his father and the parish priest. His father, who was the proprietor of the principal shop in Belgorman, had many friends among the rural guardians; and Father Gavin left no stone unturned to show the impropriety and indecency of electing any but a Catholic doctor to attend to the health of a Catholic population. Guardians were warned that their voting for a Protestant would be an insult to the people; and to the people it was broadly insinuated that the new-fangled anxiety to appoint a Protestant doctor was in pursuance of a scheme certainly to mark the slavery of the people, and possibly to facilitate their extermination. With so effectual a spur to excitement it was not surprising that the people of the Belgorman dispensary district were moved. For Mr. Townsend, a magistrate and owner of property in the neighbourhood, had adopted a Protestant candidate and connection, Dr. King, whose testimonials seemed equally satisfactory as the credentials of the other forty-four seekers. The committee in whose hands the election rested was composed of all the elected guardians for the divisions of which the dispensary district was formed, and all the magistrates qualified by property within the district to act as *ex officio* guardians.

As the day approached the excitement waxed more intense, and it was considered prudent to secure the services of one hundred additional constables for that day. At the last election, twelve years before, Mr. Townsend took but little interest in the matter, and voted for the person who had secured the interest of Father Gavin. But at that time the Irish Church had not been disestablished, and except for the gratification of the parson's vanity it mattered little the number of Protestants in the parish. Now that a moiety of the parson's stipend must be made up by the parochial subscriptions, Mr. Townsend felt a keen interest in securing the presence of an additional paying Protestant—an interest shared by every member of the congregation. The day of election arrived, and from all the country round hundreds of people poured into Belgorman. Mr. Furlong, a Catholic gentleman who deserted his faith for his order, and promised his vote to his young friend Dr. King, was so furiously stoned as he drove into the little town that the constabulary were obliged to fix swords and charge the people to enable him to get to the committee room. As each Catholic guardian came in he was cheered to the echo, while the Protestants and supporters of Dr. King had a bad time of it. At length the decision was announced, the numbers being—for Dr. King, 9; for Dr. McNamara, 11. And the cheering was as loud as if the announcement had been the grant of Home Rule. That was some years ago, and the youthful enthusiasm with which Dr. Macnamara began the practice of medicine has long since disappeared. He would no longer object to the services of old Betty Jennings as vicarious patient for the village of Pollnagreena. Betty was one of his first patients at the district dispensary. She described to him accurately her symptoms, which he treated by a prescription for lumbago. The next day she was there, suffering from what must be acute bronchitis, though he could not detect any evidence of the miseries she described with so much feeling. However, a bottle of cough mixture satisfied her. The following week she again appeared, and was warned to go home at once and go to bed, taking a mixture that Dr. McNamara hoped would bring out fully a rash that she assured him had appeared on her breast and back (which she declined to expose), and which from her description seemed like measles. An application next week for a prescription for the ague brought about an explanation. The village of Pollnagreena was almost entirely Irish-speaking; and, as a simple escape from the difficulty attending the diagnosis of their complaints by a doctor who did not understand Irish, the inhabitants delegated the old woman to describe the ailment from which they suffered, and thus procure medicine which they took without a question.

The district of Belgorman is a large one, and as every guardian and the clergy of each denomination, who are usually appointed as wardens, can give a "red ticket" or order to the doctor to attend forthwith at the house of any person entitled to medical attendance, the doctor has from time to time hard work. The poor are fanciful in their ailments; and Dr. McNamara has more than once found a person, to whose house he has driven twelve or fourteen miles over rough by-roads on an urgent order, sitting comfortably at dinner, the ailment having subsided. He ought not to have given tartar-emetic to Paddy Ellisson for a toothache, but his annoyance was so great at having to drive six miles, and walk across a wet bog on a stormy evening for three miles farther, in answer to a message that Ellisson's life was in danger, that on finding the worthy only suffering from toothache, he relieved his mind by a prescription that effectually punished Ellisson for his laziness in not having gone to the doctor for relief. Now experience has hardened his heart, and many a poor wretch tosses impatiently on his miserable bed for many long hours after the time when the doctor ought to have arrived. More than once or twice complaints were made to the board of guardians, but the explanation given to the dispensary committee was always considered satisfactory. Outside his connection with many members of the committee, the Catholic portion of that body would think twice before they opened the situation to another contest. So the doctor is practically safe from everything short of a sealed order of dismissal despatched from the Local Government Board. One person he takes care never to offend. Father Gavin, who was so deeply interested in his success at the election, insists on his unquestioning obedience; and Father Gavin is too bitter an opponent not to be obeyed. Dr. McNamara was dissatisfied when the priest gave a red ticket to John Ratigan, who could well have afforded to pay him the usual fee. But he did not dare to refuse to visit Ratigan, who, in common with numbers of his well-to-do neighbours, thus obtains from time to time gratuitous attendance and medicine. When a visiting ticket cannot be secured, they prefer paying a fee to the bone-setter and general quack of the neighbourhood to calling in the doctor. After a fair the bone-setter has considerable practice in patching up broken heads; and the doctor is anxiously watching for a death under this practitioner's hand, that a verdict may possibly be obtained against him at the coroner's inquest. The bone-setter's treatment is simple. The scalp wounds are generally severe when his aid is required, so he makes a preliminary examination by probing, during which he inserts a small piece of bone into the jagged wound, and, removing it before the admiring family, declares the skull is chipped, but he will yet save the patient. Unsalted butter is then melted and poured into the wound, and a light plug of tow inserted. In the fulness of time the wound heals, and the bone-setter's fee is all the more gladly paid that his practice is illegitimate.

Dr. McNamara is married to the daughter of a wealthy farmer living in the district, whose influence on the committee would be of great assistance to his son-in-law should any evil befall him. When the investigation was held in consequence of the serious mischief done to Mrs. Scott by a mistake made while the doctor was drunk, his father-in-law stood by him, declaring that the doctor had left his house to attend to Mrs. Scott, and was perfectly sober; which was, to say the least, not true; but it carried him through. Dr. McNamara is in comfortable circumstances. His dispensary salary is £120. For each vaccination he receives 2s., which brings in about £40 more; a like amount per month for each policeman in the district adds another £40. As sanitary officer he has £10, and the registration of births brings in £20, giving him a settled income of £230 besides hid srivate practice. Belgorman being a fighting neighbourhood, Dr. McNamara's "chances" may be set down at £80 more. When Peter Hunt, who had been beaten, called in the doctor, and, burning with desire for revenge, swore an information on which John Keating and Michael Carrol were arrested, Dr. McNamara handed in a certificate that Hunt's life was in danger. The magistrate thereupon refused to accept bail; but next day, the prisoner's friends having paid the doctor four guineas, a certificate was given that Hunt was now out of danger, upon which bail was accepted. Dr. McNamara explains that, Hunt having received some scalp wounds, erysipelas might have set in. Therefore his life was in danger. Next day, on consideration, he thought the patient's symptoms so favourable that danger was no longer to be apprehended. The case was of course prosecuted by Government, and the doctor's fees for attendance at petty sessions and quarter sessions amounted to eight guineas. He thus made twelve guineas out or that case, besides his fee for attendance upon Hunt; and many similar cases may be annually counted upon. Dr. McNamara's private practice is mainly confined to the farmers, as the gentry prefer the services of the doctor in the next town, who has no dispensary. The practice of medicine among the farmers and working people is so different to that among the better classes, that a dispensary doctor must forget his ordinary experience when treating people whose nervous systems are so much more highly strung and their digestive organs so much more delicate. The poor people who sit round the door of the dispensary every week to take their turn for treatment have not now much faith in Dr. McNamara, which is not to be wondered at, as he boasts that he can "polish off" thirty cases in as many minutes. When Ellen Nulty was suffering from acute rheumatism, Father Gavin advised her to allow him to send McNamara to see her; but she said she would rather die a natural death, and induced her husband to call in the quack. This longing for irregular attendance shows itself in many ways. Gratuitous vaccination is offered to the people; and though it is often practically useless—the vaccination being carelessly performed, and the lymph so deteriorated by transmission through large numbers of children of all kinds of constitutions—so far as the people know, it is quite efficacious. Yet nothing but compulsion brings the mothers to the dispensary, and more than one outbreak of small-pox has been traced by Dr. McNamara to the illegal inoculation of children. Judy Kirwan was prosecuted, but acquitted. She had her child inoculated in the usual manner. When the old woman who acted as operator came round, the child was left on the roadside with half-a-crown beside it. The mother retired for ten minutes, and on her return the child was inoculated and the half-crown had disappeared. Judy Kirwan's mother took small-pox from the child, and died; but even that catastrophe did not prevent Judy from leaving her next child under similar precautions against legal evidence of the criminal operation.

Dr. McNamara reads but little: he is a farmer, and all his spare time is given to the business of the farm. His medical knowledge remains pretty much what it was when he left the schools, his anatomical studies being continued at intervals by post-mortem examinations, made by direction of the coroners' juries, on victims of violence. But of the advance of the science of his profession he is profoundly ignorant. New instruments are unknown—new prescriptions undreamt of. A rough knowledge of the treatment in ordinary cases is sufficient for his practice, and he has no ambition to do more than get comfortably through the year. One form of disease Dr. McNamara never attempts to cure—epilepsy. He gravely and seriously holds this to be a subject for exorcism rather than medicine, and recommends an appeal to Father Gavin, only directing that no pork or bacon be eaten; for, since the misfortune to the herd of swine, the flesh of pigs is sure, if used, to bring on an attack from the evil spirit whose presence takes the form of epilepsy. Dr. McNamara has seen so many real cures performed by amulets, blessed threads of linen dipped in King Charles's blood, and other vehicles for the curative excitement of nerve-centres by the action of the will, that he is a firm believer in the supernatural.

The sanitation of the filthy little town of Belgorman could not be worse; and when fever seizes on the place it is always difficult to get rid of it; but nothing is farther from Dr. McNamara's mind than to earn his yearly £10 by really looking for nuisances with a view to their abatement, and thus bringing a hornet's nest about his ears. The dirtiest and most dangerous yard in the town belongs to a member of the dispensary committee, and others nearly as bad are owned by men who could bring influence to bear against him. He dare not excite the displeasure of his constituents by the performance of his duty; nor is it expected that a man not appointed by Government should perform a duty that might make him unpopular. Dr. McNamara will continue to pay his dues to Father Gavin and abstain from giving offence to his committee; and if he lives long enough to see his son duly enrolled in the medical profession, he will probably one day retire upon a pension, first securing the election of the rising genius as his successor in the dispensary district of Belgorman.

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## THE HEALTH OF IRELAND.

According to the Registrar-General's returns for the quarter ending Saturday, April 3, 1880, the number of deaths registered in the Dublin district during the quarter amounted to 3,165, affording an annual ratio of 40·2 in every 1,000 of the population. The average deaths in the first quarter of the ten years was 33·3 per 1,000 persons. Thus the deaths during the past quarter show an excess of 551, or 21 per cent., over the average of the corresponding quarters of the last ten years, and a rate of mortality in excess of that average amounting to 6·9 per 1,000 of the population.

In Dublin the deaths from zymotic diseases numbered 650 against an average of 476 for the corresponding quarter of the past ten years, and compared with 670 in the first quarter of 1879, and 629 for the preceding quarter of 1880. The deaths from zymotic diseases comprise 61 from small-pox, a considerable decrease, 90 from measles, 129 from scarlatina, 113 from whooping-cough, and 83 from fever. Phthisis caused 341 deaths, being equal to an annual rate of 4·3. Other tubercular diseases caused 137 deaths. Five hundred and eighty-one deaths were ascribed to bronchitis, 107 to pneumonia, 8 to pleurisy, 6 to laryngitis, and 46 to lung disease unspecified; these form 23·8 per cent. of the deaths from all causes, and are equal to an annual rate of 9·6 per 1,000 persons. The deaths of 276 children were ascribed to convulsions. One hundred and thirty-two deaths were attributed to diseases of the heart and circulatory organs, 49 to paralysis, 24 to cephalitis, 29 to apoplexy, 29 to liver disease, and 20 to nephria. Cancer caused 45 deaths, and gout 3. In the sixteen large provincial towns the average death-rate was 34·6 per 1,000, thus:—Queenstown, 19·4; Sligo, 20·8; Galway, 26·0; Dundalk, 28·6; Limerick, 30·7; Wexford 30·7; Londonderry, 31·0; Waterford, 31·2; Kilkenny, 31·4; Belfast, 31·7; Drogheda, 32·5; Cork, 35·5; Newry 35·5; Dublin, 39·1; Lurgan, 42·5; and Clonmel, 47·8. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 5·1 per 1,000, the rates ranging from 1·2 in Galway and Kilkenny, to 7·0 in Drogheda—where 16 deaths from scarlatina and 15 from measles were registered, the number of deaths from all causes being 162—and to 7·4 in Cork, the 816 deaths from all causes in that district comprising 100 from scarlatina and 31 from measles.

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## BALLINA UNION.

### THE MEDICAL OFFICER OF THE HOUSE.

A letter was read from Dr. Nolan, stating his inability as yet to resume duty, and suggesting the appointment as his *locum tenens*—Dr. Peyton having resigned—Dr. McMunn.

Mr. McGuinness—Is it not for this board to recommend and appoint a doctor, not for Dr. Nolan?

Mr. Crean—I propose Dr. Macaulay. The appointment properly lies with this board. If Dr. Nolan were to pay Dr. McMunn no person would object to the appointment of that gentleman.

The Chairman retained his opinion that the proper course for them to follow was the ordinary course, to appoint the gentleman nominated by the medical officer. Dr. Nolan was to a certain extent responsible for the discharge of the duties, and he named the person he wished to have discharge them, and they ought to accede to this request. He would therefore propose Dr. McMunn.

Mr. Dillon—It would be very bad taste not to concur in the wish expressed in Dr. Nolan's letter, and I beg to second Mr. Knox's proposition.

Mr. Pratt said it was all very well for Dr. Nolan to nominate and have his nominee appointed in the first instance; but this was going on a long time—twelve weeks—and it was now time for the Board to act.

Mr. Boyd reminded the board of the length of the services of Dr. Nolan, and the value of these services, which entitled him to the favourable consideration of the board. His recommendation should not be lightly passed over, and particularly if Dr. Nolan was still to a certain extent answerable for the discharge of duty by the person he recommends.

Mr. Dillon said he had consulted with Dr. Scott, who had consented to continue in charge of the hospital. He would therefore propose him.

The Chairman retained his opinion that the nomination lay with Dr. Nolan, and that it would be unwise and unfair to take it out of his hands.

For Dr. Scott, 6; for Dr. Macaulay, 4; for Dr. McMunn, 2.

Dr. Scott was declared elected.

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## ATHY UNION.

### OUT-DOOR RELIEF TICKETS.

The Clerk read the following communication:—

"Local Government Board, Dublin,
23rd April, 1880.

"Sir,—The Local Government Board for Ireland have received the medical officer's return (Form L) relating to the Monasterevan dispensary district for the quarter ended 31st March last, in which he states that the dispensary arrangements have not been notified by public notices posted in the district during the past year, and I am to request your attention to the subject. I am, at the same time, to state that the medical officer complains that medical relief tickets are issued on behalf of persons who are not suffering from illness, with the view of ascertaining whether they are entitled to out-door relief, and I am to state that the medical officer ought not to be called upon to visit persons who are not suffering from illness, it being the duty of the relieving officer to do so.—By order,

"B. Banks, Secretary."

Chairman—How is it that the tickets are sent to the medical officer?

The late Relieving Officer said intimation may have been given to the relieving officer that a person was sick and required professional relief; he visits the house, and may see a person looking delicate, but he could not be a proper judge as to whether the person was really sick or not, sufficient to entitle them to the relief, and then he may have had a ticket sent to the medical officer, so as to have a proper professional opinion. Several instances happened to himself during the time he was acting as relieving officer.

Chairman—That is quite a different matter, and I consider it quite right that the doctor's opinion should be had in the case of any doubt. I may be called upon to give a ticket to a person who is represented to me as ill, but at the same time I may be deceived. And so with the relieving officer. I do not think that there is any cause of complaint in such a case at all. It is simply a protection for the relieving officer against an abuse of the rates.

[The guardians should recollect that if it is considered justifiable to issue medical visiting tickets for persons who are obviously not sick, the medical officer must attend and prescribe, and may have the tickets cancelled afterwards, but it is no business of his to certify anything, and whenever he has been wantonly subjected to such annoyance, either by the relieving officer or by any other person, he is perfectly justified in refusing to give any certificate. If specially ordered by the guardians, he must give a report upon any particular case, but otherwise he is under no obligation.—Ed. M. P. & C.]

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## MOUNTMELLICK UNION.

### MOUNTMELLICK DISPENSARY.

Mr. Millner said that at several meetings of the dispensary committee during the last few months the necessity of having a midwife in the district was mentioned, and at the last meeting it was unanimously resolved they should request the board of guardians to appoint a properly qualified midwife. They had made inquiries, and found that outsiders were in favour of the appointment. He was informed that there had been destitution and loss of life in consequence of the want of a properly qualified midwife to attend the poor. He therefore moved that a properly qualified midwife be appointed, at a salary of £20 a year.

Mr. Kinsella—These women had a delicacy about calling in a doctor, and in the absence of proper nursetenders women were called in who were not fit to be entrusted with the care of such cases.

Mr. Pattison said that in one of the cases the woman's husband was not in circumstances which would render it necessary for him to get a red ticket.

Mr. Cullen observed that where a red ticket was issued the officer was bound to look after the case.

Dr. Burke wished to remind the guardians that they they could not expect their dispensary medical officer, who had a great many duties to attend to, to remain in charge of a woman after her confinement.

Dr. Burke—The appointment of a midwife does not in the least degree relieve the medical officer of responsibility.

Mr. W. H. Cobbe then, at considerable length, opposed Mr. Millner's resolution. They had heard from Dr. Burke that the medical officer, and the medical officer alone, was responsible in these cases. A midwife was not required in the district when the country was more thickly populated than it was at present, such an officer was not wanted now. Dr. Burke was informed there were only two infirm women, who, however well able to attend they might have been some years ago, were now beyond their work.

Mr. Cullen said the peculiarity of the Emo district was this: that the gentlemen and respectable people about had sent up a woman to Dublin, and got her trained : and the people of Mountmellick ought to do the same.

Mr. W. H. Cobbe charged those who were in favour of appointing a nurse-tender with attempting to benefit a class at the expense of the ratepayers. It was only an attempt to get in the thin end of the wedge, for there were seven medical officers in the union, and every one of them would soon want a nurse-tender in his district. He begged to move a direct negative.

Mr. Sheane said that in the majority of the unions in the province of Leinster, nurse-tenders had been appointed.

Mr. Cullen—I am twenty-eight years coming to this board-room, and I never heard a complaint of the want of a midwife. On the last day, a certain guardian was pointing out to me why he would support this appointment, and the reason he gave was that the doctor paid such atten[illegible]n to his wife he could not vote against it. I heard a guardian who is taking a prominent part in this to-day say some years ago, "I know I voted wrongly; but when I was sick the doctor raised me up out of bed, and bad as I was, I was not as bad as the men who went to get their dinner for supporting him." I have a farm some distance from where I live—not in this union—and I had once a man minding it, and one night when I was coming home from a place some distance off I saw the man in the street with a horse and cart. I asked him what he was doing, and he commenced to whimper, and said his wife was confined. I asked him did he go to the doctor, and he said he did, that he brought him a red ticket at eleven o'clock, and the doctor told him to go to the nurse-tender, and the nurse-tender refused to go unless a car was brought for her. The man had to go back and get a horse and car, and when I saw him he was waiting for the nurse-tender. I went to the relieving officer, and without mentioning the doctor's name I told him the circumstances of the case, and he made out a red ticket, and wrote "urgent" on it. The doctor went out, but the woman had a dead child. I would ask if it is not probable that the child's life would have been saved if she had proper attendance at an earlier stage? Some time ago in a neighbouring union I heard a man complaining he had no attendance for his wife. I asked him why he did not get the nurse-tender, and he said "it would take the whole town to keep her in good humour."

A division was then taken, with the following result:—

For the motion, 11; against, 6.

The motion was accordingly declared carried—salary £20 a year.

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## DROGHEDA UNION.

### PUBLIC HEALTH PROSECUTIONS.

The following was read :—

Local Government Board, Dublin,
21st April, 1880.

Sir,—The L. G. B. for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of the Drogheda Union on the 8th inst., containing a resolution to the effect that the medical officers of the Union be directed to attend as witness in prosecutions under the Public Health Act, 1878, without receiving any remuneration ; and in reference thereto the Local Government Board desire to state that it seems necessary to point out that under the provisions of sec. 258 of the Public Health Act, the medical officer of health is entitled to remuneration for this duty when required to attend by an order of the sanitary authority, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office.

By order,
B. Banks, Secretary.

Mr. Daly—Sure we all know that ; that is quite plain. The question is whether it was included in their salaries that they were to attend, and the board of guardians passed a resolution that they did believe that it was included in the sum paid to them as salary (certainly).

Mr. J. Moore—The guardians believed it and placed it on their salaries.

The matter dropped. The *Drogheda Argus* says :—It generally takes two parties to make an agreement. What the guardians believed or understood is one thing; what the doctors believe or understood is another. The latter consideration, a very important factor in the case, is entirely lost sight of by the guardians. As we have have before, no one need be mulcted in fee or fine except through his own default in not complying with the requirements of this sadly-neglected Act by the local authorities into whose hands it is committed.

# IRISH POOR-LAW INTELLIGENCE.

## DUNGARVAN UNION.

### SUPERANNUATION BY ANTICIPATION.

THE master reported that he had to call in Dr. Flynn to attend a case in hospital last night. Dr. Hunt's health was so impaired that he could not attend night cases.

Mr. Wall—I think we ought to pension him off.

Mr. Fitzgerald—He was always a most faithful officer, and if he would resign I am sure the board of guardians would grant him superannuation.

Mr. Walsh—There is not a guardian in the entire union would vote against Dr. Hunt, and I, for one, would be for granting him his full salary as superannuation.

Dr. Brodie—Dr. Hunt told me this morning that if he could count on superannuation he would resign. An officer, who has discharged his duty faithfully for so many years, should get his full salary as superannuation. I told him that if I reported the state of his health to the Local Government Board he would be called on for his resignation at once. If some guardian would speak to him about the matter it would be the better way.

The following resolution was placed on the minutes :—

"That this board, having in view, with deep regret, the impaired health of Dr. Hunt, and the possibility of so deserving a medical officer being obliged to resign the post which he has so ably filled in this union for the past 17 years, and also his connection with the medical institutions under the poor laws for over 33 years, express their readiness in the above event to recommend that the full superannuation stipend be granted to him."

The board then adjourned.

[The Dungarvan guardians have shown a most worthy and sensible example, which we hope will be universally followed. Whether it is right that guardians should have any discretion as to the pensioning of a medical officer who is really incapable of duty is a question which we need not now discuss ; but we cannot conceive any reason why, if they feel disposed to grant a pension, they should not at once say so, and thus enable a deserving medical officer to make his application to them with confidence. Perfect candour in such a case is the wisest policy for all parties. Upon the question of superannuation by anticipation we desire to point out that it is by no means certain, from the terms of the law, that the medical officer is obliged to resign before he can apply for superannuation. The words of the Act are as follows :—"The guardians may . . grant to any officer . . who shall become incapable . . *upon his resigning, or otherwise ceasing to hold his office,* an annual allowance," &c., &c. It seems to us that the resignation of office is here declared to be coincident with the *grant* of the superannuation, and not with the application for that superannuation. In other words, it seems to us to be quite open to a medical officer, when he doubts the good disposition of the guardians towards him, to apply for a pension by a letter (in which he might express his readiness to resign if encouraged to do so), and to continue to hold office until the moment when the question comes up for discussion ; and, in case it seems obvious that the pension will not be granted, to withhold his resignation, and continue to occupy his office until a more favourable opportunity arises. In the Civil Service no officer thinks of resigning until he has satisfied himself that a satisfactory pension will follow ; and we don't see why a Poor-law medical officer should be expected to surrender his means of livelihood in hope of a pension which he may probably never receive.—ED. M. P. & C.]

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## NAVAN UNION.

### NEW SOURCE OF SCARLATINA.

IN reference to Dr. Nicholl's report as to the prevalence of typhoid and scarlatina of virulent type published last week,

Mr. Lambart—That scarlatina, did Dr. Nicholls attempt to attribute to any defect in the sewers' arrangements, or want of proper sanitation ?

Mr. Nugent—No sir, some were laying out *that it was berries the children ate where they were out at a funeral.*

### DISPENSARY PREMISES.

The following was read :—

"Dear Sir,—I have to state to you that Slane Dispensary is neither 'damp or dilapidated,' as stated by Dr. Cronin, and will bear comparison with any other dispensary. Yours truly, J. M'GUSTY."

Mr. Lambart—We rent it from Dr. M'Gusty ; Dr. Cronin should be a judge of what is required and the suitability of the premises, as we put him in charge of the dispensary.

Chairman—Nothing requires drier premises and careful keeping than medicine.

Mr. Lambart—Is there any Inspector of the L.G.B. to look after dispensaries ?

Mr. Lacy—Yes, there is.

Mr. Lambart—Very well; should he not inspect these premises and report if they are not in proper condition? Who is he?

Ordered that the letter be sent forward.

### MEDICAL FEES.

THE following letter was read :—

Local Government Board, Dublin,
4th May, 1880.

"SIR,—The Local Government Board have had before them the minutes of proceedings of the board of guardians of Naas Union on the 28th ult., and with reference to the resolution proposing that a sum of two guineas be paid to Dr. Watson for assisting Dr. Chaplin in a difficult case of midwifery, the Local Government Board desire to be informed whether Dr. Watson's assistance was obtained in this case through the relieving officer.—By order,

B. BANKS, Sec.

The clerk sent back a reply stating that Dr. Watson's assistance was not obtained through the relieving officer. The case was one of sudden and urgent necessity, and occurred a considerable distance away from the relieving officer's residence.

## CARLOW UNION.

### OUT-DOOR RELIEF TICKETS.

DR. OULTON, medical officer for Ballickmoyler and Newtown District, attended the Board in consequence of the receipt of a letter warning him against imposition.

Mr. Edge mentioned a case where a certificate had been given on a false representation to Dr. Oulton, that some children were alleged to be in measles.

Dr. Oulton explained that the mother of the children called to him, and having previously visited the family, he thought from her representations that he was right in issuing the certificate in question, but on subsequently visiting the family, although he found one of the children dropsical, he ascertained that the mother's statement to him was not correct.

The Chairman said there was evidently a mistake in issuing the certificate when the children were not affected with measles, and called Dr. Oulton's attention to a minute on the R. O.'s book to the effect that medical officers should see cases on the day or day previous to issuing their certificates.

Dr. Oulton said he had not received a copy of that minute.

Mr. Casey thought it would be well for Dr. Oulton to know that he was not required to give certificates in cases of out-door relief applicants.

Mr. Edge mentioned other cases reported to him in which parties feigned sickness in order to get certificates from the medical officer, and said in many instances it was very difficult to detect the imposition.

Dr. Oulton said in some of the cases referred to there was no doubt the parties were ill, and required treatment, but he had got no less than fourteen red tickets in one day, and in not a single instance were his services required.

The Chairman said persons who had the privilege of issuing red tickets should be careful not to allow such an abuse.

Mr. Edge said he was well aware there was great abuse in that way, and members of dispensary committees should be careful to make inquiries before issuing red tickets.

After some discussion the board expressed a hope that the discussion would have the effect of checking the abuse complained of.

## BALLINA UNION.

A LETTER was read from the L. G. B. stating that they had received an accompanying anonymous letter complaining of the appointment of Dr. Scott as *locum tenens* during the illness of Dr. Nolan, and pointing out the illegality of the appointment made by the previous board. After considerable discussion the vote was taken, and a majority of votes decided that the appointment of Dr. Scott was illegal.

The board proceeded to make a new appointment.

On the votes being taken, there voted for Dr. Macauley —17; for Dr. McMunn—3; for Dr. Scott—6.

Dr. Macauley was declared duly elected.

## NAAS UNION.

### OUT-DOOR RELIEF TICKETS AGAIN.

READ the following :—

"Monasterevan, May 3rd, 1880.

"SIR,—In reference to the letter of the L. G. B. of April 23rd, directing your attention to my report of last quarter, in which I complain of having received tickets to visit persons not wanting medical relief, I beg to observe that the cases complained of *have not* been visited by the R. O. previous to my visit, and that they did not want or ask for medical relief.

"M. DARBY, Medical Officer."

Chairman—The doctor complained that he was called upon by the R. O. to attend people that did not require medical relief, and it was explained to us in this way by Mr. Walker, from his experience as an ex-relieving officer. In some cases the R. O. may be called upon to visit a person, and it may be represented to him that they are unwell, and would require provisional relief. As a protection to himself in cases of malingering a ticket was procured, so that the medical officer might see the person to ascertain the real facts of the case, which the R. O. in some cases could not possibly be a judge of.

Mr. Leahy—In cases where the R. O. had a doubt after seeing the persons it would be reasonable enough that the doctor should see them; but to call on him to visit persons whom he had not seen at all would be highly culpable on his part.

The matter then dropped.

## BOYLE UNION.

### VACCINATION.

Local Government Board,
Dublin, 1st May, 1880.

SIR,—The L. G. B. for Ireland forward to be laid before the board of guardians of the Boyle Union, the accompanying copy of a letter which they have received from Dr. Kisby, medical officer of the Ballyfarnon dispensary district, relative to the cases of persons in his district returned by him as defaulters under the Compulsory Vaccination Act, and the L. G. B. request that the guardians will be good enough to take the usual steps to induce or compel compliance. Proceedings should be taken in all cases of wilful default.

By order of the board,
B. BANKS, Secretary.

Ballyfarnon, April 26, 1880.

GENTLEMEN,—I beg leave to state that Form P. containing a long list of defaulters under Vaccination Act was forwarded by me to board of guardians for 6th of April last, and as no action was taken I was obliged to again address a letter to them for their meeting of 20th April informing them that it was quite impossible to keep at all a correct vaccination registry, and hoping they would attend to the matter, as only a few children were brought in since list was forwarded to board. Not having received any reply I feel compelled reluctantly to write your board regarding same. The people are now getting so careless that they are treating the Act with contempt, and won't bring back their children for inspection on eighth day. The weather during the latter end of March was very warm, still no advantage was taken by parents, and unless immediate action be taken much difficulty will be experienced in getting them to comply with the Three Months Act which for many reasons is a very excellent one. Unless system be enforced the medical officer will find it very difficult to carry out the recent Act, and I might add that we are by no means inclined to harshness.

I have the honour to remain,
Your obedient servant,
W. J. Kisby, Med. Off.

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## FETHARD DISPENSARY.

A meeting was held to consider the following communication :—

Local Government Board, Dublin,
12th March, 1880.

Sir,—I am directed by the Local Government Board to inform the committee that they have received Mr. Hamilton's report of the inquiry respecting the death of a man, Colfer, enclosed for the information of the committee. From the evidence of Mrs. Colfer, it appears that on the 17th of January last she went to the residence of Mr. Caulfield, for the purpose of obtaining a visiting ticket on behalf of her husband. She states that she told Mr. Caulfield that her husband was very bad with stoppage of water, and that Mr. Caulfield replied that he would give the ticket, but he knew the doctor would not come. On receiving the ticket Mrs. Colfer immediately proceeded to Dr. Biggs' residence where she arrived about 3 o'clock p.m. and presented the ticket to him telling him at the same time that her husband was very bad with stoppage of water, and that he had not passed one drop from 6 o'clock that morning, to this she states Dr. Biggs replied in a loud voice "if he was very bad this is not the time of day you would be coming for me, you would have come earlier, I will not go," and he added that he could not go until tomorrow. Mrs. Colfer states she then asked would he not have time to go as far as Tintern that night, and he replied "I will not go." Under these circumstances Mrs. Colfer states that she asked Dr. Biggs was it in his power to send her husband anything that would relieve him, whereupon Dr. Biggs gave her a mixture with directions for its use, and said it would do just as well as if he was there himself. Mr. Caulfield in his evidence states that Mrs. Colfer on applying to him for a visiting ticket in this case "stated that her husband was poorly," but she did not give him to understand he was suffering from a stoppage of water. Mr. Caulfield further states "that I might have said Dr. Biggs does not like to attend on such tickets," I may have said then "I will not swear that I did not say to Mrs. Colfer that Dr. Biggs will not attend." Dr. Biggs handed in a statement at the inquiry to which he deposed upon oath, and it is to the effect that when he asked Mrs. Colfer what was the matter with her husband, she stated that he was bad on water for about a week. He then asked her why she did not come early in the day and not to be running him in the night, to which she replied that she did not want to bring him out in the night, and that he (Dr. Biggs) told her he would go and see her husband on the following day. Mrs. Colfer then asked the doctor if he would send her husband something to take, which he accordingly did, and he states that while compounding the medicine and, offering the directions, and during the entire time that she was at his house, she never said, "I would rather you would come in to-night," or expressed any anxiety about her husband or seemed to think him in any danger; and he states that when he handed her the bottle she seemed quite satisfied, and said you know yourself what to send him to do him good, to which Dr. Biggs replied that he could give him nothing better if he was in the house with him. He also states that Mrs. Colfer never pressed him to go and the ticket was not "urgent," and that Mrs. Colfer did not say anything that would lead him to the conclusion that her husband had retention of the urine, and he adds that if she had done so, he would have gone at once to visit the patient. There is some difficulty in dealing with this case, owing to the great discrepancy between the statement of Mrs. Colfer and Dr. Biggs, as to what she said to him when presenting the ticket on behalf of the husband, but before deciding upon it, the Local Government Board request to be favoured with the opinion of the committee of management, as to the manner in which Dr. Biggs has discharged his duties as one of the medical officers of the Fethard Dispensary District.

By order,
B. Banks, Secretary.

After a protracted discussion and expression of opinion *pro* and *con* relative to the foregoing, it was resolved that in the opinion of the majority of the committee of management of the Fethard Dispensary Committee, Dr. Biggs has not hitherto performed his duties in an efficient manner, and has thereby lost the confidence of the Committee.

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## PROSECUTION OF A WORKHOUSE MASTER FOR BREACH OF THE VACCINATION LAWS.

At the Mountbellew petty sessions the master of the Mountbellew workhouse was recently summoned by Dr. O'Kelly, the medical officer, for not giving him due notice of the vaccination of one of the workhouse children. Dr. O'Kelly was not in attendance, having been called on duty. The case was dismissed without prejudice.

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## THE WAY TO DISSEMINATE DISEASE.

TO THE EDITOR OF THE MORNING AND EVENING MAIL.

Sir,—Nearly two months ago I addressed the following letter to the Local Government Board on a subject which is fraught with the greatest importance to the community; and as nothing has been since done to remedy the evil, I beg to hand you the correspondence, in order to bring public opinion to bear on the question.

I am, Sir, your obedient servant,
May 1, 1880. William Birney.

"To the Local Government Board.

"Gentlemen,—I had occasion recently to attend one of the North City dispensaries at Coleraine Street for the purpose of registering the death of a child. I was profoundly struck with the ordeal I had to encounter in getting through the crowd of human beings waiting for medical advice and medicine. However, after the lapse of fully half an hour I succeeded in fulfilling through the registering officer the requirements of the law. During my stay in this rendezvous for the propagation of disease I had sufficient opportunity to form an opinion of the danger which hale, healthy persons are subjected to by being brought into close contact with people suffering under infectious disease—scarlatina, small-pox, fever, &c. It could not have been contemplated by those in authority that men, women, and children, coming to receive medical advice and labouring under disease should be huddled together into a miserable room and its approaches with those others attending for registering births, deaths, marriages and for vaccination, and therefore it is why I call this place a rendezvous for propagating disease. I have not the slightest doubt that many have gone to those dispensaries in obedience to the law's demand at imminent risk of carrying away virulent disease to their homes and families. This state of things is simply monstrous, and should not be allowed to exist for one hour longer. To remedy it I would suggest the appointment of a medical officer for the purpose of registration or vaccination, and for sanitary purposes, having a central residence with proper accommodation to receive those attending for these several purposes; and by adopting such a plan as this there would be no necessity for having two gentlemen sitting for an hour or two in a dispensary, all the business proper of which could be done by a properly qualified resident medical officer better, perhaps, and more efficiently than under the present system, and at a considerable saving of expense to the ratepayers.

"Hoping the importance of the subject will plead my apology for bringing it under your notice—I am, gentlemen, your obedient servant,

"Wm. Birney."

(REPLY.)

"Local Government Board,
"Dublin, 13th March, 1880.

"Sir,—I am directed by the Local Government Board for Ireland to acknowledge receipt of yours of yesterday's date, and I am to acquaint you that the subject to which it relates will be duly considered.

"By order of the Board,
"B. Banks, Secretary.

"To Wm. Birney, Esq., 45 Mary Street."

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## TRALEE GUARDIANS.

### MEDICAL OFFICERS' SUBSTITUTES.

The Local Government Board wrote forwarding a letter from Mr. Palmer, which stated that the Castlemaine Dispensary Medical Officer was summoned by the Crown as a witness at the assizes. During his absence Dr. Spottswood was appointed to act at £2 per day and 8s. car hire for every day his services might be required. The Committee voted him £5, but the guardians have refused to pay it. His object in calling the Local Government Board's attention to the matter was that the Killarney Guardians had paid money for similar services. He thought he might add, "the Dispensary Committee, out of whose pockets the payment will come, and not the board of guardians, are best judges of what ought to be paid in the district." They also forwarded a letter from Dr. Spottswood on the same subject, stating that the Killarney Guardians paid two-thirds of the amount for the Milltown district, and that the remaining third was refused by the Tralee Guardians for the Castlemaine District.

Mr. Roche said he remembered that a similar question was raised some time since, and they (the guardians) communicated with the Local Government Board. (Mr. Roche here read a letter, from which it appeared that the Local Government Board were of opinion that medical officers, when summoned away from their district on business unconnected with the public service of the union, they should provide a substitute and pay him, as they are remunerated for attending at any place they are summoned to atttend.) He thought they should now write to the Local Government Board, stating that they concurred in the opinion expressed in that letter.

Mr. Palmer.—Since that letter was received I know that the Local Government Board have sanctionnd the payment of a certain sum for similar services in the Killarney Union. I think myself that the matter is altogether between the dispensary committee and Dr. Spottswood. I am a member of the committee, and we appointed him to do our duties, and he did them. We then passed him £5 for his services, and I now ask the Tralee Board to sanction the payment of that small sum.

Mr. Palmer said that the Killarney Board of Guardians at first refused to pass the money which he referred to, but on being asked to reconsider the matter they sanctioned the payment of it. Under the present circumstances he hoped the board would now pass the miserable sum asked for. If the guardians now refused to sanction the payment of the £5 it would cause a great deal of litigation between Dr. Spottswood and the committee. It was the committee that employed Dr. Spottswood, and he would have a claim on them. It would place the committee in a very awkward position. He then proposed the following resolution:—

"With reference to the remuneration proposed to be paid to Dr. Spottswood for doing duty for the medical officer of Castlemaine district during his absence at the Limerick Winter Assizes, resolved that the board sanction the payment of £5 to Dr. Spottswood."

Mr. Roche—I propose, "In reply to the letter of the Local Government Board of the 1st of May, we beg to say that we entirely concur with the Local Government Board in the opinion expressed in their letter of the 15th January that medical officers when summoned away from their district on business unconnected with the public service of the union to give evidence at assizes, for which they are remunerated by the Crown, ought to pay their substitutes themselves."

A division was then taken, when there appeared for the amendment, 11; against it, 4.

The matter then dropped.

Mr. Coffey proposed the following resolution:—

"Resolved—That in future this board will only pay substitutes for any of the medical officers when such substitutes shall have been appointed by reason of the medical officers having been incapacitated from discharging their duties by illness; in all other cases the medical officers must pay their own substitutes."

Chairman—Suppose the Local Government Board send down a sealed order directing us to pay substitutes, I think we would be stultifying ourselves if we passed this resolution. I am not objecting to the resolution.

Mr. Coffey—It is themselves they will be stultifying.

The resolution was unanimously adopted.

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## BALLINA UNION.

### MEDICINES.

Dr. Macaulay applied for a supply of medical and surgical appliances.

The Chairman said he visited the house and found the medicines in a disgraceful state. Some of the most valuable medicines that should be in a liquid state are ruined for the want of stoppers in the bottles.

Mr. Daly—Those in charge should be held responsible.

Dr. Macaulay said there were no medical appliances. If he wanted to draw a tooth there was only a pair of old ones. A whole set was required.

Mr. Scott—Perhaps they may be somewhere. Dr. Nolan ought to be consulted.

Mr. Dillon—They may be at his own house.

Mr. Daly—That is not the place. They should be kept in the surgery.

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## TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## MULLINGAR UNION.

### WANT OF A MORGUE.

The clerk read a resolution of the Town Commissioners, and which had been transmitted to him for the consideration of the Board, recommending that a morgue be established for the township.

Mr. Nulty said a morgue for Mullingar was very necessary; it was both inconvenient and annoying to have the dead bodies of persons found drowned in the canal brought into the yards of publicans of the town, and allowed to remain there for a long time in many cases; he would suggest that part of the stable of the workhouse, at present unused, might be converted into a suitable morgue for such cases.

The matter was referred to a committee, to be formed on Thursday next.

## ROSCOMMON GUARDIANS.

The Clerk said that Dr. Peyton, who was about taking a permanent appointment at Gurteens, had applied to the board for a testimonial as to the manner in which he discharged his duties while acting as *locum tenens*.

Chairman—There cannot be the least hesitation in doing so, as Dr. Peyton was most attentive and fulfilled his duties in the best possible manner.

Mr. Mostyn—That seems to be the opinion of everyone.

A testimonial was then drawn up, expressive of the high estimation in which the board held the services of Dr. Peyton during his term of office, and their pleasure at testifying to his earnestness and ability as a medical practitioner.

Mr. Daly—He is fully entitled to that.

Mr. Irwin—Dr. Peyton gave the greatest satisfaction to all parties.

Chairman—How long did he act?

Clerk—For three months.

## NAVAN UNION.

### MEDICAL ASSISTANCE.

The following was read from the Local Government Board:—

"Local Government Board,
"Dublin, 4th April, 1880.

"Sir,—The Local Government Board for Ireland acknowledge receipt of minutes of the 28th ult., containing a resolution proposing to pay a fee of two guineas to Dr. R. D. Nichols, for assistance rendered by him to the medical officer of the Navan dispensary district, in a case of midwifery; and in reference thereto the Local Government Board request that they may be informed of the circumstances under which it occurred that the services of Dr. R. D. Nichols were not obtained through the agency of the relieving officer of the district.—By order, &c.,

"B. Banks, Secretary."

Mr. Lacy read Dr. Nichol's letter to the board certifying for payment to his brother of £2, and intimated that he would ask the doctor for a further explanation. When the Local Government Board were aware of the urgency of the case they wouldn't object.

Chairman—They complain that the application wasn't sent through the relieving officer.

Mr. Manley—There wasn't time to send for him.

Mr. Casey—Sure the woman was four days ill, and didn't that leave plenty of time?

Mr. Manley—Yes, but the doctor was attending her all through.

The matter dropped.

## NEWCASTLE UNION.

At the weekly Board meeting on the 29th ult. the long expected letter from the Local Government Board was received, respecting the complaint of Dr. Peirce against Dr. O'Shaugnessy, apothecary to the house. It wound up by stating that from the entire evidence taken before the inspector, hon. Mr. Bourke, "It appeared that Dr. Peirce and the apothecary did not act with the harmony so desirable for the proper conduct of the business, and the benefit of the hospital patients. The compounding of medicine had been delegated to an assistant, thus undertaking duties which the apothecary should have discharged himself, and in future he must know that the Local Government Board will not allow his office to be filled by deputy."

At the meeting of the Necastle Board on Thursday, the 6th inst., there was a fresh charge by Dr. Peirce, against the apothecary, founded on objection to medicine, said to have been shown by the patients in hospital refusing from fear to take medicine prepared by them. The Board again called for inquiry.

An action was tried recently in the Dublin Law Courts for the recovery of £1,000 damages for alleged negligence and unskilfulness of the defendant, Dr. Duke, Assistant-Physician to the Rotundo Hospital, in the treatment of plaintiff's wife. The plaintiff employed Dr. Duke to attend his wife in her confinement. On the fourth day after the birth the defendant ceased to visit his patient. On the fifth she took puerperal fever, and died on the ninth. The defendant traversed the cause of action, denying the negligence and unskilfulness. He pleaded that at the time he left off visiting Mrs. Daly there were no unfavourable symptoms, and he gave directions that if any change occurred, a medical man whom he named should be called in, and this was not done.

It appeared from the evidence that Dr. Duke had informed the patient beforehand that he could not attend for nine days for the fee offered, that, being obliged to leave town, he gave the address of a physician who might be sent for if anything went wrong; that he never received any fee, and that, in fact, the woman did receive all necessary medical care. Under these circumstances there was a verdict for Dr. Duke, to which he was justly entitled.

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## DEATH OF THE CORONER FOR THE CO. TYRONE.

We announce, with regret, the demise of William Oliver Orr, Esq., for many years coroner of this district, which office was also held by his father for a long period. The deceased gentleman was advanced in years, and for a considerable time past, through bodily infirmity, had been incapacitated for the duties of his office.

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## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1880.

April 6th.—Young, William Robert Minchin; Balmoral House, Mottram Road, Staleybridge, Lancashire; Lic. R. Coll. Surg. Irel. 1879, Lic. K. Q. Coll. Phys. Irel. 1880.

7th.—Cox, Charles Hayden; 3 Belgrave Park, Charleston Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

7th.—McCormick, Henry; Cloonarkin, Clooneburne, Ballinasloe, co. Galway; M.D. Q. Univ. Irel. 1879.

13th.—Curran, John James; Youghal, co. Cork; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1880.

13th.—Swanson, William James; 3 Swanson Terrace, Limerick; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

13th.—Jennings, Richard; Skibbereen, co. Cork; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

16th.—Wilson, John; Derryhillagh House, Enniskillen, co. Fermanagh; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1880.

17th.—Barry, Charles James; Rosemary Lodge, Kingstown, co. Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. Mid. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1880.

20th.—Kidd, Anthony; Grogey, Brookeborough, co. Fermanagh; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

23rd.—Townsend, Horace Robert; 57 South Mall, Cork; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel., Lic. R. Coll. Surg. Irel. 1879.

28th.—Egan, John Johnstone; Derryglane, Belturbet, co. Cavan; Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Edin. 1879.

30th.—Baylor, Robert Jonathan; Fermoy, co. Cork; Lic. 1879 and Lic. Mid, 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Edin. 1880.

23rd.—Davison, James; Ardress House, Loughgall, co. Armagh; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

*Names restored to the Register by Order of Council.*

Jan. 8th, 1859.—McKeagh, Daniel; Nenagh, co. Tipperary; M. R. Coll. Surg. Eng. 1850.

Dec. 31st, 1858.—Welsh, William Dobbs; 1 Carlisle Terrace, Reddish, Stockport; Lic. Apoth. Hall, Dub. 1852.

*Names erased from the Register under the 14th Section of the Medical Act, no reply having been received to several letters of application.*

Berry, John Collins; Lismore, co. Waterford.
Bruen, Patrick Joseph; New Zealand.
Collins, William; Snugboro', Blackrock, co. Cork.

*Names erased as having ceased to practise.*

Crawford, John Irwin; Medical Department, Royal Navy.
Morrison, John; 107 Lower Baggot Street, Dublin.
O'Brien, Miles; Skibbereen, co. Cork.
Nicolls, George Archibald; Moyvally, co. Kildare.
Richey, William; Bangor, co. Down.

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## NEWTOWNARDS GUARDIANS.

The clerk read a communication from the Local Government Board with reference to the late proposal to reduce the salaries of the union officials.

The Local Government Board stated that while most anxious to meet the wishes of the guardians in all respects, they were unable to see that any sufficient reason had been advanced for a wholesale reduction in the salaries of a body of officers who had hitherto discharged and continued to discharge their respective duties to the apparent satisfaction of the guardians. The Local Government Board had already in their letter of the 25th ult. pointed out the injustice, and evidently discouraging effects on the officers concerned, of such a reduction; while experience went far to disprove the supposition that its adoption must evidently result to the economic advantage of the union. The Board were constrained, therefore, having due regard alike to the interests of the officers and ratepayers, to withhold their consent to the proposed reduction.

[The Local Government Board is entitled to the thanks both of the ratepayers and the union officers for thus remaining firm in their decision not to assent to an ill-considered resolution. It is an important element in the value of a union appointment that if it does not improve in emolument, it will not disimprove, and if uncertainty on this point were allowed, the union offices would certainly come to be occupied by an inferior class of public servants.—Ed. M. P. & C.]

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## CASTLEBAR GUARDIANS.

### BALLA DISPENSARY.

It was resolved to call on Dr. Blackwell, who has had an extended leave, to resume his duties at once or resign, there being no resident substitute in the district. The doctor complaining of ill-health, had asked an extension to June 1st. Dr. Jordan agreed to attend for a week at £4 4s.

The Chairman thought they ought to communicate the resolution of the Committee, as the opinion of the board, his salary to cease if Dr. Blackwell does not resume his duties.

Mr. O'Donel concluded the committee considered the doctor was able, but not willing.

Mr. Daly proposed that half the four guineas be charged to Dr. Blackwell.

Chairman—According to the terms of the resolution he is to cease to be an officer of the union if he does not resume his duties. It is for himself to say whether such shall be the case or not.

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## NORTH DUBLIN UNION.

### SMALL-POX CHARGES.

Letter read from the South Dublin Union stating that owing to the great expense attending the small-pox hospital at Kilmainham, the guardians were forced to increase their charge for the treatment of patients chargeable to the North Dublin Union from 2s. to 3s. per head, this sum not to include the cost of the outfit given them on discharge.

The Chairman thought this was a very high charge, for it meant a guinea per week for every patient sent there.

Mr. Whyte thought the guardians ought not to try and make a profit out of this board for the convalescent patients.

It was resolved, "That we respectfully submit that the Board should not charge more than the Cork Street Hospital—namely, 2s. 6d. per day."

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## DROGHEDA UNION.

### PUBLIC HEALTH PROSECUTIONS.

The following was read :—

Local Government Board, Dublin,
6th May, 1880.

SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings of the Board of Guardians of the Drogheda Union on the 22nd ult., containing a resolution in reply to the board's letter of the previous day's date, in which the guardians state that they believe that remuneration for attendance as medical witnesses in case of prosecution under the Public Health Act was included in the amount paid as a salary to the medical officers of health of the union ; and in reference thereto the Local Government Board desire to state that as they have already pointed out to the guardians, a medical officer of the sanitary authority is entitled to remuneration for his attendance and assistance in prosecutions instituted under the provisions of the Public Health Act, unless it shall have been definitely agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office (see 258 of the Public Health Act, 1872).

By order, &c.,
B. BANKS, Secretary.

Mr. Whitworth—What's the conclusion come to—that you are bound to pay.

Mr. Dowdall—Yes, in the absence of a special and definite agreement with the doctor at the time of his appointment.

Mr. Daly—You must have such an arrangement made with the doctor on his appointment.

Mr. Whitworth—It was never in the minds of any of us when fixing the salaries that they would have to attend to give evidence ; I don't know whether at the end of the year it might not again be considered on their re-appointment, I don't know if it comes up in that way.

Mr. Dowdall—A circular was sent to you last September requiring you to re-appoint them under the Public Health Act, but your attention was called specially to the point at issue and you took no notice at all of it; they were reappointed unconditionally ; that order for their re-appointment was brought under your notice last September.

Mr. Eagar—They were to get a certain salary for the sanitary duties, and isn't it part of their duties to attend and give evidence?

Mr. Dowdall—Their duties are defined in the circular ; it is there for you to see ; by sealed order, for additional duties, they are entitled to £1.

Mr. M'Kenna—You cannot depend on medical evidence ; you invariably will get one lot of doctors to contradict another lot. Take that case about the stench of the Liffey ; one set of doctors proved that it must be injurious to the people living near it, and another set came up and proved that it was no harm to those near it, but it had deadly effect on people down in Carlingford. I wouldn't give a snap of my finger for their evidence.

Mr. Whitworth—Why do you make such statements? That is not the fact—no doctor said any such thing.

Mr. M'Kenna—I say they did.

Mr. Whitworth—I say it is not the fact you are stating.

Mr. M'Kenna—I say it is.

Mr. Whitworth—I say it is not ; no doctor gave evidence that it was injurious to the people in Carlingford.

Mr. M'Kenna—They didn't say Carlingford.

Mr. Whitworth—Just so; you say they did.

Mr. M'Kenna—He said it wasn't the people near it that suffered, but those who were further removed from it ; then to turn that into ridicule I said Carlingford. Therefore, when they contradict each other it is no use to call them in for they have no settled principles to guide them in such cases, or if they have some of them must be ignorant of them.

Mr. Whitworth—Then don't call them in if you don't think fit.

Mr. Daly—I never for the life of me could see what is required more in these cases than the evidence of the sub-officer and the certificate of the doctor.

The matter dropped.

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## MEDICAL CHARITIES (IRELAND) BILL.

(From the *British Medical Journal.*)

A BILL bearing this title was brought in by Messrs. Meldon and Errington, and ordered to be printed by the House, just prior to the dissolution of Parliament, and will be resuscitated this session. It purports to amend the Medical Charities (Ireland) Act. When this Act was before the legislature in 1850, powers were given whereby not only relieving officers, but every member of the dispensary committee, and certain officials called wardens, were empowered to issue dispensary tickets ; the outcome of which has been that, owing to the large number of persons to whom the power of giving tickets was conceded, a very great abuse of the privilege has sprung up. Various suggestions for mitigating this have been made. The Bill before us proposes to deal with this evil, first, by abolishing the office of warden and limiting the power to issue tickets to the relieving officer, and to the members of the dispensary committee (we are of opinion that the authority to do so might be still further curtailed) ; secondly, by conceding to the dispensary medical officer the authority to apply to a justice, or justices, sitting in petty session, or to the dispensary committee, to have the ticket cancelled in all such cases where evidence is forthcoming that it has been improperly issued, such decision to be final. By another clause it is provided that the Local Government Board may, by sealed order, remove from office any member of committee, or relieving officer, who shall knowingly or wilfully issue a medical relief ticket to a person who is not a poor person within the meaning of the Act ; and it shall be lawful for the medical officer who shall have received such order to proceed against the issuer for the recovery of such fees for his attendance upon the person for whom the ticket was issued, as he would be entitled to in case such person had been attended as a private patient.

If, however, the case be one that is open to legitimate doubt, then the relieving officer may grant a provisional ticket on a special form, such form conveying an undertaking on the part of the applicant that he will, if called on, pay to the guardians of the union in which such dispensary is situated such fees as the medical officer would be entitled to receive if he had been called to attend him in his private capacity ; such fees, when recoverable, to be paid over to the dispensary medical officer to whom such ticket has been directed.

Provision is also made whereby, after the passing of the Bill, dispensary medical officers will be entitled to a fee of not less than £1 1s. or more than £2 2s. for the examination and certification of pauper lunatics. The absence of such regulation in the administration of dispensary medical relief has been a source of grievous injustice to certain medical officers, notably in the North Dublin Union, where much time is given to such certification, without fee or reward.

By the tenth clause, it is proposed to materially modify the arrangements for granting superannuation allowance. The Medical Officers' Superannuation (Ireland) Act, like the similar enactment in England, is only permissive; and, as a result, the intention of the legislature to grant superannuation in all suitable cases, has been defeated, either by the parsimony or the injustice of boards of guardians. Many cases of great hardship have come under our notice. The clause as drawn will place the initiative in the hands of the Local Government Board, who, on being memorialised, either by the dispensary medical officer or from other sources of information, will direct such officer to appear before a medical board, specially appointed by the Local Government Board from time to time for the purpose of being examined as to his fitness to retain his appointment; and if, on their report, it be decided that he is incapable of effectually discharging his duty, by reason of advancod age (such age being above sixty), or from infirmity or ill health of mind or body, then the said board shall direct the guardians to pay a superannuation allowance not exceeding two-thirds of the salary and emoluments received by him in respect of his office, such superannuation allowance to be drawn from the same sources as the salary of the said dispensary medical officer.

By clauses 11, 12, 13, and 14, powers are proposed to be taken, enabling the Local Government Board to appoint an officer, whose duty it shall be to examine, from time to time, samples of drugs and pharmaceutical preparations supplied under contract to the various dispensaries; and if, on such examination, they are found to be adulterated, to direct such contracts to be cancelled, and the parties supplying them to be prosecuted, if on his report it be considered by the Local Government Board desirable to institute such procedure.

It will be obvious from the brief sketch we have given, that this Bill as drawn fairly meets all the objections which have been urged against the working of the Medical Charities Act; but to secure its enactment, it will be necessary for every medical officer to exert himself, and to use such influence as he may possess, either with his representative in Parliament, or otherwise, as it may appear to him to be desirable.

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## HEALTH OF IRELAND.

THE average annual death-rate for the week ending Saturday, May 15, in the sixteen principal town districts of Ireland was 29·2, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Queenstown 14·4, Galway 15·8, Londonderry 18·5, Waterford 18·7, Dundalk 19·2, Kilkenny 21·0 Sligo 24·1, Wexford 24·1, Belfast 26·6, Cork 27.7, Newry 30·1, Clonmel 31·5, Limerick 31·8, Dublin 33·6, Drogheda 36·5, and Lurgan 64·0. The deaths from the seven principal zymotic diseases in the sixteen districts were equal to an annual rate of 5·5 per 1,000, the rates varying from 0·0 in Londonderry, Kilkenny, Wexford, and Queenstown, to 15·6 in Drogheda, where four more deaths from scarlatina and one each from fever and measles were registered, the total number of deaths from all causes being 14. The deaths from whooping-cough in Belfast have again risen to 6; there are also four deaths from measles among the deaths registered in that district. Five deaths from scarlatiea were registered in Cork, and two from whooping-cough in Lurgan. The mortality in twenty large English towns, inclusive of London (in which the rate was 19·8), was equal to an average annual death-rate of 21·1, in Glasgow 27·8, and in Edinburgh 20·4. In the Dublin district the deaths represent an annual rate of 34·9. Forty-seven deaths from zymotic diseases were registered, being 15 less than in the preceding week, but 12 over the average number for the 19th week of the last ten years; they comprise 8 from small-pox, 6 from measles, 14 from scarlatina, 1 from diphtheria, 7 from whooping-cough, 6 from fever (5 typhoid or enteric, and 1 simple continued fever), 1 from diarrhœa, &c. The registered deaths (8) from small-pox are 3 less than in the preceding week, but are equal to the highest number in any of the earlier weeks of this year. Twenty-seven new cases of the disease were admitted into the Dublin hospitals during the week, being 10 more than in the previous week, but 25 less than in the week ending 1st inst.; 13 patients were discharged, 5 died, and 79 remained under treatment on Saturday last, being 9 over the number in hospital on Saturday, 8th inst. There has been a further increase in the mortality from scarlatina, the deaths (14) from this cause being 2 in excess of the number for the preceding week, and 4 over the high average number for the earlier weeks of the year, but only 16 new cases of the disease were admitted into the principal hospitals, against 19 for the preceding week. Deaths from measles, which fell from 10 in the week ending 24th April, to 2 in the succeeding week, and to 1 in the week ending 8th inst., rose to 6 last week; while, on the other hand, fatal cases of whooping-cough, which rose from 5 in the week ending 24th April to 10 in the following week, and to 12 in the week ending 8th inst., fell to 7 last week. The deaths (6) from fever are below the average, and are 14 under the exceptionally high number for the preceding week. Eight new cases of typhus and 5 of typhoid fever were admitted into the principal hospitals; in the preceding week the admissions were, typhus 12 cases, and typhoid fever 5.

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## DEATH OF A CHILD FROM WHISKY.

AN inquest was held at Clonakilty, in the county Cork, last week, on the body of a child, named Donovan, about nine years old. It appeared from the evidence that on the night of the election a man brought a bottle of whisky into the house of the parents of the deceased, the greater portion of which was drunk; a quantity was poured into a cup and placed on the dresser. The next morning the little boy got up early and drank the whisky that was in the cup. The father noticed the child's face flushed and that he was perspiring, told him to go to bed, and saw him stagger towards the stairs. Some time after the mother went upstairs and found his hand clenched and stiff, and when brought down he was stiff and cold. Dr Starkie deposed that he was called to see the child about 12 o'clock on Wednesday; he was then convulsed. The doctor made a post-mortem examination, and his opinion was that death was caused by alcoholic poisoning

# IRISH POOR-LAW INTELLIGENCE.

## IRISH POOR-LAW REFORMS AND THE IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have seen in your issue of this day's MEDICAL PRESS AND CIRCULAR reference made to the Medical Charities (Ireland) Bill about to be introduced by Messrs. Meldon and Errington, and I regret to say that the Poor-law medical officers are once more doomed to disappointment. It is proposed in this new Bill to abolish the office of Warden, but what is to prevent the Local Government Board from appointing members of committee instead of them as soon as it is represented to them that the poor of any district or part of a district have not sufficient facilities for obtaining tickets. It appears, too, that if the Bill becomes law one can apply to a justice of the peace sitting at petty sessions to cancel a ticket. That is all very well for city dispensary medical officers, but I assure you it is quite a different thing for those in the country. They would have to wait sometimes a fortnight or perhaps more. In the meantime, the attendance should be continued *gratis*, and then if the ticket is cancelled one is to have the option of "going and whistle" for his fee, or else summon the issuer of the ticket. If a man tries the latter and succeeds it is always sure to be worse for him in the end; he seldom or never does it, and he is left the former to fall back on.

I notice, Mr. Editor, that any little good done by the Irish Medical Association tells pretty fairly for city dispensary medical officers (take the increase in the vaccination for instance), while the unfortunate country officers have profited very little or nothing by it. I don't mean to say that this is intentional, but no one can deny the fact, and so it will be, too, in the case of cancelling tickets by justices of the peace.

To my mind there is but one way of effectually putting a stop to the gross abuse of dispensary tickets, and that is to obtain for country dispensary medical officers a fair mileage for each journey in each case, and for the city men a fee for each journey in each, the amount to be paid by the board of guardians of each union at the end of the quarter, in addition to our present miserable salaries. I look upon this Bill about to be introduced as a humbug, and I fear the Poor-law medical officers will shortly look upon the Irish Medical Association as nothing much better.

I am, Sir,
Your obedient servant,
E. S.

[This letter will serve us as an illustration of the extreme difficulties and discouragement under which work of the Irish Medical Association is carried on. E. S. is, we learn on inquiry, one of those members of that organisation, who, until hard pressed by letters from the Hon. Treasurer, forgot to go through the form of sending his annual contribution to its funds.

Notwithstanding that omission, the Council of the Association has, by quarterly reports and numerous circulars, persisted for years in the apparently hopeless endeavour to make him understand and interest him in their proposals, made for the direct advantage of his pocket and for the interest of his class. For him and other Irish Poor-law medical officers the success or failure of these proposals is a matter of meat, washing, and lodging, and it is solely to improve the monetary and social position of such as he that the Association troubles itself about these matters at all. How disgusted must be the workers of the Association to find that E. S. (like too many others) would not even give himself the trouble to read a line sent to him, to answer a question put to him, to offer a suggestion requested of him, or to bear a hand in any way in these movements for his own advantage; and now being asked for his subscription, retaliates by heaping upon the Association abuse which is none the less venomous because it is groundless and stupid.

The propositions upon which the Medical Charities' Bill of the Association is based were sent to him, as to other members, for consideration and approval, and his opinion thereon invited, and he would not take the trouble to notice the communication in any way, and now, when the well-matured and fully discussed scheme of the Association is promulgated in legal form, he is the first to denounce it in intemperate language. We say that Poor-law medical officers who act in this way deserve neither thanks for any point gained, nor sympathy in any grievance under which they suffer.

As to the points made by E. S. against the Bill of the Association, we may observe—*a.* that the clause which abolishes wardens was framed to meet cases in which pot-boys and other persons without qualification were, as wardens, given the power to grant tickets. One case within our knowledge is illustrative. A shopkeeper committeeman leaves, as is common, his book of signed tickets with his shopboy, who issues them promiscuously to every customer who asks. Complaint is made by the doctor, upon which the shopkeeper, to save himself the trouble of filling up the ticket, has his shopboy made a warden, and the doctor is thus defeated in his remonstrance.

The intention of the clause in the Bill is to disfranchise all this class of wardens while leaving the power in the L. G. B. to appoint the parish priest or clergyman, or other eligible person who may not be qualified for the office according to law, and it never was intended to reduce the number of those empowered to issue tickets. *b.* E. S. objects to the giving of power to justices to cancel tickets because he might have to wait a fortnight. He seems to forget that under the existing law he may probably have to wait three months or more, and then apply for redress to the very persons who issued the ticket. He also objects to the power which the Bill gives him to sue for his fees, ignoring the fact that, at present, he possesses no such power fully recognised.

Are we to understand that he prefers to have to wait for the meeting of committee to get the ticket cancelled, and that he would rather not have any power to recover payment for his services? If so, his criticism on the Bill is sensible, if not, it is as nonsensical as his proposition to charge mileage, an idea which anyone who knows anything of the subject will see is unpractical, impossible, and unreasonable. E. S. is of opinion that the "unfortunate country officers have profited very little or nothing" by the Irish Medical Association. To test this statement we have looked up the figures which are attached to our correspondent's name in the Irish Medical Directory, and we give them as being typical of the amount of justice there is in the grumblings of those Poor-law medical officers who spend their time in growling, but will give no aid to the doing of anything.

E. S. is registrar of a district, receiving, therefor, about £10 a year. He is medical officer of health, for which each such officer in his Union gets, on an average, £20. He is public vaccinator, for which he received hitherto £7 per annum, which sum, by the sole influence of the Association, has been doubled within the last year. He is, moreover, entitled to increased fees for medical evidence in courts of law, to payment for certifying dangerous lunatics, and to fees for testimony at sanitary prosecutions. He has a reasonable probability of a pension when incapacitated from duty, and a fair chance of increase of salary when he deserves it. Thus it seems that E. S. is actually receiving over £40 a year, and "chances" which are as good as much more, solely and wholly by the efforts of the Irish Medical Association, which organisation he repays by declaring it to be a "humbug," and by insinuating unworthy personal motives in those who are labouring for his welfare. We assert, without fear of contradiction, that the Poor-law medical officers of Ireland never would have had public health salaries, double vaccination fees, fees for lunacy certificates, for sanitary prosecutions, or for medical evidence, and would probably never have been registrars but for the persistent efforts of the Irish Medical Association; and we venture to assure them, moreover, that they have not the faintest chance of rightful superannuation, or of a remedy of the abuses of dispensary relief, unless the Association gets these things for them.—ED. M. P. & C.]

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## THE NEW MEDICAL CHARITIES (IRELAND) BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although for several years I have given up the *cacoëthes scribendi*, I trust I may be pardoned for trespassing on your valuable space, by pointing out, what to my mind is a grave mistake in the New Medical Charities (Ireland) Bill, as set forth in the *résumé* published in your issue of the 26th inst.; I allude to the proposed abolition of the office of warden.

No doubt the Bill as it stands is a very excellent and much required measure, and if passed should be accepted with gratitude, in the absence of the only real cure for the existing state of things, which is the entire separation of the medical charities from the Poor-law system, making the whole service part of the Civil Service, with a proper training college in Dublin (something like Netley), thus not alone emancipating it from the control of ignorant and prejudiced guardians, but relieving the oppressed rate-payers of a very considerable part of their burthen. However, with this we have now nothing to do, as it is not before us.

I object to abolishing wardens, because the immediate consequence would be an increase in the number of committee-men, as in nine districts out of ten the residences of the members of the committee are not distributed through the district so as to be of easy access to *all* the poor requiring tickets; and we should never forget that the convenience and welfare of those committed to our care ought to be our primary object. It is scarcely necessary to observe that the increase of the rough and illiterate element in committees generally would be in direct proportion with this increase of numbers. I have always found wardens easier to deal with than committee-men *of the same class*, because, generally speaking, they are less consequential. The latter frequently attempt the *rôle* of master, and claim as a right various favours from the doctor; although some of them—*e.g.*, worm powders for their children, salts and castor-oil for their cattle, &c.—may be perfectly illegal to give out of the dispensary, yet if refused would lead to open war. Indeed, the medicine for cattle is generally asked for by way of loan, but the promise of restitution is oftener honoured by the breach than the observance. Again, the favour of the committee-man towards the doctor is often put in the balance when the services of the latter are being weighed. These are a few of the many reasons why it would be unwise to increase the number of committee-men.

Besides, to be a member of a committee a valuation of £30 is necessary, and in poor and mountainous districts large areas exist without an inhabitant so rated. It is for districts of this kind that wardens are so convenient to the poor. While the present Bill is on the *tapis* seems a favourable time to make some effort to reduce the number of books to be kept by dispensary medical officers. I have often thought that if on the ticket itself a blank space were left, the disease and treatment could be entered on it. It could then be filed without further trouble except the keeping of an index. In fact, the file would become the medical relief register.

I am, Sir, your obedient servant,

A.B., M.D., M.C.

May 29th, 1880.

[As we have explained to another correspondent, the proposal to abolish wardens is not intended to reduce the number of persons who may grant tickets, but to give that privilege to a more respectable class than wardens usually are. As the law now stands, there is no qualification whatever for the office of warden, and anyone may hold the office. This is not right. The privilege of granting medical relief should be in the hands of those who will use it conscientiously, and the nearer we can approach to that condition of affairs the better. Certainly £30 holders ought to be more depended on than pot-boys or shop-assistants who now may and do hold the office of warden.—ED. M. P. & C.]

## WORKHOUSE MEDICAL OFFICERS' GRIEVANCES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I was glad to see by the last number of your journal that an attempt at length is about being made to redress our grievances, initiated by that sincere sympathiser and sterling advocate of every class who have been unfairly treated, Mr. Charles H. Meldon, M.P., the worthy representative of Kildare county, to whom, for his untiring and purely disinterested zeal in our interest, the gratitude of the entire profession is fairly due. To assist his efforts in amending the "Medical Charities Act," as proposed, it occurs to me that some of the medical officers throughout Ireland might, from the numerous cases of abuse experienced by them under the present system of *medical relief*, select a few glaring instances, the publication of which would most decidedly strengthen our cause. As example, I may mention some that occurred during my practice, evidencing a thorough carelessness—if not culpability—upon the part of those usually entrusted with the distribution of *relief tickets*. Some few years ago a woman residing several miles from here called during my dispensary practice, and presented a *red ticket*, at which, as the room was then crowded, and that I anticipated she would probably require my services immediately, I was anything but pleased, and quietly suggested that she might have chosen an earlier or more appropriate time to secure them. What was my astonishment when she coolly informed me, "that it would be time enough on to-morrow, as the ticket was for herself, and she hoped I would then call to see her, for she sometimes did not feel very well." In the second instance I received a visiting ticket to go a distance of several miles, and according to the words of the mandate, "afford any necessary medicine and medical advice, &c.," in the case of a poor woman who died the day before in childbirth, but whose superstitious friends and relatives unreasonably objected to the interment until her body was opened and the infant removed therefrom. Fortunately, as in the last case, I made some inquiry, and was thus saved the journey. The only other instance I will trouble you with was that of a guardian—now gone, I hope, to a better world—who sent me a ticket, signed by himself, to attend his own daughter; but this last instance I understand to be a by no means uncommon occurrence amongst my professional brethren, whom I think it stands upon to bestir themselves and make known fully their grievances, when now *justice* sems likely to be done in their behalf; for with Mr. Meldon in the prow, and Dr. Lyons, our worthy city representative, at the helm, we may fairly hope to be steered clear of all obstacles, and safely landed at length in the harbour of contentment.

I am, Sir, your obedient servant,
P. J. BODKIN, Medical Officer.

Glenamaddy Workhouse and Dispensary.

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## IRISH MEDICAL ASSOCIATION.

### ANNUAL REPORT OF COUNCIL, PRESENTED TO THE GENERAL MEETING OF THE ASSOCIATION JUNE 7, 1880.

MR. PRESIDENT AND GENTLEMEN,

DURING the past year your Council held five meetings, and the Committee of Council forty-two meetings.

In submitting their Report of last year's proceedings, your Council, for the sake of uniformity, will refer to the various subjects in their usual order, giving precedence to those relating to legislation.

One effect of the dissolution of Parliament, which has led to many changes, including a curtailment of the working period of the session, will, it is feared, be to retard the progress of those measures in which this Association is most nearly interested.

Since the last annual report was submitted, the following measures have become law:—

(1.) The Vaccination (Ireland) Amendment Act.
(2.) The Dispensaries (Ireland) Act.
(3.) The Disqualification by Medical Relief Act; and
(4.) The Public Health (Ireland) Amendment Act.

Your Council took an active part concerning each of these enactments, to which special reference has already been made in the quarterly reports issued in the past year.

#### THE NEW VACCINATION ACT.

Your Council have the pleasure to report that the Vaccination Bill drawn up by this Association was passed last year without much alteration, and have to express their warmest thanks to Mr. Meldon, M.P., through whose exertions chiefly that measure became law.

The advantages conferred upon the public and the dispensary medical officers by this enactment are very considerable, affording, as it does, greater protection to public health, and giving the medical officers a greater interest in the success of vaccination; however, from either a public or a professional point of view, the laws relating to vaccination in Ireland have not as yet been placed on a thoroughly satisfactory basis.

In England it has been found expedient to adopt a system of independent supervision; and, in order that the results may be brought to as perfect a condition as possible, rewards for special excellence have been for several years voted by Parliament with the most satisfactory effect. Your Council most earnestly advocated the extension to Ireland of a similar system, which, it must be borne in mind, would not prove nearly so expensive as in the sister country, but "My Lords" of the Treasury opposed the suggestion, and consequently its adoption has for a time been postponed. Your Council, however, trust that Mr. Meldon, M.P.—who has kindly undertaken to bring the matter forward again, and who has already urged its importance upon Parliament in a very impressive manner—may, on the next occasion of dealing with the estimates, be successful concerning this very important provision; and by that time your Council trust the Treasury will recognise that that system, universally admitted to be *essential* for the protection of public health in England, is, at least, as much so in Ireland.

Your Council observe with satisfaction that this important question has been, within the past few days, effectively brought under the notice of Parliament by Mr. Dawson, M.P., Mr. Mitchell-Henry, M.P., and Mr. Brooks, M.P., to whom the thanks of the Council were promptly conveyed.

Another and a very important defect, from a public point of view, which requires amendment, is that the dispensary medical officers are required to report defaulters, and to perform the duty—alike disagreeable and prejudicial to their interests—of appearing as witnesses in cases of prosecution for non-compliance with the law, for which irksome services they may be refused any remuneration. The effect of such an unsatisfactory and unjust arrangement must be evident; for medical officers cannot be expected to show zeal in reporting defaulters unless they be adequately recompensed. Your Council consider that it is of paramount importance to the protection of public health in Ireland that the dispensary medical officers should be entitled to claim, as a matter of right, equitable remuneration for such services, it being futile to expect that they will otherwise incur the odium and loss of time involved.

#### THE DISPENSARIES (IRELAND) ACT.

This Act provides for the erection of suitable houses as dispensaries, and suitable houses as residences for dispensary medical officers in districts which do not afford such accommodation conveniently situate. The new Act was greatly needed, for in many districts the places used as dispensaries are utterly unfit for that purpose, and are so situated as to cause great inconvenience to the sick poor.

It is equally desirable that the medical officer should reside in a central position as regards the requirements of the district but hitherto, in many districts, no suitable house could be obtained in a convenient situation. Under this Act, the provisions of which it is to be hoped will be carried into effect wherever necessary, the guardians have power to erect, enlarge, improve, purchase, or take on lease a house suitable as a residence for the medical officer of the district, and to charge a reasonable rent for the use thereof; and it may be assumed that as such houses can be provided only in districts requiring them, the medical officers will gladly avail themselves of the opportunity of occupying suitable and convenient residences at a reasonable rent; but, very properly, it does not appear to be compulsory upon the medical officers to occupy such houses if the rent be not reasonable.

### THE DISQUALIFICATION BY MEDICAL RELIEF ACT.

This measure was introduced for the purpose of checking the spread of infectious diseases, by removing the disqualification from exercise of the franchise by persons, so suffering, who may have received medical relief in union hospitals.

The Bill, as assented to by the House of Commons, had, in the opinion of your Council, an evil tendency, which, however, their remonstrance failed to have corrected in that House. But the House of Lords recognised the importance of the suggestion offered by your Council, that such persons should be required to pay reasonable charges for maintenance, medicines, medical attendance, and nursing; and your Council are pleased to report that the Bill, so amended, has been made law.

### THE PUBLIC HEALTH (IRELAND) AMENDMENT ACT.

Although this measure did not touch upon *sanitary* affairs, your Council deemed it advisable not to lose the opportunity it afforded of again urging upon Parliament the necessity for providing a system of efficient and independent supervision of the working of the Public Health Act, without which it is impossible that the public can derive all the advantages conferred by that Act. Your Council, however, failed in their attempt to provide the only possible means of ensuring due effect being given to the provisions of the Public Health Act in Ireland, and regret to have to report that, on the ground of expense, the system of supervision advocated, which was found to be essential in England, has been denied to this country, where it is much more urgently required.

### "THE MEDICAL ACT, 1858," AMENDMENT BILLS.

The consideration of these Bills by the Select Committee of the House of Commons had very materially advanced when Parliament was dissolved, but your Council have nothing to report of them since last annual general meeting, except that further evidence has been taken.

Your Council, desiring that the views of the Association should be fully submitted to the Select Committee, applied to its Chairman that a witness might be heard on your behalf, which request was complied with, and Dr. John William Moore, Hon. Secretary to the Council, kindly consented to perform this important service, and has prepared his evidence. After the assembly of the New Parliament, your Council, being apprehensive that the question of medical reform might not receive its due consideration, and being aware that, as yet, the evidence presented to the Select Committee had been almost altogether on behalf of the General Medical Council, and at variance with the views of this Association, addressed the following letter to the Lord President of the Council:—

Irish Medical Association,
Royal College of Surgeons in Ireland.

To the Lord President of the Council.

MY LORD,—I am directed by the Council of the Irish Medical Association to address your Lordship on the subject of the Medical Acts Amendment Bills, which were under discussion by a Select Committee at the dissolution of the last Parliament. I am to urge, respectfully, upon Her Majesty's Government the expediency of at once re-appointing the Select Committee, in order that the evidence before it may be completed, and a report to the House decided upon before the close of the Session. The Irish Medical Association is apprehensive that, if this be not done, it may be considered necessary—at great delay and serious expense—to re-open the entire investigation, after the meeting of Parliament, next year; and the Council venture to urge that the remaining evidence should be taken at once, and while the subject is fresh upon the minds of the members of the Committee.

I am furthermore desired to point out to your Lordship that of thirteen witnesses already examined, nine were members or officials of the General Medical Council, while but three have been heard on behalf of the profession at large, who are asking for the reconstruction of that body; and I am to represent that, as yet, but one witness has been examined who can be conceived to represent Irish medical interests outside the General Medical Council. The Irish Medical Association feels that, if the evidence as it now stands be accepted, without a hearing of testimony on behalf of the Irish medical profession, a great injustice will be done, and the Committee will not be in possession of all the facts necessary for a wise conclusion.

I have the honour to be,
Your Lordship's obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to the Council.

Your Council regret to have observed the expressed intention of the Government not to proceed further to the completion of the evidence, but have learned with satisfaction that this very important subject will receive the attention of Government during the recess.

The following are the reforms to which this Association pledged itself at the last Annual Meeting, viz.:—

1. A revision of the constitution of the General Medical Council—
    - (*a*) By a more equitable distribution of seats amongst the licensing authorities.
    - (*b*) By widening the constituencies which elect the representatives of several of those bodies.
    - (*c*) By a more direct representation of the general body of the profession.
2. The grant of the Medical Council of complete control over the education and examination of candidates for admission to the profession.
3. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the licence or degrees of any of the medical authorities.
4. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.

A petition to Parliament, embodying these views, has been prepared, and now lies on the table of the ante-room for signature.

*(To be continued.)*

## TO READERS.

THE Editor will feel especially obliged by receiving copies o newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press.* Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

### ANNUAL REPORT OF COUNCIL, PRESENTED TO THE GENERAL MEETING OF THE ASSOCIATION JUNE 7, 1880.

(*Continued.*)

#### REGISTRATION OF BIRTHS AND DEATHS BILL.

THE Bill drawn up by this Association for amendment of the Registration of the Births and Deaths Act, which was presented in the House of Lords in 1876, has been introduced into the House of Commons by Mr. Meldon, Mr. Errington, and Major Nolan, and your Council trust that this measure, which would prove highly advantgeous to the public, may soon become law.

This Bill proposes the removal of many harassing and unnecessary requirements now existing, which, while causing great and useless trouble to the public, and the registrars, at the same time tend to frustrate the objects of the law.

Should this measure be adopted by Parliament, greater facilities will be afforded to the public, the system of registration will be made more perfect, and the Registrars will be better remunerated for less irksome duties.

#### MEDICAL CHARITIES BILL.

A Bill, drafted by your Council, with a view to amendment of the Medical Charities laws of Ireland, has been introduced in Parliament by Mr. Meldon and Mr. Errington. This Bill, which was published *in extenso* in the report for the quarter ended 31st December last, suggests much-needed modifications of the law on the following points :—

1. The definition of persons eligible to receive dispensary medical relief.
2. Abolition of the office of warden.
3. As to the issue and cancelling of tickets for medical relief.
4. Liability for improper issue of tickets.
5. A provision for affording medical relief on loan in doubtful cases.
6. As to examination of alleged lunatics.
7. A more equitable scheme for superannuation of old or infirm medical officers.
8. Better regulations as to contracts for drugs.
9. Examination of drugs and inspection of pharmacies.

Your Council have under consideration certain important amendments of this Bill, suggested to them, and hope to be in a position to afford full information in the next quarterly report.

#### MEDICAL OFFICERS OF HEALTH.

The representations made by your Council relative to remuneration of the medical officers of health, though concurred in to some extent, by the L. G. B., have not, up to the present, produced the practical result which was hoped for.

The Public Health Act of 1874 provided that a scale of remuneration for the medical sanitary officers under that Act, to be fixed by the L. G. B., and which could not be exceeded, should be observed ; whereas the new Act of 1878 abolished the maximal scale, and left the sanitary authorities free to decide the amount of the salaries on the merits of each case, subject to the approval of the L. G. B. and the Treasury. In the great majority of instances these salaries were not changed, in some they were diminished, and in only a few were they increased beyond the limit of the repealed scale. The sanction of the L. G. B. was promptly given to the first class referred to, but not to the few instances in which salaries in excess of the repealed scale had been voted. On this subject your Council have had a correspondence with the L. G. B., and although the Board admitted that no maximal scale is observed by *them*, they nevertheless stated that they could not exceed the scale at present observed by the Treasury, and thus it appears that the "coach and four" has been driven through the Act of Parliament actually by the Treasury ! It will be the duty of the new Council to follow up this matter, which, in consequence of the slow action of the Treasury, still remains unsettled.

Your Council have to express their great regret that no sufficient inducement or encouragement has been offered to the medical officers of health to discharge their duties in a thoroughly efficient manner for the public welfare, for it cannot be expected that officials who are not adequately paid will be zealous in the discharge of duties compulsorily put upon them.

In consequence of the great delay which has occurred in giving effect to the provisions of the Public Health Act of 1878, your Council consider that having waited for nearly two years without any appearance of justice being conceded to the medical officers of health, those officers cannot be charged with impatience at now forwarding to Parliament a petition praying that their oft-expressed demands for justice be granted, and more especially as their claims are put forward in the interest as much of the public as of themselves.

A petition praying that the medical officers of health may either be awarded equitable remuneration for their services or be allowed as they see fit to accept or decline office, is ready for signature at this meeting.

During the past year some further attempts have been made by local sanitary authorities to deprive medical officers of health of the fees prescribed by the 258th section of the Public Health Act for their evidence at sanitary prosecutions.

Usually the medical officer of health is informed that if he persists in his legal claim, his salary will be reduced, but your Council gladly record that these discreditable attempts to evade the law have not been sanctioned by the L. G. B.

Your Council have observed with astonishment the extraordinary conduct of several sanitary authorities, and their undisguised determination to over-ride the law if possible; they in some instances having proposed to reduce the salaries of the medical officers of health, not because they are excessive, nor because of inaction on their part, but solely because these officers, in their capacity as dispensary medical officers, have been allowed by the law-givers of the land increased remuneration for successful vaccinations! The next thing may possibly be a proposition to reduce by a corresponding amount the salary of an officer who may have received a legacy! such a proposal would be quite as reasonable as the grounds put forward for reduction of the salaries of the medical officers of health.

### CONSULTING SANITARY OFFICERS.

During the past year the office of consulting sanitary officer has been abolished in several instances at the suggestion of the local sanitary authorities and with the sanction of the L. G. B.

In each such instance your Council have informed those who have thereby suffered that the Public Health Act provides for the allowance of compensation for deprivation of the emoluments.

The office of consulting sanitary officer, though not actually specified in the Act, nevertheless comes within its scope and operation, through the powers given by the 11th section to sanitary authorities to appoint such other sanitary officers, when deemed necessary, as the L. G. B. shall in each case direct. By the sealed orders of the L. G. B. the office has been created and filled. In one of the instances above referred to in which compensation has been claimed for abolition of that office, the L. G. B. replied that the 275th section of the Public Health Act applies to offices abolished under the authority of the Act, and does not refer to consulting sanitary officers. Your Council, being of opinion that this view of the law is erroneous, have advised their correspondent that the only legal way in which he could have been deprived of his office is under powers conferred by the Act, or in other words, under the authority of the Act, and that if he has not in that way been deprived of his office he has been illegally deprived of it, and should, if such be the case, seek to be re-instated.

Your Council must express surprise and regret that the L. G. B. should have put forward such an excuse for the injustice sought to be done to their correspondent.

Your Council, however, entertain no doubt that the right to claim compensation for abolition of the office of consulting sanitary officer can be legally established, and strongly recommend that steps be taken to ensure effect being duly given to the provisions of the law in this respect.

### PAY PATIENTS IN WORKHOUSE HOSPITALS.

Under the provisions of the Poor Relief Acts the guardians have power to afford medical relief to "*poor persons*," by admitting them to the infirmary or hospital of the union for medical or surgical treatment, and to charge such "poor persons," or those legally liable for their support, the average cost of their maintenance, or such portion thereof as the guardians may consider them of sufficient ability to pay; and it is the duty of the medical officers of the workhouse to attend all persons admitted to the hospital or infirmary.

It has been complained that in the exercise of their powers the guardians have fequently been too liberal, and have admitted as paying patients to union hospitals many who are not "poor persons," but who, though well able to pay for medical treatment at their own residences, prefer to enter the union hospitals merely to save expense.

The injustice thus inflicted on the medical officer by affording *gratuitous* medical treatment, so far as he is concerned, to persons unquestionably able to pay for it is manifest, and your Council trust the matter requires only to be brought under the notice of the guardians to have all such abuses promptly checked.

As the guardians appear to have no power to charge fees for medical attendance, it is the more reasonable, in justice to the medical officers, that they shall exercise due care that only "poor persons" unable to pay for medical attendance shall in future be permitted to receive gratuitously the services of their medical officers; however, should the desired object not be attained in this way, your Council would advise that new legislation be sought, which would effectually remove all reasonable grounds for complaint.

(*To be continued.*)

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## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF COMMONS, June 8th.

### BIRTHS AND DEATHS REGISTRATION (IRELAND) BILL.

Mr. Meldon, in moving the second reading of this Bill, said the measure was not by any means a new one to former Parliaments, a similar measure having been first brought before Parliament in 1876. The measure was full of details, and he might explain that the object was simply to assimilate the law of registration of the births and deaths in Ireland to the law of England.

Dr. Lyons wished to offer a few observations on the measure in the Bill proposed to alter the law of registration, and that was really a very wide and important subject. He would endeavour to confine his remarks as much as possible to practical points, and it appeared to him that one objection to the Bill was that it continued the present system of making registration everybody's business as regarded a death. Under the provisions of the Bill the duty of reporting a death devolved upon a number of persons who might or might not have a special interest in recording a particular death. It also left open the obligation of recording a death for seven days, which, in his opinion, was far too long a period. He thought if a person died, whether from natural causes or otherwise, it would be very inconvenient not to ascertain what the cause of death was for so long a period as seven days. In the cases where there might be some suspicion as to the actual cause of death he held that there ought to be an investigation within a brief period. He would say that in such cases the investigation ought to take place within twenty-four hours after the death took place. The whole of this subject was so large that it ought to receive full consideration. The matter had been considered on the continent, where legislation had been passed upon it for a considerable period of time. A competent person was appointed to register deaths on the continent. The system had worked a considerable time in France, and it was also worked in Germany, and if they were now proposing new legislation on the subject he certainly desired to see some mode introduced into Ireland of verifying deaths. He certainly thought a medical man scientifically educated ought to be appointed to the office. A report should be made, and in cases of suspicious death special investigation should be held. He thought the medical officer should, on the report of a death being made, immediately visit the dead body and ascertain whether there were any circumstances about the case involving suspicion that the death arose from ill-treatment or foul play of any kind. He was aware that his suggestion would be a somewhat expensive process, but he thought it was not unnecessary. This was a very important medical question, and he thought in any contemplated change of legislation it was very desirable that the whole of this subject should be inquired into, and provisions inserted that were in any way likely to meet the necessities of the case before they proceeded to legislate in a manner which would probably close the subject for many years to come. It was a subject of very great difficulty, and he should very much prefer that the Bill should be referred to a Select Committee who would fully inquire into all the circumstances connected with the case. He did not believe that the registration of deaths was at all satisfactory, and that the only way of proceeding was to appoint specially educated persons to discharge the duties. He did not think he need say more to show the importance of the subject, and he hoped the hon. gentleman who had charge of the Bill would agree to refer it to a Select Committee. (Hear, hear.)

Mr. Macartney thought the suggestion which had just been made to refer the Bill to a Select Committee was a most proper one, and hoped that Mr. Meldon would accede to it. The subject was not entirely a new one, because it had been before the House before. But, at the same time, the subject was one of great importance. They had had before the House that day a large number of bills, some of them of great importance, which many hon. gentlemen had expected would take a long time to settle, and they had now come to one which was really a most important Bill. The question pointed out by Dr. Lyons was one which deserved the most serious consideration. It seemed to him that the time in which notice of a death was allowed to be given was very long, especially in cases where the death might ultimately be the subject of inquiry. It certainly appeared to him a very long period in which to acquaint the registrar of a death, and a very much longer, and, as he thought, unnecessary length of time, was given to inform the registrar of a birth. The period of forty-two days was allowed in the case of a birth; and why forty-two days should be given to give notice to the registrar, who usually lived in the immediate neighbourhood, he could not understand. If it was the English law he hoped that the Irish law would not be assimilated to it. There was another question which affected the law of coroners, but as the coroner was only brought in in a matter of doubt as to what was the cause of death, he did not think there ought to be any alteration of the law in that respect without very great consideration. He did not think there ought to be any legislation without the matter being referred to a Select Committee, because, if the law was altered so as to make it completely satisfactory, the whole subject ought to be thoroughly considered and sifted. He certainly did not think it was conclusive reason for assimilating the law of Ireland to that of England merely because it was the English law; and therefore if Dr. Lyons moved an amendment to refer the Bill to a Select Committee after it had been read a second time he should support him. If Mr. Meldon would not accept that proposal he should be obliged to oppose the second reading of the Bill.

The Attorney-General for Ireland thought the best course would be to refer the Bill to a Select Committee. There was one provision in the Bill with reference to fees which certainly ought to be considered by a Select Committee before being brought before the House. The whole Bill, as Mr. Meldon had said, dealt with matters of detail, and would require careful consideration.

Major Nolan was perfectly willing to leave the general drawing of a bill of this kind to Mr. Meldon, with the exception of the question of expenses. There were certain fees charged in the Bill, and he should certainly object to those fees being charged upon the districts.

Mr. Martin said if the Bill was referred to a Select Committee, he trusted the committee would not be bound to accept the suggestions of Dr. Lyons, which were of an extremely elaborate character. The account system seemed to have worked extremely well in England, and, under the circumstances, the committee ought not to be bound to accept those suggestions, and to adopt which appeared to him to be unnecessary restrictions and rules. Besides this, a large number of medical gentlemen would be absolutely required to be appointed to carry out all Dr. Lyons' suggestions. With regard to the fees which were alluded to by Major Nolan, that was a matter worthy of considerable attention, but he hoped they would not be charged upon the local rates. It might have the effect of burdening the local rates, and therefore it required careful consideration of the construction of the Acts of Parliament to see if it had had that effect or not. Then as to the fees there was a strict injustice done to the clerks of unions, as they were placed in a worse position under the Bill. There was also another matter, which, if the Bill be referred to committee, should be carefully considered, and that was in respect of the declarations according to the Acts. They were to be made to a justice of the peace, whereas in England they were made before a registrar, which was an advantage to poor persons, a registrar being more accessible to poor people than a magistrate.

The Bill was then read a second time.

Mr. Macartney moved that it be referred to a Select Committee.

Mr. Meldon had no objection to that, and hoped it would receive the approval of the committee.

### CHARITIES (IRELAND) BILL.

Mr. Meldon said this also was a Bill dealing with details to a great extent; but he could not say it was altogether a matter of detail, as there were certain principles in it that would be well discussed in committee, and he should therefore confine himself to one or two things. It had been found in the medical department of the Poor-laws of Ireland that the appointment of persons called wardens for the work of relief was unsatisfactory, and he proposed to abolish that system. There was a great deal of difficulty about giving medical relief tickets to those who were not entitled to them, and the Bill provided for the checking of the system, and also that the tickets should be given on the loan system.

Mr. Mitchell-Henry objected to the second reading of the Bill, and to its having been brought forward in that way—sprung upon them, as it were, in surprise.

Mr. Macartney considered there were provisions in the Bill that would make it a very serious thing for them if the Bill were passed as it was, and in a session like that it would be impossible to appoint a select committee that could do justice to the facts put before them, and then for them afterwards to consider the report of the committee. Therefore, he should move that the Bill be read a second time that day three months.

Mr. Meldon said he was the last member to wish to take the House by surprise, and it must be borne in mind that the Bill was before the House on the 4th of March last. Under the circumstances, however, he would not press it, and would therefore move that the debate be adjourned.

Mr. Gibson remarked that it was quite obvious that the Bill would affect Ireland from one end to the other, as it related to the issue of relief tickets. It was a very great abuse that men should get tickets who were able to pay for medical advice. They all regretted that the Bill dealt in a very trenchant way, and drew a sharp line, for it said that no one entitled to be a Parliamentary voter should be entitled to receive medical Poor-law relief. He asked the Government to consider that it was a question that ought not to be rushed through the House.

The debate was then adjourned.

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## SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some months ago I noticed the death of a veteran medical officer in the Armagh Union, and as I think his life was typical of the great body of Poor-law medical officers I return to the subject, and hope to throw out thereby some hints for the benefit of that hard-worked and under-paid class of men. That gentleman was an officer under the Poor-law Board ever since that system was established, and had thus served under it for nearly forty years. For thirty-five he did the red-ticket work of 35,000 acres with a population of 18,000. He worked on with a gradually-increasing disease of the heart until within a few months of his death. During the past two years he was known to go out day after day visiting over this immense tract of country with his limbs swollen by dropsy, and on one occasion he tried to attend a poor woman in dangerous labour, but the house was situated across a bog on the face of a hill so difficult of approach, that by reason of breathlessness he was unable to reach it, and had to turn back almost in a dying state with the exertion, and then send for, and pay, a substitute. There are many officers just like him, working on, though enfeebled by age and disease; and the question arises, "Is there any other section of the public service where men are obliged to work on like this, doubtful of any retiring allowance?" It will be asked, Why did he not resign long before? Simply because he disliked going before the guardians until it was evident he was utterly unfit for any more work., Well, the time comes when he cannot even ascend his dispensary stairs, his breathing becomes so laborious, and he is seized with increased dropsy, and is at last confined to that room from which he is destined never to go until carried to his long home. It was only then that he sent his resignation to the guardians and claimed a superannuation. To their credit, be it told, they granted it, but with a certain knowledge he would enjoy their bounty only a few months!! What follows? An election of guardians comes round, and one was voted against because he had advocated his pension!

Hence, mark the feeling of the ratepayers regarding these pensions. It is affirmed that were he now alive and had to seek it (though one of the most deserving officers in the service) he would not get it, the guardians being so much opposed to such precedents.

The poor-rates are so unpopular, and the guardians dread adding one single penny to them, even in cases of the most urgent distress and of the most plain justice.

All this being so, is it not evident we may take his case as a sure index of what is in store for those that remain behind him? It is very well known, as stated before, that many medical officers are working on who are physically unfit for work of the red-ticket sort, and for the oft-recurring cases of dangerous labour—men who have toiled on the greater part of their lifetime, and who are (as he was) afraid to approach the Great Board of Guardians; men, who have worked as hard in their public duties as physical strength could work—harder far than the constabulary sergeants, who have in large numbers, retired on their sixty, seventy, or eighty pounds a year, even when in good health; and still harder than the national school teachers who have secured their superannuation on a sure basis.

Now what are the lessons to be learned from the death of our brother? They are these: unite and agitate until our superannuation is secured on a footing independent of the goodwill of a mixed body, who at present are too often influenced by private feeling or political motives, than by any deserts of the poor doctor. No change in the Government should affect this question, but the medical officers should, with one mind, unite from one end of Ireland to the other, and by a petition universally signed, assail the new Home Secretary for Ireland. One from each province could be readily got up, and the Irish Medical Association would take charge of them.

It seems to me now is an opportune moment to agitate on this matter in defence of the many old men in our ranks who should be allowed to retire after a term of service at a certain age, or from physical infirmity.

I remain, yours faithfully,

May, 1880. A RED-TICKET WORKER.

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## OFFICIAL CORRESPONDENCE ON REGISTRATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have received the following circular from the Registrar-General. I do not think I have left myself (as Registrar) open to such rebuke at any time. I think it is very uncalled for to those who have sent forward their returns and correspondence with punctuality. I would request to know if the Registrar-General has the power to dismiss a registrar at his will and pleasure? I do not think the Act gives him that power. An answer in your columns will much oblige

A SUBSCRIBER.

GENERAL REGISTER OFFICE,
CHARLEMONT HOUSE,
Dublin, 3rd May, 1880.

The following is a copy of Minute enclosed:—

I regret to be obliged to state that very great inconvenience is caused by neglect to answer official letters from this office, weeks and in some cases even months being suffered to elapse before a reply is sent, although urgent circulars on the subject may have been addressed to the person from whom the information is requested.

It has become absolutely necessary to prevent, as far as possible, the waste of time and labour which results from the neglect above referred to, and I wish it to be clearly understood that no person connected with this department will be allowed to retain office if he neglects his official correspondence.

In making these remarks I do not of course refer to the large number of officers who discharge their duties in this respect with punctuality.

THOS. W. GRIMSHAW, Registrar-General.

To the Superintendent-Registrars and Registrars.

[It would, we think, have been better if the Registrar-General had sent the minute only to those registrars who were found to be negligent in their official correspondence. At the same time we can well believe that for such officers a warning of this sort was quite necessary, and we can recognise fully that it was the right and the duty of the Registrar-General to administer that warning. A long and unpleasant experience of the epistolary shortcomings of Irish medical men obliges us to sympathise with the head of any Government office who seeks to make his department efficient, but finds his efforts useless, because he cannot get a reply to his letters. To neglect replying to private correspondents is unbusiness-like and impolite; to omit to answer official letters is a distinct breach of duty, and we do not doubt that the Registrar-General has full power to dismiss an officer for repeated derelictions of this sort.—ED. M. P. & C.]

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## CAUSES OF FATIGUE IN READING.

AN important study has been made of this subject by Dr. Javal, director of the Laboratory of Ophthalmology of the Sorbonne, published in the *Annales d'Oculistique*. The fatigue of the eyes which is so often complained of by literary men he believes due to a permanent tension of accommodation; reading requires constant, steady strain of the eyes, while many other occupations demanding close, do not need constant, sight. His researches extend to the question, of great economical importance, given a surface of paper and a number of words to print upon it, what rule will secure the maximum of legibility? The answer is: *Other things being equal, the legibility of a printed page does not depend on the height of the letters, but on their breadth.* This fact is of special importance in the preparation of school books, and Dr. Laval's suggestions should receive the attention of publishers, type founders, and school boards.

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## TO READERS.

**THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.**

# IRISH POOR-LAW INTELLIGENCE.

## ABUSES OF MEDICAL RELIEF.

It is obvious that the effort which the Irish Medical Association is making to put an end to the monstrous abuses of Poor-law Medical Relief in Ireland will be vigorously opposed by those who desire that all comers shall get such relief, but who object to pay the doctor a proper salary for affording it. It therefore becomes very important that the Irish Medical Association shall take in hand a series of typical cases, in which persons who were manifestly competent to pay were attended for nothing, either at dispensary or on red ticket. Every Poor-law medical officer in Ireland has many such cases, and we would urge those officers—for their own advantage—to put on paper from this day forward a brief note of time, place, name of recipient of relief, valuation of his holding (if possible), and other reasons for supposing such recipient to be capable of paying. The information thus got together should be exact but brief, and it would be considered confidential by the Association—names being not disclosed unless it became necessary to verify before Parliament some particular case. We invite our readers to send us their notes of such cases as they occur, which will relieve them of the trouble of keeping a list of them, and will enable us to show up the existing system in its true light. We would also urge the Poor-law medical officers of Ireland to avail themselves of every strong case for obtaining the cancelling of the ticket. It will be urged against the proposals of the Irish Medical Association that—as the cancelling of tickets is so infrequent—the abuses of medical relief are rare. It rests with the Poor-law medical officers o throw off the yoke of the red ticket, and we certainly expect that they will give themselves the trouble to aid hose who are trying to relieve them of it.

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## THE IRISH MEDICAL ASSOCIATION AND ITS MEDICAL CHARITIES BILL.

Our correspondent, "E. S.," who denounced the Irish Medical Association as a "humbug" last week, and to whom we considered it necessary to administer a rebuke or his omission to aid that Association in its work, and his readiness—without knowledge of the subject—to discourage and depreciate the efforts of those who performed that work, has written us a further long letter, which our want of space obliges us to decline publishing *in extenso,* though we give the portions which may interest our readers. He says:—

> Every dispensary medical officer residing in the country, or in a country town, can get a meeting of committee to consider the cancelling of a ticket quicker than he can get a Justice of the Peace sitting at petty sessions, unless a ticket issued a day or two before petty sessions day, and I repeat that it is only to city men that will be of any use worth speaking about.

It is not the fact, in most districts, that a meeting of the dispensary committee can be got together quicker than the advent of petty session day. But if it were so the Bill of the Association does not deprive "E S." of the pleasure of going to his dispensary committee to have a ticket cancelled if he prefers to do so, but it gives him the alternative of appealing, within two or three days at most, to an independent tribunal which will listen to his complaint, and act thereon the spot. Our correspondent continues:—

> Every dispensary medical officer has the power to sue for his fee, but very few have put it in force, or if they have done so, it was worse for them in nine cases out of ten. I can't see how the proposition to charge mileage is "unpractical, impossible, and unreasonable." Would you be good enough to state how or why?

If our correspondent can refer us to the law or a judicial decision which enables a dispensary medical officer to recover fees from either the recipient or the granter of a ticket, he will be doing something for his fellows in the service. We know of one case in which the action taken by the doctor was abandoned by him, though successful up to a certain point, and another case in which the doctor recovered fees from the executors of a deceased man to whom he had been called—by red ticket—by police, but we know of no other precedent to justify our correspondent's view. We consider his proposition to charge mileage unpractical because it would offer an unfair encouragement to officers who had little to do to spend their day in unnecessary driving about, while it would serve very little the officer who had much to do, and who endeavoured to compress his visits within the smallest distance and time.

Our correspondent proceeds :—

> The country medical officers have got a little through the Irish Medical Association, but the city men have got more. The Vaccination Amendment Act, and the Registration Act, if passed, will be a proof of what I have stated. I was receiving about £10 a year as registrar before I knew that the Irish Medical Association existed. I did get £20 a year as medical officer of health, but I am not so sure that I have the Association to thank altogether for that, as in all probability the Public Health Act would have become law if it never existed. My salary will be increased by about £6 a year by the Vaccination Amendment Act.

"E. S." thinks he got "little through the Association," ubt he does not and cannot deny that all that he has got has been mainly through that organisation. He would perhaps not have called the Association a "humbug" if he had known that Sir Robert Peel—then Chief Secretary—had actually made the police the registrars, until—under pressure from the Association—he reversed that decision and gave the office to the doctors. Nor would he have thrown dirt upon those who were serving him if he had known that the strongest influence was used to give the sanitary work also to the police, which influence was defeated by the Association alone. He goes on to say :—

> What I want to see is an honest day's pay for an honest day's work. Our salaries, deducting the necessary working expenses, amount to about £100 a year, and that is about the average salary of a national school teacher, or of a sergeant of police. We have in addition to this what is called our private practice, but I know, and so does every other practitioner who has not the good fortune to get into a good town know, that this does not amount on an average to £20 a year. I would like to see the Association show up the amount of work we have to do. We go over at least 3,000 miles every year ; are liable to be called at any hour, day or night, in any wind or weather, to a case perhaps 10 or 20 miles away. We have spent a good deal of money, and have done hard work during four or five years to learn our profession. The duties we have to perform are often of the most dangerous kind, and those duties often place us in a position of the greatest responsibility. I hope to see our claims put forward forcibly and earnestly, but not by the Irish Medical Association, and I have no doubt but that when they are we will be treated fairly.

We sympathise with our correspondent on this part of his letter, but we avow ourselves totally incapable of devising a method of raising salaries as long as the present emoluments of a dispensary—no matter where it is situated—are sufficient to draw from five to twenty fully qualified candidates for it ; and while we give the Irish Medical Association credit for a good deal of astuteness and energy, we doubt that either it or "E. S." will devise any such method.

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## ABOLITION OF WARDENS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I sincerely hope that nothing in my letter which appeared in your issue of the 9th inst., objecting to the proposal to abolish the office of warden could be construed into an attempt to cast a slur on the labours of the Irish Medical Association, to which we all, as Poor-law medical officers, owe so much.

I merely wished to point out, and my view is borne out in the editorial remarks on my letter, that the abolition of wardens would, of necessity, be followed by the increase of committee-men, who in nine cases out of ten would be [illegible] from the ignorant and prejudiced portion of the [illegible]ity.

The solution of the difficulty appears simple. Let the new law provide that a warden must be a ratepayer on a valuation of at least £4 ; and, if it be deemed advisable, let him be empowered to give tickets only to persons residing in a particular portion of the district. Let him be subject to the same pains and penalties as a committeeman if he gives tickets to other than "poor persons." Let at least, a negative definition to the term "poor person" be given. For example, a tradesman in the actual receipt of a certain sum per week ; a farmer milking more than say three cows ; a national teacher with a fixed salary, is not to be considered a "poor person" within the meaning of the Act.

Apologising for again trespassing on your valuable space,

I am, yours, &c.

A.B., M.D., M.C.

[The views of our correspondent are entitled to every consideration, but he should recollect that the object of the clause in the Bill is to enable clergymen and others, who have no taxation qualification, to be placed on the dispensary committee at the discretion of the Local Government Board. We do not doubt that committeemen are likely to be "ignorant and prejudiced," but it may be supposed that they are less so than wardens who may be pot-boys or of that low class. As to definition of a "poor person," the Association has proposed to draw the line at the Parliamentary voter. It surely seems reasonable that a householder who is declared by law to be entitled to privileges in respect of his property, which are denied to a pauper, should be refused pauper medical relief at the expense of the ratepayer. Yet this very proposal is that which elicited the most formidable opposition in the House from Mr. Macartney, Major Nolan, and Mr. Gibson. It would be obviously impossible to put into an Act of Parliament, as a test of capacity to pay, the number of cows kept by a farmer or the salary of an official. The Association proposes to meet the case of flourishing artisans' by enacting that no one shall be entitled to medical relief, "whom the justices at petty sessions shall judge to be in receipt of income sufficient in amount to enable him to pay for medical advice and medicines," and we do not know any better method of selection which can be devised.—ED. M. P. & C.]

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## IRISH MEDICAL ASSOCIATION.

ON Monday, June 7, the annual meeting of this Association was held in the Royal College of Surgeons. The chair was occupied by Dr. Kidd, President of the Association. The following members were present :—

Drs. Thornley Stoker, H. G. Croly, Jacob, Dublin; William Thompson, Dublin ; Chaplin, Kildare ; Smith, Donaghmore ; Jacob, Maryborough ; Darby, Bray ; Bennett, Dublin ; Tagert, Monkstown ; H. M. Jones, Cork ; Speedy, Chairman of Council ; Caldwell, Virginia; Stokes, Dublin ; Spencer, Dublin ; Bellew, Kelly, Drogheda ; Curtis, Cork ; Lyster, Kilkenny ; Davies, Swords ; J. R. Harvey, Dublin ; Strahan, Dublin ; Abbott, Bray ; Truell, Wicklow ; Smylie, Dublin ; Brodie, Limerick ; F. T. Porter, Browne, Rathmines ; Ringwood, Kells ; Mackey, Waterford ; Tufnell, Delahoyd, Dublin ; Hemphill, Clonmel ; Faussett, Clontarf ; R. D. Nedley, O'Grady, Dublin ; Wilson, Edgeworthstown.

Dr. John H. Chapman having read the report of Council for the year, a portion of which has already appeared in our columns (the balance will appear as space permits), Dr. Thornley Stoker moved—

"That the report of Council, and the statement of accounts for the past year now submitted be adopted; that same be printed and circulated amongst the members; and that the thanks of the Association are due, and are hereby given, to the Council, Committee of Council, and officers."

He said the resolution was practically a vote of confidence in the Council. There were some points in the report upon which opinions might fairly be allowed to differ. With reference, for instance, to the Medical Act of 1858 Amendment Bill, he did not altogether approve of it. He was of opinion that the election of a representative of the College was more properly vested in the Council than in the body of Fellows at large. The Association had done good work during the year, and they deserved hearty congratulation.

Dr. Darby second the proposition.

Dr. Jacob expressed himself of opinion that the great difficulty the Association had to meet was the want of active co-operation on the part of their constituencies throughout the country. Their organisation was in full working power, they had influential, able, and willing friends to urge their claims in Parliamene, but the want of co-operation throughout the country was the thing of which they had to complain. What the Association would expect was that those members who attended from the country would form in their respective districts such local organisations as would form a nucleus to strengthen their Association, increase its power for good, and remedy many of the disabilities under which they laboured.

After some observations from other members, the motion was adopted.

Dr. M'Naughton Jones moved—

"That, in the opinion of this Association, the Poor-law medical officers of Ireland are justly entitled to receive as a matter of right a superannuation allowance, not less in amount than two-thirds of their official emoluments, when they shall be incapacitated from duty by sickness or old age, or have served twenty years; and the Association believes that it would be greatly to the public advantage that such facility for retirement should be afforded."

He said that as an old dispensary physician himself he thoroughly sympathised with the terms of this resolution. The medical officers of Ireland did not ask for superannnation as a favour, but demanded it as a right.

Dr. Chaplin (Kildare) seconded the motion.

Dr. Strahan (Dublin) said it frequently happened that medical men desired to change their situation—to transfer their services from one district to another—and he maintained that the time already devoted to one union should be taken into consideration in regulating the amount of superannuation. He believed they should be paid their superannuation out of the Consolidated Fund instead of the rates.

The motion was adopted.

Dr. David Jacob (Maryboro') moved—

"That this Association approves of the propositions made by the Council for the amendment of the law with reference to the abuses of the medical relief system, and expresses its opinion that the indiscriminate issue of tickets involves a heavy and improper charge upon the rates, and is oppressive and unjust to medical officers."

Dr. Smith (Donaghmore) seconded the resolution. He thought the issuing of tickets should be vested in the dispensary committee under a penalty.

The resolution was carried.

Dr. John Wm. Moore moved—

"That, in the opinion of this Association, the imposition of a fixed limit to the salaries of medical officers of health is a gross injustice towards those officers, and inasmuch as the Association is advised that the scale so created is altogether at variance with the law and with the understanding arrived at with the representatives of the Government, the Association requests the Council to renew its protest against this injustice on every fitting occasion, and to take such steps as are necessary to obtain a reconsideration of the matter."

He said a very serious breach of faith had been committed in their regard, but he did not believe that the Government would refuse them redress when the gross injustice towards the medical officers of health was brought plainly before them. In face of the most distinct understanding this very serious injustice with which the resolution dealt had been kept in force in the regulations of the Local Government Board, and he thought the Association should press the matter on the attention of the Government. It was the bounden duty of the Association to pass this resolution unanimously, in order that armed with such an expression of opinion the Council might once more go forward and do battle in favour of the very ill-treated officers of health.

Dr. Whistler seconded the resolution, which was carried.

Dr. Tagert (Monkstown) moved—

"That this Association regards the admission to gratuitous treatment in workhouse hospitals of persons who are able to pay for medical attendance as a great injustice to the medical officers, and that the Council are hereby requested to direct their attention to the subject, with a view to the redress of this grievance."

Dr. Ringwood (Kells) seconded the proposition, which was adopted. This compulsory gratuitous service system was most derogatory to the medical officers and injurious to the public at large. Many were often admitted to workhouse hospitals who were not in any way entitled to such relief. In one instance he had heard a patient had consulted sixteen doctors before he came to the workhouse hospital.

Dr. Jacob (Dublin) moved—

"That the Irish Medical Association maintains its approval of the principles enunciated by the Council in reference to the Medical Act (1858) Amendment Bills, now before Parliament, and declares its opinion that no alteration of the existing law can be satisfactory which does not provide conjoint examination or otherwise, for a sufficient degree of professional competency, guaranteed by a curriculum of study and examination, uniform throughout the kingdom; and the Association furthermore believes that no such reform could be effectively carried out unless the General Medical Council be reconstituted, and adequate provision be made for the representation of the profession at large in that body."

Dr. John William Moore seconded the motion, which was carried.

Dr. Smylie (Dublin) moved—

"That the Irish Medical Association be formed into an Incorporated Company, limited by guarantee, but without the addition of the word "limited" to its name (such guarantee not to exceed the sum of five shillings per member), and for that purpose an Association, bearing the same name, shall be formed, registered, and incorporated, under the Companies Acts of 1862 and 1867, limited by such guarantee as aforesaid, without the addition of the word "limited" to its name, and the present Association be amalgamated therewith; and that the Council of this Association are hereby empowered and requested to do and take all the steps requisite for carrying this resolution into full effect, whenever they consider that the funds of the Association will admit of it."

Dr. Peele (Dublin) seconded the proposition, which was carried.

Dr. Harvey moved—

That the following new rule, recommended by the Council, be adopted:—"A member may, with the consent of the Council, retire from the Association by sending his resignation, in writing, to the honorary secretary, and paying to the honorary treasurer all arrears of his subscription up to the date of such resignation, in default of which he shall be considered to continue a member, and to be liable for payment of his subscription, unless removed by the Council in conformity with the rules."

Dr. Kilgariff seconded the motion, which was carried.

Dr. Darby moved—

"That a committee be appointed to consider and report whether it may not be possible, as it is most desirable, to create a fund for the provision of the widows and orphans of medical officers of workhouses and dispensaries in Ireland."

Dr. Abbott seconded the proposition, which was passed.

Dr. J. H. Chapman, the newly-elected president, having taken the chair, the thanks of the Association were tendered to the late president, Dr. Geo. H. Kidd, for his dignified conduct as president, as well as for the great interest he had taken in the welfare of the Association.

The following members were elected to the undermentioned offices for the year ending 31st May, 1881 :—

*President*—Dr. John H. Chapman, Dublin.

*Vice-Presidents* — Leinster, Dr. Chaplin, Kildare ; Ulster, Dr. Bagot, Enniskillen ; Munster, Dr. Molony, Tulla ; Connaught, Dr. Coates, Portumna.

*Council*—Drs. Berry, Mallow ; R. Browne, Rathmines ; Samuel Browne, Belfast ; H. G. Croly, Dublin ; Darby, Bray ; Drapes, Enniscorthy ; G. F. Duffey, Dublin ; R. Gray, Armagh ; J. R. Harvey, Dublin ; Hayes, Naas ; A. H. Jacob, Dublin : David Jacob, Maryborough ; J. Kelly, Bellew, Drogheda ; Kidd, Dublin ; Kinkead, Galway ; James Martin, Portlaw ; R. M'Donnell, Dublin ; F. V. M'Dowell, Baltinglass ; G. Morrogh, Dublin ; Nolan, Gort ; Edward Peele, Dublin ; Perceval, Stradbally ; Pollock, Blackrock ; George H. Porter, Dublin ; T. Purcell, Dublin ; J. Ridley, Tullamore ; Sharkey, Ballinasloe ; H. J. Smith, Donaghmore ; Speedy, Dublin ; Tagert, Monkstown ; W. Thomson, Dublin ; Whistler, Bray.

*Auditors*—Dr. Mayne, Ballybrack ; Dr. Boyce, Stillorgan.

The annual dinner was held in the Albert Hall of the Royal College of Surgeons. Dr. Chapman presided.

On the right of the chairman were—

Dr. Gordon, Mr. C. H. Meldon, Q.C., M.P., Mr. T. A. Purcell, Q.C., the Registrar-General, Surgeon Tufnell, and Surgeon Hamilton.

On the left were—

Dr. Chaplin, Kildare, Dr. Kidd, Dr. Mapother, Dr. Croker King, Surgeon Porter, Sir George Owens, J.P.

There were also present—

Dr. Darby, Bray, Dr. Hayden, Dr. Mackesy, Dr. Thornley Stoker, Dr. Kilgariff, Dr. P. C. Little, Dr. Austin Meldon, Dr. Carte, J.P., Lieutenant-Colonel Davoren, Surgeon Stokes, Dr. Hemphill, Clonmel, Mr. J. Maunsell, Dr. W. Thompson, Dr. A. O. Speedy, Dr. Nolan, Gort, Dr. Brown, Rathmines, Dr. J. S. Lawlor, Tallaght, Dr. Ringwood, Dr. Kells, Dr. Corley, Dr. Nixon, Rev. Canon Floyd, Kildare, Surgeon Ormsby, Dr. Minchin, Dr. Duffey, Dr. Stannus Hughes, Dr. Charles Moore, Dr. O'Grady, Mr. C. Lloyd, Dr. A. H. Jacob, Dr. Pollock, Mr. Brennan, Dr. Fergusson, Dr. Brodie, Limerick, Surgeon Hill, R.N., &c.

The Chairman proposed "The Queen" and "The Prince of Wales," which were warmly received.

The Chairman then proposed "The Houses of Lords and Commons," coupling with the toast the name of Mr. Meldon, M.P.

Mr. Meldon, in the course of his reply, referred to medical legislation during the last session, and expressed his opinion that medical legislation had produced a more satisfactory outcome than many more strongly conducted agitations. They had passed a very important Bill, the Public Health Bill for Ireland ; and in the passage of that Bill through Parliament full effect was given to the views of the Irish Medical Association. The Dispensary Residences Bill, the Vaccination Bill, the new Army Medical Warrant—the settlement of all these questions had been the outcome of the agitation conducted by medical men throughout the kingdom ; therefore the late Parliament was more or less entitled to their thanks upon this occasion, and he hoped he might say for the present Parliament, in anticipation, that it would be entitled also to their thanks for what it was going to do. The way in which the vaccination laws were worked out in Ireland was a question of the greatest importance, and Ireland had been very unfairly and unjustly dealt with in this respect. In England every possible facility and inducement was given for vaccination. In Ireland £600 a year was granted to an institution, under the Local Government Board, for supplying vaccine lymph to the entire country. In England there was a grant of £10,000 a year for supply of lymph and rewards for cases of successful vaccination throughout England. Why should not the system be equally applicable to Ireland, and be extended to Ireland ? Coming to the question of vaccination, why should there be remuneration fees given to the medical officers in England and their Irish brethren be put upon a lower level ? Unless there was to be one system for the prevention of the dreadful scourge, the small-pox, in England and a different one in Ireland, he would never cease to protest against the injustice of the system. The interests of the medical profession, wherever they started or pursued an agitation, had always been in the interests of the public. Legislation for Ireland on the subject of registration was much less perfect than it was in England, and he hoped the present Government would pay some attention to this important subject. Another very important subject was the superannuation of Irish medical officers. The poor had to look to their medical officers more than to any other human being in this world for their welfare and well-being. It was a position of difficulty, requiring not only great intelligence, but great physical strength, and how could they expect to get this combination of qualities unless they provided some reward for the medical officer when he became physically unable to discharge his duties ? Therefore, he could not see why this question of the superannuation of a medical officer should be left in the discretion of the guardians of the poor—he begged their pardon—the guardians of the rates in Ireland. He did not think they were fit or proper judges in the question at all, and he did not think they ought to have any discretion in the matter. He hoped the question would be taken up seriously and fought out with Parliament if necessary, and with the guardians of rates in a short space of time.

The Chairman proposed "The Army, Navy, and Reserve Forces," which was responded to by Lieut.-Colonel Davoren and Dr. Carte.

The Chairman then gave "The College of Physicians and Surgeons," expressing his regret that the newly-elected President of the College of Surgeons, Dr. M'Clintock, was prevented by ill-health from being present.

Dr. Gordon replied for the College of Physicians.

Dr. Chaplin replied for the College of Surgeons, of which he is Vice-President.

The Chairman then proposed "The British Medical Association."

Dr. Hayden, President-elect of the Association, replied.

The toast of the "Irish Medical Association," "the Chair," and other toasts followed, and were suitably responded to.

## THE BOYLE UNION.

THE Report of the proceedings at this Board, with Editorial comments, are unavoidably held over for want of space. They will appear in our next.

## TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

### ANNUAL REPORT OF COUNCIL, PRESENTED TO THE GENERAL MEETING OF THE ASSOCIATION JUNE 7, 1880.

(*Continued.*)

#### SUPERANNUATION OF MEDICAL OFFICERS.

The wisdom of providing pensions for medical officers unfit to discharge their duties with efficiency has long been admitted by Parliament, but the laws regulating superannuation are very unsatisfactory, the amount of such allowance, *if any*, being discretionary with the guardians.

The present system is open to grave abuses. The medical officers, being very uncertain that they may be allotted any superannuation allowance whatever, are frequently constrained to hold office long after the time at which they have ceased to be able to discharge their duties efficiently, lest they may be left penniless. Thus the interests of the sick poor and of the ratepayers suffer.

Boards of guardians are subject to annual reconstruction as regards the individual members. When a medical officer resigns, a period of at least one month must elapse before the question of superannuating him can be considered. Under these circumstances, it too frequently happens that the length and value of the services of a good and faithful officer are not duly appreciated by the board for the time being, which knows him only as a worn-out servant, and casts him off without any recognition, leaving him, perhaps, dependent upon charity for support. Such is law, but is it justice? Were it not for the pecuniary assistance afforded in such cases by the Royal Medical Benevolent Fund Society of Ireland—a society which truly merits the warmest support of the public as well as of the medical profession—many heart-rending instances would doubtless occur, in which retired medical officers would have no alternative but to enter the workhouse to end their days.

Under the existing laws regulating superannuation of medical officers (which also applies to all union officers) the guardians have power to award a yearly pension not exceeding two-thirds of the salary and emoluments, and your Council gladly acknowledge that in many instances boards of guardians have generously exercised their powers in this respect to the full extent.

For several years the Local Government Board have sanctioned such awards, but within the past couple of months that Board have refused their sanction to the salary of the medical officer of health and the fees for examination of alleged lunatics being taken into account in the computation, notwithstanding the fact that these duties are by statute compulsorily imposed upon the dispensary medical officers. Your Council therefore felt it incumbent on them to submit the case for the opinion of eminent counsel, and the following are the questions put to Mr. Purcell, Q.C., and his replies thereto:—

QUERY.—Counsel will please advise whether the guardians of Poor-Law union have not free power to take into consideration, in assessing the superannuation allowance of a medical union officer, all the income (both salary, additional salary, and fees) to which he is entitled as medical union officer at the time of his resignation?

ANSWER.—I am clearly of opinion that in assessing the superannuation of a medical union officer the guardians have full power to take into consideration all the income to which, at the time of his resignation, such officer was entitled *by virtue of his office*.

QUERY.—Counsel will also please advise whether the remuneration (which is not a separate salary, but an addition to his salary as medical union officer) under the 11th section of the Public Health Act, 1878, and the fees for examining and certifying in the cases of dangerous lunatics, are not part of his emoluments as a union officer, and, as such, can be taken into account by the board of guardians in assessing his pension?

ANSWER.—I am, therefore, of opinion that the additional salary to which the medical officer of a dispensary district is entitled (under 14 & 15 Vic., c. 52, s. 11) for discharging the duties of medical officer of health, imposed on him by virtue of his office as dispensary medical officer, and also the fees payable to him, as such officer, for certifying in the cases of dangerous lunatics, constitute "emoluments of his office," which may be taken into calculation by the guardians in assessing the amount of superannuation awarded to him. This construction of the term "emoluments" is in accordance with the decision of the Queen's Bench, and, subsequently, of the Court of Appeal, in the case of The Queen *v.* Postmaster-General (L. R., Q. B. Div., 658; and on appeal, L. R. 3rd, Q. B. Div., 429), where it is declared to mean "what the office is worth," "the value of the appointment," and also "the profits or advantage which the prosecutor has derived from the office."

During the past few months the superannuation allowances freely voted by the guardians of different unions to three medical officers, each of whom has served more than years, have been reduced in amount by the Local Government Board, acting under legal advice. At the same time the Board entirely disclaim any desire to diminish the well-earned superannuation allowances of those officers voted by the guardians.

If the view of the law recently arrived at and entertained by the Local Government Board be sustained by the opinion of the law officers, it will but afford another reason why the law should be amended.

Mr. Purcell's view of the law has been communicated to the Local Government, who, in reply, state that they adhere to the opinion expressed, and see no occasion to consult the law officers on the subject.

This very important matter is still receiving attention, and a further letter has been addressed to the Local Government Board, urging that, as the view of the law entertained by your Council has been confirmed by an eminent legal opinion, the ruling of the Board is at least questionable, and the request that the matter be submitted to the law advisers has been repeated.

### ABUSE OF DISPENSARY MEDICAL RELIEF.

Very frequently cases of flagrant abuse of the dispensary medical relief system have been reported to your Council; in one instance, lately, in which a person of independent means had improperly obtained a ticket, the facts of the case were reported to the dispensary committee, and the ticket was cancelled. The medical officer failing to obtain payment of his fees, took legal proceedings, and the court decreed that his fees should be paid, together with the costs and expenses incurred.

It appears that the constabulary have orders to procure tickets for the attendance of the dispensary medical officers in all cases of assault, &c., coming under their official notice, in which medical or surgical treatment is considered necessary, without making any inquiry as to whether the person can afford to pay for it. The bad example thus set leads to other instances of abuse of the system, and it cannot be denied that a very large proportion of those now receiving dispensary medical relief gratuitously can well afford to pay for private medical attendance. The present system, in consequence of the opportunities it affords for abuse, unnecessarily taxes the ratepayers, whilst, at the same time, it presses unfairly upon the dispensary medical officers, whose services are so easily obtainable that but few "societies" appoint medical attendants.

The Bill to amend the Medical Charities (Ireland) Act, already referred to, if adopted by Parliament, will, by defining the term "poor person," and by making ticket-issuers responsible for carelessly or wilfully giving tickets to unfit persons, afford means of checking such gross abuse of the system as has hitherto prevailed.

### REDUCTION OF SALARIES.

During the past year several boards of guardians, feeling alarmed at the depressed financial condition of the country, and with a desire to economise, resolved that the salaries of their medical officers should be reduced; but these propositions were generally discountenanced by the Local Government Board. Your Council, however, regret to find that the Local Government Board have in one instance sanctioned such a procedure, the legality of which appears to be more than questionable.

Your Council addressed the Local Government Board on this subject in several letters, one of which, under date 6th March last, was as follows:—

"The Council of the Irish Medical Association having observed a published report of the proceedings of the guardians of the Newtonards Union, wherein it is stated that the board of guardians adopted a resolution for reduction of the salaries of the workhouse and dispensary medical officers of that union, I am directed to revert to a letter addressed to your board, at the instance of the Council, on the 30th October, 1879, relative to the case of Dr. Given, and to express an earnest hope that the board will extend to each of the cases in the Newtownards Union their best consideration before confirming the proposition of the board of guardians.

"The Council desire to bring prominently before the Local Government Board the following substantial reasons why the salaries of medical officers—workhouse and dispensary—should not be reduced. Owing to the financial depression of the country, a far greater number of persons than usual will, undoubtedly, be compelled to [illegible] themselves of the services of the medical officers, whose official labours must, in consequence, be considerably increased, and whose incomes from private practice must be proportionately diminished.

"The medical officers, as ratepayers, must bear the burthen of increased taxation on exactly similar terms with the other ratepayers; the Council, therefore, submit that the medical officers should not be called upon to contribute more than a fair quota to the relief of the prevailing distress, their increased duties and diminution of income from private practice being a full set-off against the extra demands imposed upon others.

"The Council submit, further, that it is neither just nor reasonable that medical officers should be forced to suffer in this twofold manner—as ratepayers and in their official capacity—no other class of the community being taxed thus; while the Council and the public generally are well aware that, as regards voluntary charity, medical men have always been foremost among donors, frequently contributing to an extent largely out of proportion to their incomes.

"The Council would refer to the feeling of insecurity and dissatisfaction which such a course as that proposed by the guardians of the Newtownards Union must, if sanctioned, inevitably cause the officials concerned, and would also remind the Local Government Board of their own views upon the subject, put forward so fairly and forcibly in the following words:—'But the board thinks that when a person engages in the services of the guardians at a salary, and that the terms of his appointment are that he should be paid such a salary, it is not reasonable nor just to reduce that rate of payment on grounds such as those which now appear to influence the guardians while he satisfactorily discharges the duties which he undertakes to perform.' To the Council it appears most unreasonable and very extraordinary that any exception whatever should be made to the view of the Local Government Board above quoted, and they sincerely hope that no other case of injustice connected with the question may be sanctioned."

Had the propositions of the guardians been carried out, the rates would not have been relieved to any appreciable extent, and even the most wealthy ratepayers would not have profited more than a few pence in any instance.

As half the salaries of the medical officers are recouped by Parliament, one effect of the proposal, doubtless not intended by the guardians, would have been to enrich the coffers of the Treasury by half the amount taken from the medical officers, and thus to deprive the country of the circulation of so much money, whereby the distress would have been somewhat aggravated.

### LEAVE OF ABSENCE TO MEDICAL OFFICERS.

Under the existing regulations a Poor-law medical officer is not entitled to "leave of absence" unless incapacitated by illness or other cause from discharging his duties, in which case he is required to nominate a fit and proper person to undertake his duties, usually at his own expense.

Your Council believe that this state of affairs is not conducive to the well-being of the Poor-law Medical Service, and are convinced that it would tend to the efficiency of that service, and not materially increase the expenses thereof, if workhouse and dispensary medical officers were entitled to a reasonable period of leave of absence in each year at the public expense. By such an arrangement the medical officers would be afforded an opportunity not only of recruiting their health, but also of acquiring information and extending their knowledge, which would in turn be advantageous to their patients, and tend to diminish the number of instances of incapacity by illness. In the various departments of the Civil Service this system exists, and your Council cannot see any reason why it should not be extended to the medical officers of the Poor-law Service, who certainly do not less require it.

### PRISON SURGEONS AT CORONERS' INQUESTS.

For many years prison surgeons have been refused their legal fees for evidence at coroners' inquests held upon the bodies of criminals who died or were executed in gaol, as well as for making post-mortem examinations. Your Council addressed a circular letter on this subject to the prison surgeons, informing them that they are legally entitled to fees for evidence and post-mortem examinations, and citing a precedent in which a judicial decision had been given in their favour.

Some instances of claims made under this head have been reported, in two of which the coroner, upon perusal of the letter issued by your Council, at once admitted the justice of the demands, and paid the fees claimed. In one instance, however, the coroner denied the legality of the claim, and the prison surgeon, acting under the advice of your Council, had the question argued before the county grand jury, who promptly admitted that payment of fees in such cases is legal, and your Council trust that this question may now be considered to have been finally and satisfactorily settled.

### INCORPORATION OF THE ASSOCIATION.

Your Council have felt that the state of the funds of the Association during the past year did not warrant the expenditure necessary for the attainment of this desirable object, but hope that in the year now entered upon it may be convenient to carry into effect the resolution of last Annual General Meeting, which, however, it becomes necessary to adopt again at this meeting.

### MEDICAL OFFICERS OF DISTRICT ASYLUMS.

The attention of your Council has been directed to the grievances under which the medical officers of district asylums in Ireland now suffer respecting superannuation allowances, but the subject has so recently been brought under notice that time did not admit of its receiving, before this Annual Meeting, the attention which it deserves. The new Council, however, will devote their best consideration to the matter as soon as circumstances permit, and take such action concerning it as they deem desirable in the interests of those officers as soon as the necessary information is in their possession.

### THE NEW REGISTRAR-GENERAL.

Your Council most warmly congratulate Dr. Grimshaw upon his recent appointment to the important office of Registrar-General for Ireland, a position which he is pre-eminently qualified to fill; in consequence of which, however, your Council regret that they have been deprived of his able and zealous assistance as an active member of their body and of the Committee of Council.

Although Dr. Grimshaw's inestimable and unwearying services to the profession during many years have now ceased in connection with this Association, your Council believe that its proceedings are not without interest to him, and they trust he may long enjoy the distinguished position he now so worthily occupies.

### MEMBERS.

During the past year 62 new names have been added to the list of members, and 8 resignations have been received, chiefly in consequence of leaving Ireland.

### OBITUARY.

With deep-felt regret your Council have to report the loss of 14 members by death, amongst whom was Dr. Charles Benson, an earnest friend and zealous supporter of the Association, as member, councillor, and president.

### DEFAULTERS.

Your Council regret extremely to find it their duty to report that a large number of subscriptions are in arrear.

A full list of the names of those who owe more than two years subscriptions is now presented, and the Council regret to have to recommend that Rule v. should be enforced with regard to those gentlemen.

Although these defaulters have been supplied with all the reports and documents issued by the Association during their years of membership, your Council regret to observe that many of them appear to be in utter ignorance of the services rendered to the profession by the Association, several having expressed themselves as being desirous that something were done towards improving the position of the medical officers of the Poor-law Service, as if utterly oblivious of the fact that the positions of these officers have been immensely improved, many of the grievances under which they laboured removed, and their salaries and emoluments of office very substantially increased as the result of the exertions of this Association.

Others, not a few, of the defaulters have declined to subscribe to the Association *because they have been superannuated!* quite overlooking with flagrant ingratitude the fact that superannuation allowances were won for the medical officers of the Poor-law service solely by the exertions of this Association.

It would be out of place here to attempt to recapitulate all the many and material advantages obtained for the medical profession, and more especially for the Poor-law Medical Service, by this Association during a period of 41 years, as so voluminous a document could not be reproduced under the existing state of the funds. Abundant proof, however, not only of the necessity for such an organisation, but of the value of its services is contained in the Annual and Quarterly reports, and may be found in almost every page.

If all the members would but carefully peruse the reports forwarded to them, it is impossible to believe that any man of intelligence could be found so ungrateful for the past or regardless of the future, as to allow his name to appear as a defaulter to this Association, to say nothing of his repudiation of his honourable debts.

It is only to be regretted that those who deny the services rendered by this Association never fail to accept all the advantages of a pecuniary and positional nature obtained for them through its exertions and money.

## BOYLE UNION.

### VACCINATION PROSECUTIONS.

The following was read:—

Ballyfarnon, May 17th, 1880.

GENTLEMEN,—With reference to a list of names placed before your Board on 11th May, I beg to say it is incumbent on parents to bring back their children for inspection by the medical officer on the eighth day following the operation of vaccination, and according to recent Act of Parliament, for neglecting to do so parents are liable to a penalty of £1. The parents hold certificates of successful vaccination, but failed to comply with a most important part of the law. It is for failing to come back within the specified time that they are liable according to the recent Act. Kate Savage did not return as yet.

I am your obedient servant,

W. J. KISBY, Med. Off.

Clerk—The board can issue a summons. The better way is for the relieving officer to notice the party. You will barely get the price of a summons, much less a fine, out of one of the unfortunate creatures, if you bring them before a magistrate.

The chairman then made an order that the relieving officer notice the parties.

### COMPLAINT OF DISCOURTESY AGAINST THE CLERK.

Letter from the Local Government Board, forwarding copy of a letter which had been addressed to them by Dr. Kisby, complaining of proceedings on the part of the Clerk of the Union, and requesting the observations of the guardians on the subject.

Ballyfarnon, 29th April, 1880.

GENTLEMEN,—I venture to appeal for the protection to which I feel myself entitled as a public officer in the discharge of my duty, against the habitual discourtesy of the clerk of the Boyle Union. Ever since I have held my Poor-law medical appointment, I have with other medical officers been the subject of insulting expressions and discourteous treatment by the clerk, whose influence and interference has been on many occasions exercised with the board of guardians to prevent my recommendations being complied with and my requests granted. I beg now to enclose an extract from *Roscommon Herald*, by which you will observe that in the simple and inoffensive discharge of my duty as medical officer of health, I have been thwarted and insulted publicly in the hearing of the board of guardians. I respectfully submit that such conduct on the part of a public officer of the guardians merits the disapproval of your board, and ask that I shall be afforded such protection as may enable me to discharge my duty in future without apprehension of public insult.

I am Gentlemen, respectfully yours,
W. J. KISBY, Med. Officer.

Poor-law Office, Boyle,
May 8th, 1880.

GENTLEMEN,—In reply to your letter of 7th inst., No. 13,541, with enclosures forwarded you by Dr. Kisby, Medical Officer of Ballyfarnon Dispensary District, complaining of my conduct towards him as a public officer, I beg to state that if complaints were to be made, I should have been the first to do so, but I consider him beneath my notice. I would be very sorry to class Dr. Kisby with the rest of the medical officers of the Union, who are gentlemen, and a credit to their profession. The extract taken from the *Boyle Herald* is quite correct, but the statements contained in Dr. Kisby's letter are not, as I never in any way interfered with him or insulted him in the discharge of his duties; on the contrary, I have borne with a great deal from him, more than any officer would put up with from another. He has pictured me to the Editor of the *Medical Press and Circular* on several occasions in a manner that is not creditable, and which I consider injurious to my character. This matter I have placed in the hands of a solicitor, who no doubt will know how to act. His registration for quarter ended 31st March, I did not do till the end of April (although he wrote several letters), when I did all the other officers' books, being too much engaged with the distribution of seed.

I am Gentlemen, your obedient servant,
W. ODBERT, Clerk of Union.

Chairman—What ruling do you wish to put on this letter on behalf of the board?

Clerk—He says I influenced the board. The board can say whether I did so or not.

Mr. Martin—As far as I am concerned I do not remember any insult.

Clerk.—He was here at one time to prefer a verbal complaint against me, and he came in before the board met. I told him this was not his place till the board met. That occurred a couple of years ago.

The Chairman then made the following ruling—"The board considers the clerk's remarks on Dr. Kisby's letter satisfactory."

[It is necessary for us to state that the observations made in the *Medical Press and Circular* to which reference is made by the clerk were made upon the public newspaper reports, and without any suggestion from Dr. Kisby, even without his cognisance.

We beg to call the attention of the Local Government Board to the following extract from the clerk's letter:—"I would be sorry to class Dr. Kisby with the rest of medical officers of the union, who are gentlemen, and a credit to their profession;" and we would submit that a gross public insult of this sort, uttered deliberately by a Clerk of union towards a medical officer, indubitably calls for their reprobation. Whether or not it is actionable to infer that a medical officer is not a gentleman nor a credit to his profession is for Dr. Kisby's consideration, but there can be no question that the Local Government Board, as the guardians consider the clerk's language "satisfactory," are bound to afford to their medical officer the protection against insult to which he is obviously entitled.—ED. M. P. & C.]

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## RED TICKET ABUSES.

IN response to our request of last week we have received the following. We solicit further contributions.

On the 2nd of June, 1880, I received a black ticket for and attended two children. The parents are in very comfortable circumstances, farmers, besides dealing in cattle, &c., and on my remonstrating with the issuer of this ticket (who is a Poor-law guardian, as well as a publican and general country grocer), he coolly told me that though he thought and knew that they were not entitled to dispensary relief, yet he had no discretionary power in the matter, and should give a ticket to every applicant. Such tickets as these of course bring custom to *his own shop*, any other side of the question is not worth thinking of. Some time before the same issuer sent me a visiting ticket for a member of the same family. Many of the dispensary patients in my district keep a *bank account*.

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## MARRIAGES, BIRTHS, AND DEATHS REGISTERED IN IRELAND DURING THE YEAR 1879.

*From the Registrar-General's Report.*

DURING the year 23,313 marriages, 135,408 births, and 105,432 deaths were registered; in the same period 47,065 persons emigrated. A decrease of 17,089 would thus appear to have taken place in the population. The estimated population in the middle of the year was 5,362,337.

*Marriages.*—The number of marriages registered in Ireland during the year 1879 was 23,313, being equal to a ratio of 1 in 230, or 4·35 per 1,000, of the estimated population in the middle of the year. Of this number, 16,539 were between Roman Catholics, and 6,774 between Protestants, being equal respectively to 1 marriage in every 248 Roman Catholics, and 1 in every 186 Protestants. The average annual number of marriages registered in the ten years 1869-78 was 26,249, or 4·90 per 1,000 of the mean population; the rate for the year 1878 was 4·73 per 1,000 persons.

*Births.*—The births registered in Ireland during the year number only 135,408—69,920 boys and 65,488 girls—affording a ratio of 1 in every 39·6, or 25·3 per 1,000 of the population, against an average rate of 26·8 per 1,000 for the previous ten years.

*Deaths.*—The number of deaths registered amounted to 105,432—52,518 males and 52,914 females—equal to a ratio of 1 in every 50·9, or 19·7 per 1,000 of the population, being 2·2 per 1,000 persons over the average rate for the ten years 1869-78, the mortality being the highest recorded in any year since registration was established in 1864.

*Ages.*—Of the 105,432 deaths registered during the year, 13,792, or 13·1 per cent., were of children under 1 year old, and 44,482, or 42·2 per cent., were of persons aged 60 years and upwards; the deaths of infants under 1 year old are equal to 102 per 1,000 of the births registered.